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New Jersey State Sanitary Code

As established and revised
by the
Public Health Council
of the
State of New Jersey
SEPTEMBER, 1963

NJ/KA8
H4/52
1963



New Jersey (State) Department of Health

Trenton, 25

FOREWORD

The Public Health Council, pursuant to the provisions of New Jersey Statutes Annotated 26:1A-7, as amended by Chapter 165, Laws of 1953, established the following regulations as necessary in its judgment to preserve and improve the public health in this State. This action of the Council was taken after considerable deliberation and research over a two-year period of time. These regulations include many of those enacted by the State Board of Health under authority vested in that body by the laws of 1915.

The provisions of the State Sanitary Code by statute (N.J.A.S. 26:1A-9) have the force and effect of law. Similarly it is required to be observed throughout the State and enforced by each local Board of Health, the local police authorities and other enforcement agencies. It is likewise provided that the regulations of this Code shall not be deemed to limit the right of any local board of health to adopt such ordinances, rules and regulations as, in its opinion, may be necessary for the particular locality under its jurisdiction provided that such ordinances, rules and regulations shall not be in conflict with the laws of this State or the provisions of the State Sanitary Code, except, however, that such ordinances, rules and regulations may be more restrictive than the provisions of the State Sanitary Code.

Pursuant to the Public Health and Sanitation Codes Adoption by Reference Act (N.J.S.A. 26:3-69.1 et seq.) any local board of health may adopt by reference any code approved by the State Department of Health without inclusion of the text thereof in the related ordinance.

New Jersey Statutes Annotated 26:1A-10 provide that each violation of any provision of the State Sanitary Code shall constitute a separate offense and each such violation shall be punishable by a penalty of not less than twenty-five dollars (\$25.00) nor more than one hundred dollars (\$100.00).

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CHAPTER I

LOCAL BOARDS OF HEALTH AND PERSONNEL

Regulation 1 - Local board of health

As used in this Code, the term "local board of health" shall mean and include the board of health of a municipality or such boards, bodies or officers as may exercise the functions of a board of health according to law; Regional Health Commission, or a consolidated local board of health of a consolidated local health district; or a county local board of health of a county local health district. (R.S. 26:3-1, 84, 26:33A1-1)

Regulation 2 - Local health district

As used in this Code, the term "local health district" shall mean and include that area under the jurisdiction of a local board of health as defined in Regulation 1.

Regulation 3 - Secretary

Every local board of health shall appoint a Secretary, preferably the health officer, unless such appointment is otherwise provided for by statute, who shall keep an accurate record of all official actions of said board and perform such other duties as may be assigned him by that board. (R.S. 26:3-8.1, 17; 26:3A1-15)

Regulation 4 - Registrar of vital statistics

Every local board of health shall appoint a Registrar of Vital Statistics, preferably the health officer, unless such appointment is otherwise provided for by statute. Said Registrar shall forward original birth, marriage and death certificates to the State Department of Health and perform other duties as required of him by law and perform those duties which may be assigned him by the board. (R.S. 26:8-11, 26:3A1-19, 20)

Regulation 5 - Health Officer

(a) Every local board of health shall employ a person, not a member of said board, who is duly licensed as a health officer in this State as the executive officer of said board and designate him as "Health Officer." Said official shall in conformity with the law, enforce the laws of the State relating to the public health, the provisions of the State Sanitary Code, the ordinances adopted by said local board and perform the duties assigned him by said board. The Health Officer shall be the person to whom all reports required by law or by this code shall be made, in the absence of statutory provisions to the contrary. Prior to appointment a Health Officer shall be licensed as Health Officer by the State Department of Health. (R.S. 26:3-19,20,21; 26:3A1-13.14)

(b) Pursuant to the provisions of Chapter 3, Article 6, Title 26 of the Revised Statutes, boards of health of two or more municipalities may form an association to furnish such boards with public health services by the employment of a duly licensed Health Officer.

(c) A local board of health or regional health commission responsible for the public health of a municipality or municipalities having a population less than 10,000 may employ a licensed sanitary inspector of the first class as its executive officer until such time as the services of a licensed health officer may be secured or the population of such municipality or municipalities equals or

exceeds 10,000, provided that such sanitary inspector of the first class shall not be employed or designated as a "Health Officer."

Regulation 6 - Employment of laboratories and use of test results by health officers and local boards of health

(a) A health officer or local board of health shall only employ or utilize the facilities of a laboratory which complies with the provisions for certification and standards for laboratories contained in Chapter IV of the State Sanitary Code for laboratory services required to be performed in a laboratory approved by the State Department of Health under the provisions of New Jersey Statutes and Chapters II and VII of the State Sanitary Code.

(b) A health officer or local board of health shall not utilize any laboratory tests report or reports in connection with the performance of duties required of him or it after being advised by the State Department of Health that the laboratory in which such test or tests were made is unacceptable for performing such tests, provided that any laboratory report indicating the existence of disease may be accepted subject to confirmation by an approved laboratory.

Regulation 7 - Licensure of public health employees

Employees of a local board of health, or agency performing the functions of a local board of health, shall be licensed as may be required by law. (R.S. 26:3-20)

CHAPTER II REPORTABLE DISEASES

Regulation 1

The following diseases, excepting those which are italicized, are declared to be communicable for purposes of this code. All diseases listed herein are to be reported in the manner prescribed by Regulations 2 through 11.

Amebiasis
Anthrax
Botulism
Brucellosis
Cerebral Palsy
Cholera
Dengue
Diarrhea of New-born
Diphtheria
Epilepsy
Food Poisonings
Glanders
Infectious encephalitis
Infectious hepatitis, including
 serum hepatitis
Influenza
Leprosy
Leptospirosis
Malaria
Measles (rubeola)
Meningococcal meningitis

Mental Deficiency
Ophthalmia neonatorum
Pertussis (whooping cough)
Plague
Pneumonia, all forms
Poliomyelitis
Psittacosis
Q fever
Rabies
Rocky Mountain spotted fever
Salmonellosis (other than
 typhoid fever)
Shigellosis
Smallpox
Streptococcal sore throat,
 including scarlet fever
Tetanus
Trachoma
Trichinosis
Tuberculosis, all forms
Tularemia

Typhoid fever
Typhus fever
Venereal diseases
 Chancroid
 Gonorrhoea

Granuloma inguinale
Lymphogranuloma venereum
Syphilis
Yellow fever
(R.S. 26:1A-7 (f))

Regulation 2 - Reporting of diseases by physicians

Every physician attending any person ill with or infected with any of the diseases listed in Regulation 1 within twelve hours after such disease has been diagnosed, shall report such disease to the officer designated to receive these reports by the local board of health of the jurisdiction wherein diagnosis is made, excepting cases of venereal diseases which are to be reported directly to the State Department of Health.

The report shall include the name of the reporting physician, the name of the disease, the name, age, sex, color, exact location of the person ill or infected with such disease, and such other information as may be requested by the State Department of Health.

Physicians shall also comply with the provisions for reporting diseases described in Regulation 4, reporting of certain diseases occurring on or about dairy premises, and Regulation 6, reporting and isolating suspected cases of communicable disease occurring in schools.

Physicians having knowledge of any outbreak of a disease not listed in Regulation 1 or of unusual manifestations of disease shall report the facts to the health officer in whose jurisdiction the condition exists who shall make an investigation and submit a report thereof to the State Department of Health. (R.S. 26:4-15)

Regulation 3 - Reporting of diseases occurring in institutions

(a) The superintendent or other person having control or supervision over any county or municipal hospital, sanatorium, clinic, or other public or private institution in which any person is ill or infected with any of the diseases listed in Regulation 1, within twenty-four hours after such disease has been diagnosed, shall report such disease to the officer designated to receive these reports by the local board of health having jurisdiction over the territory in which such institution is located, excepting cases of venereal diseases which are to be reported directly to the State Department of Health.

(b) The superintendent or other person having control or supervision over any hospital, sanatorium, clinic, or other institution maintained and operated by the State in which any person is ill or infected with food poisoning or any of the communicable diseases listed in Regulation 1, within twenty-four hours after such disease has been diagnosed, shall submit a report of this fact to the State Department of Health.

(c) The reports required by (a) and (b) of this regulation shall be signed by the superintendent, or other person having charge of the State, county, or municipal hospital, sanatorium, clinic, or other public or private institution, and shall state the name of the disease, the name, age, sex, color, exact location of the person ill or infected with such disease, the home address of such person, or the address from which he was received into the institution, the date upon which he was received for care or treatment, and such other information as may be required by the State Department of Health.

) The provisions of Regulation 4, reporting of certain diseases occurring on dairy premises, are applicable to any public or private institution operating on or about its premises. (R.S. 26:4-19, 20)

Regulation 4 - Reporting of certain diseases occurring on dairy premises

) Every physician attending a person ill or infected with food poisoning or a communicable disease listed in Regulation 1 which may be transmitted through milk or a milk product, on any dairy or other premise where milk or milk product is produced or processed for sale or distribution or any dwelling in which any person resides who is employed on or about any such dairy or other premise, shall report immediately such findings by telephone or telegram to the officer designated by the local board of health to receive such reports in the local health district having jurisdiction of the particular dairy or other premise and also to the State Department of Health, and within twelve hours thereafter shall submit a written report to said local reporting officer and the State Department of Health.

The report shall include the name of the reporting physician, the name of the disease, the name, age, sex, color, exact location of the person who is ill or infected with such disease, the name of the owner or manager of said dairy or other premise, and the trade name of the business. (R.S. 26:4-17)

b) Where a physician is not in attendance upon a person suspected of being ill or infected under the circumstances described in (a) of this regulation, the owner or person in charge of any dairy or other premise on which milk or milk product is produced or processed for sale or distribution, shall report immediately such findings by telephone or telegram to the officer designated by the local board of health to receive such reports in the local health district having jurisdiction of the particular dairy or other premise and also to the State Department of Health, and within twelve hours thereafter shall submit a written report to said local reporting officer and the State Department of Health.

The report shall be signed by the owner or person in charge of the dairy or other premise and shall state the name of the suspected disease, the name, age, sex, color, exact location of the person suspected of being ill or infected, the name of the owner or manager of said dairy or other premise and the trade name of the business. (R.S. 26:4-16)

(c) When a person is ill or infected with the causative agent of food poisoning or a communicable disease listed in Regulation 1 which may be transmitted through milk or a milk product, on a dairy or other premise where raw milk or a raw milk product is produced for sale, distribution or processing in a local health district other than the one in which the raw milk or raw milk product is produced, it shall be the duty of the health officer immediately upon being so informed to transmit this information by telephone or telegram to the health officer of the local health district to which the raw milk or a raw milk product is transported for sale, distribution or processing, and within twenty-four hours thereafter to notify the State Department of Health in writing of the restrictive measures he has established to prevent the transmission of infection. (R.S. 26:3-19; 26:3A1-14)

Regulation 5 - Reporting of suspected communicable diseases by houseowner or householder

Every houseowner or householder who has reason to suspect that any person

living, dwelling or being in any building or apartment under his control, is ill with food poisoning or any of the communicable diseases listed in Regulation 1, and a physician is not in attendance, shall within twelve hours after discovering the same, report the facts by telephone or in writing to the officer designated to receive such reports by the local board of health within whose jurisdiction the said case may exist. (R.S. 26:4-16)

Regulation 6 - Reporting and isolating suspected cases of communicable disease occurring in schools

It shall be the duty of every teacher, nurse, and medical school inspector to report immediately to the principal or other person in charge of a school, the name of any person attending or employed in such school suspected to be ill with food poisoning or a communicable disease listed in Regulation 1. It shall be the duty of the principal or person in charge of every school to report immediately by telephone or in writing to the officer designated by the local board of health to receive such reports, within whose jurisdiction the said case exists, the name, age, sex, color, and address of such ill person and the suspected nature of the disease. Such person shall be isolated at once under direction of the health officer.

Regulation 7 - Reporting suspected cases of communicable diseases in hotels, boarding or lodging houses

It shall be the duty of the proprietor or keeper of any hotel, boarding or lodging house, having reason to suspect that any person being in any building under his control is ill with food poisoning or a communicable disease listed in Regulation 1, and a physician is not in attendance, to report immediately by telephone or in writing to the officer designated by the local board of health to receive such reports, within whose jurisdiction the said case exists, the name, age, sex, color, and address of such person and the suspected nature of the disease. (R.S. 26:4-16)

Regulation 8 - Reporting suspected cases of communicable diseases by person in charge of camps

It shall be the duty of the person in charge of any labor or other camp, having reason to suspect that any person living in or attached to such camp is ill with food poisoning or a communicable disease listed in Regulation 1, and a physician is not in attendance, to report immediately by telephone or in writing to the officer designated by the local board of health to receive such reports within whose jurisdiction the said case exists, the name, age, sex, color, and address of such person and the suspected nature of the disease.

Regulation 9 - Reporting suspected cases of communicable disease on vessels

It shall be the duty of the master or person in charge of any vessel located in waters within the jurisdiction of any local board of health of this State, having reason to suspect that any person on a vessel under his control is ill with food poisoning or a communicable disease listed in Regulation 1 and a physician is not in attendance, to report immediately by telephone or in writing to the officer designated by that local board to receive such reports, the ill person's name, age, sex, color, the suspected nature of the disease, and the name and location of the vessel upon which such person is located. (R.S. 26:4 Article 9)

Regulation 10 - Reporting diseases by reporting officers and health officers

Reporting officers who receive reports of diseases required under this

Chapter shall send a copy thereof to the health officer having jurisdiction in the local health district in which the disease is reported.

Reporting officers who receive reports of diseases required under Regulations 2, 3, and 4, within twenty-four hours thereafter, shall send a copy thereof to the State Department of Health.

The health officer of a local health district who receives a report of a disease listed in Regulation 1 from his reporting officer shall immediately forward the facts contained therein together with such related information as he may have available to the health officer of the local health district where the disease was believed to have been contracted and the health officer of the local health district wherein the home address of the ill or infected person is situated. If either of the said health districts is not located in New Jersey the health officer shall forward this information in writing to the State Department of Health. (R.S. 26:4-24)

Regulation 11 - Specimens to be submitted for laboratory examination

In every case of illness which there is reason to believe may be diphtheria, pulmonary tuberculosis or typhoid fever, it shall be the duty of the attending physician or, if there be no physician in attendance, then of the nurse, or other person in attendance, to take suitable specimens forthwith from the person suspected of being infected, or to permit the health officer having jurisdiction, or his representative, to take such specimens. These specimens shall be immediately submitted by the person taking the same to a laboratory approved by the State Department of Health for such examination. (R.S. 26:4-50, 59)

Regulation 12 - Establishment of isolation or quarantine by health officers

Upon receiving a report of a communicable disease listed in Regulation 1, it shall be the duty of the health officer, to establish immediately by written order such isolation, quarantine, or other restrictive measures required by law or regulation, or as may be necessary to prevent or control disease. Such order shall remain in force until terminated by written permission of the health officer. (R.S. 26:4-2(d), 36, 37, 71.1-71.5)

Regulation 13 - Health Officer to determine necessity for and conditions of quarantine

When a person has been exposed at home or elsewhere to a person ill with a communicable disease listed in Regulation 1, the health officer may, at his discretion, refrain from quarantining or quarantine such exposed person under conditions he may specify; providing such period of quarantine shall not exceed the maximum period of incubation of the disease to which such person was exposed.

Regulation 14 - Removal of person ill, infected with, or exposed to a communicable disease

After isolation or quarantine of any person ill, infected with, or exposed to a communicable disease listed in Regulation 1 shall have been established, such person shall not leave the apartment or premises where he is isolated, nor shall any other person remove such person, or permit him to be removed, unless permission shall first have been granted in writing by the health officer.

Regulation 15 - Right of entrance and inspection

No person shall interfere with or obstruct the entrance to any building, apartment, or vessel by any inspector or officer of the State or local health

authorities in the discharge of his official duties; nor shall any person interfere with or obstruct the inspection or examination of any occupant of such building, apartment, or vessel by any State or local medical inspector in the discharge of his duties.

Regulation 16 - Disinfection of discharges of persons ill with communicable diseases

It shall be the duty of the physician in attendance on any case known or suspected by him to be a case of communicable disease listed in Regulation 1 to instruct immediately the nurse or other person in attendance in regard to the disinfection and disposal of bodily discharges. It shall be the duty of the nurse or other person in attendance to carry out such instructions until further or different instructions have been given by the health officer.

Regulation 17 - Health officer to make an investigation of certain reportable diseases

It shall be the duty of the health officer, as soon as a person ill with a disease listed in Regulation 1 is reported to the officer designated to receive such reports, to make an investigation when necessary, in order to protect the public health, for the purpose of ascertaining the source of the infection, securing such information as may be requested by the State Department of Health, and giving all necessary directions to prevent or control the spread of the disease.

Regulation 18 - Cleansing and disinfection

(a) The physician, nurse, or other attendant upon a case of communicable disease listed in Regulation 1, after attending such case, shall take such precautions and practice such methods of cleansing or disinfection of his person or garments as will prevent the conveyance to others of infective material from the patient, or as may be required by law or regulation.

(b) Adequate cleansing and disinfection of premises, furniture and belongings, when deemed necessary by the health officer, or required by this Code or other law, shall immediately follow the recovery, death, or removal of a person ill or infected with a communicable disease. Such cleansing and disinfection shall be performed upon the order and under the direction of the health officer.

(c) It shall be the duty of the patient, upon convalescence or recovery from any communicable disease, and of the nurse or other persons in attendance on such patient, throughout the course of the disease as well as at its termination, to cleanse and, when necessary, to disinfect their persons and garments.

Regulation 19 - Posting placards

When a communicable disease listed in Regulation 1 exists in any house or apartment, the health officer may post or cause to be posted upon such house, in plain view, near the entrance thereof, or upon the door of the apartment in which the case is isolated, a placard stating the existence therein of the communicable disease, and the name of such disease.

Regulation 20 - Interference with placards

No person shall interfere with or obstruct the posting of any placard by any health official in or on any place or premises, nor shall any person conceal or mutilate any such placard or remove it except by permission of the health officer.

It shall be the duty of the occupant of the premises where a placard has been posted to notify the health officer immediately of any interference with or removal of such placard.

Regulation 21 - Preventing the spread of communicable diseases listed in Regulation 1 in institutions

It shall be the duty of the superintendent or person in charge of any hospital, or other institution or dispensary, in which there is a person ill with any communicable disease, to take such precautions as will prevent the spread of infection.

Regulation 22 - Prevention of spread of infection by persons ill or infected with communicable diseases

Person advised that they are ill or infected with a communicable disease listed in Regulation 1 shall not contact others in such a manner as to cause or contribute to, promote or make possible the spread of such disease. Those responsible for the care, custody or control of persons ill or infected with a communicable disease shall not permit such persons to violate this regulation.

Regulation 23 - Needless exposure to communicable diseases forbidden

A person shall not expose or permit the visiting, association or contact of any person under his care, custody, or control with any individual ill or infected with a communicable disease listed in Regulation 1, or with discharges of any kind from such individual.

A person shall not needlessly expose himself, or visit, or come in personal contact with any individual ill or infected with a disease listed in Regulation 1, or with discharges of any kind from such individual or in any manner cause or contribute to, promote, or make possible the spread thereof.

Regulation 24 - Exclusion from school of cases of communicable diseases

It shall be the duty of the principal or other person in immediate charge of any public, private or Sunday school to exclude therefrom any child or other person suspected to be ill with a communicable disease listed in Regulation 1 until a statement is presented by the health officer that such child or other person is not likely to transmit infection. (R.S. 26:4-6)

Regulation 25 - Exclusion from schools and gatherings of persons ill or infected with a communicable disease

Persons ill or infected with a communicable disease listed in Regulation 1 are prohibited from attending any public, private, or Sunday school, or any public or private gathering; nor shall the personal or bed clothing of any person ill or infected with a communicable disease be sent to a public laundry except under such conditions as may be prescribed by the health officer.

Regulation 26 - Exclusion from schools and gatherings of person living in or visiting household where communicable diseases exists

Every person living in or visiting a household, at the time when a communicable disease listed in Regulation 1 exists therein, may be excluded from every public, private, or Sunday school, and from every public or private gathering, for such time and under such conditions as may be prescribed by the health officer having jurisdiction over the place where that person resides; provided that in the application of this regulation the health officer may waive or decrease the period of exclusion if he has satisfactory information

that the exposed person may have acquired immunity either by an attack of the disease or otherwise.

Regulation 27 - Isolation, quarantine or surveillance of persons ill with or exposed to smallpox

A health officer having jurisdiction over a person ill with smallpox shall remove or cause such person to be removed to a suitable hospital, or to be isolated effectually.

Persons vaccinated after exposure to smallpox, at the discretion of the health officer and under conditions prescribed by him, shall be quarantined or kept under surveillance until the reaction at the site of the vaccination observed on the twelfth day establishes evidence of immunity to the satisfaction of the health officer.

Any person exposed to the risk of contracting smallpox by proximity to a case or suspected case of the disease, who refuses to be vaccinated shall be quarantined at his own expense for at least twenty-one days from the date of his last exposure.

Regulation 28 - Hospitalization or isolation and restriction on visiting of persons ill or infected with communicable diseases

It shall be the duty of the health officer promptly to remove, or cause to be removed, a person ill with a communicable disease listed in Regulation 1 to a hospital, or to see that such case is effectually isolated if in the judgment of such health officer this is necessary.

When such hospitalization or isolation is established it shall be strictly maintained until terminated by order of the health officer.

No person, except the physician and nurse or other person in attendance upon the patient, or duly authorized representatives of the State Department of Health or local board of health, shall be permitted to come in contact with or visit a person hospitalized or isolated in accordance with the provisions of this regulation, except by permission of the health officer.

Regulation 29 - Maximum period of incubation of certain communicable diseases

For purposes of this Code, the maximum period of incubation of the following communicable diseases is hereby declared as follows:

Diphtheria	7 days
Measles (rubeola)	14 days
Meningococcal meningitis	7 days
Pertussis (whooping cough)	14 days
Poliomyelitis	14 days
Salmonellosis (other than typhoid fever)	14 days
Smallpox	21 days
Streptococcal sore throat, including scarlet fever	7 days

Regulation 30 - Minimum period of isolation and quarantine

The minimum period of isolation and quarantine of persons who are isolated or quarantined because of illness or infection with the following communicable diseases shall be as follows:

Isolation for Patient

Quarantine for Contacts

CHICKENPOX (VARICELLA)

Until seven days after the appearance of the rash. No restrictions.

DIPHTHERIA

Until two successive cultures from the nose and two from the throat taken not less than twenty-four hours apart beginning at least seven days after cessation of drug therapy, if used, are found to be free from virulent diphtheria bacilli by a laboratory approved by the State Department of Health for such examination.

Twenty-four hours after satisfactory isolation of patient has been established, contacts may be released when one culture from the nose and another from the throat are found to be free from virulent diphtheria bacilli by a laboratory approved by the State Department of Health for such examination.

If satisfactory isolation of patient has not been established, members of household shall be quarantined until the period of isolation of the last case in the household has been terminated and the release culture standards described above have been met.

Isolation for Patient

Quarantine for Contacts

GERMAN MEASLES (RUBEOLA)

No restrictions

No restrictions

MEASLES (RUBEOLA)

As soon as fever and catarrhal symptoms of the eyes, nose, and throat are detected and until seven days after appearance of rash.

Household contacts under eighteen years, who have not had measles, shall be quarantined from the seventh to the fourteenth day after exposure.

MENINGOCOCCUS MENINGITIS

Until seven days after onset, or for the duration of fever, if longer.

Household contacts under eighteen years shall be quarantined for seven days.

MUMPS

Until seven days after onset and all swelling of the salivary glands has subsided.

No restrictions.

PERTUSSIS (WHOOPIING COUGH)

Until twenty-one days after onset of the paroxysmal cough.

No restrictions.

POLIOMYELITIS (INFANTILE PARALYSIS)

For seven days after onset or for the duration of fever, if longer.

Intimate home contacts under the age of eighteen years shall be quarantined for fourteen days.

SCARLET FEVER (INCLUDING STREPTOCOCCAL SORE THROAT)

In uncomplicated cases, until clinical recovery, or not less than seven days. Patients with complications resulting in purulent discharges shall be isolated as long as discharges persist.

Home contacts under the age of eighteen years shall be quarantined for seven days.

SMALLPOX (VARIOLA)

Until fourteen days after onset of illness and until all lesions are healed.

Home contacts and other persons exposed to the risk of contracting smallpox by proximity to a case or suspected case of the disease shall be vaccinated and quarantined until vaccination is successful or until evidence of protection is established to the satisfaction of the local health officer. Persons released from quarantine shall be kept under observation for not less than twenty-one days from the date of last exposure.

Contacts who refuse to be vaccinated shall be quarantined for at least twenty-one days from the date of last exposure and until discharged by the local health officer.

TYPHOID FEVER

Until clinical recovery and until three successive, authentic, fresh specimens of feces and urine taken at intervals of not less than seven days, beginning at least seven days after termination of specific drug therapy, have been reported negative for *Salmonella typhosa* by a laboratory approved by the State Department of Health for such examination. Recovered cases shall submit, commencing ninety days after discharge from isolation, at least four authentic fresh stool specimens not less than three months apart. If any of the specimens in this period are positive for *Salmonella typhosa*, the individual shall come under the regulations governing carriers.

Family contacts need not be quarantined unless employed as food handlers. Family contacts who are food handlers shall not be employed as such during period of contact, and until two cultures of authentic fresh specimens of feces and urine collected not less than twenty-four hours apart have been reported negative for *Salmonella typhosa* by a laboratory approved by the State Department of Health for such examination.

SALMONELLOSIS OTHER THAN TYPHOID

Until clinical recovery and until three successive, authentic, fresh specimens of feces and urine taken at intervals of not less than seven days, beginning at least seven days after termination of specific drug therapy, have been reported negative for *Salmonella paratyphi*, *Salmonella schottmuelleri*, and other *Salmonella* organisms by a laboratory approved by the State Department of Health for such examination.

Family contacts need not be quarantined unless employed as food handlers. Family contacts who are food handlers shall not be employed as such during period of contact and until two cultures of authentic, fresh specimens of feces and urine collected not less than twenty-four hours apart have been reported negative for *Salmonella paratyphi*, *Salmonella schottmuelleri*, and other *Salmonella* organisms by a laboratory approved by the State Department of Health for such examination.

Regulation 31 - Supervision of cases of typhoid fever and other *Salmonella* infections

It shall be the duty of the health officer when a person ill or infected with typhoid fever within his jurisdiction to keep such case under supervision until clinical recovery and until three successive authentic, fresh specimens of the intestinal discharges and urine taken at intervals of not less than seven days, beginning at least seven days after termination of specific drug therapy, have been found to be free from *Salmonella typhosa*, said examination to be made in a laboratory approved by the State Department of Health for such examinations.

A health officer shall require persons who have been ill with typhoid fever to submit, commencing ninety days after clinical recovery, at least four authentic, fresh specimens of intestinal discharges not less than three months apart, to a laboratory approved by the State Department of Health for such examinations. If any of the specimens in this period are positive for *Salmonella typhosa*, the individual shall be considered a carrier of the causative agent of typhoid fever.

It shall be the duty of a health officer when a person is ill or infected with Salmonellosis (other than typhoid fever) within his jurisdiction to keep such person under supervision until clinical recovery and until three successive, authentic, fresh specimens of intestinal discharges and urine taken at intervals of not less than seven days, beginning at least seven days after termination of specific drug therapy, have been found to be free from *Salmonella paratyphi* and *Salmonella schottmuelleri* and other *Salmonella* organisms, said examination to be made in a laboratory approved by the State Department of Health for such examination. (R. S. 26:4-50)

Regulation 32 - Sale of foods forbidden in certain cases

When a person is ill with any communicable disease which may be transmitted through food, or who is infected with the causative agent of any such disease on any dairy or other premises where food intended for sale or distribution is manufactured, packed, stored, or otherwise handled, such food shall not be sold or distributed from such dairy or other premises unless a written permit for the sale or distribution of such foods shall have been issued by the health officer or by a representative of the State Department of Health.

Regulation 33 - Destruction of foods in certain cases

Food intended for sale or distribution, which is manufactured, packed, stored, or otherwise handled on any premises upon which a person ill or infected with a disease transmissible by food worked or was permitted to work, visit, board, or otherwise frequent, may be destroyed or ordered destroyed by the health officer or by the State Department of Health if such food is considered so contaminated as to be liable to cause disease; or the food may be ordered to be treated in a manner that will eliminate contamination. (R. S. 26:4-3)

Regulation 34 - Handling of food forbidden in certain cases

Persons ill or infected with a communicable disease which may be transmitted through food are prohibited from working in any establishment where food intended for sale or distribution is manufactured, packed, stored, or otherwise handled.

Persons who reside, board, lodge or visit in a household where they may come in contact with any person ill or infected with a communicable disease which may be transmitted through food are prohibited from working in any establishment where food intended for sale or distribution is manufactured, packed, stored, or otherwise handled unless permission is granted by the health officer or the State Department of Health.

Persons employed in any establishment where food intended for sale or distribution is manufactured, packed, stored, or otherwise handled may be required to submit to a physical examination for the purpose of ascertaining whether or not they are ill or infected with a communicable disease, whenever in the judgment of a health officer or the State Department of Health such examination may be necessary.

Regulation 35 - Determination of diagnosis

The health officer or an authorized representative of the State Department of Health, who has reason to believe that a person is ill or infected with a communicable disease, may order such person to submit to a medical examination and, if necessary, to furnish specimens for examination in a laboratory approved by the State Department of Health.

Regulation 36 - Employment of laboratories and use of test reports

A health officer, local board of health, their representatives or a physician in the performance of his duties for a medical milk commission, shall only employ for laboratory services required by regulations of this chapter, a laboratory which complies with the provisions for certification and standards for laboratories contained in Chapter IV of the State Sanitary Code.

A health officer or local board of health shall not accept for use laboratory reports required by this Chapter, or Chapter VII, Regulation 42 from a laboratory that does not comply with the regulations of Chapter IV, provided that a laboratory report indicating the existence of disease may be accepted subject to confirmation by an approved laboratory.

Regulation 37 - Innoculation with living microbiological agents

The use of living microbiological agents, other than vaccine virus or B.C.G. vaccine, in the inoculation of human beings is hereby prohibited until full and complete data regarding the methods of use, including a specimen of the living microbial agents and other agents employed therewith, and full

account of the details of preparation, dosage, and administration, shall have been submitted to the State Department of Health and permission granted by the Department in writing for the use of the same.

CHAPTER III

ANIMALS AND BIRDS

IMPORTATION, QUARANTINE, AND HERD

TESTING PROGRAM

Regulation 1 - Importation of dogs; certification requirements

Dogs shall not be brought into this State excepting when in transit or for breeding, laboratory, or exhibition purposes unless accompanied by a health certificate issued by a licensed veterinarian of the state or nation of the dog's origin indicating that the dog is free from rabies and other communicable disease and has not recently been exposed to any such disease. This certificate shall also state the breed, sex, age, point of origin, point of destination, the name and post office address of the consignee or owner and the consignor or seller and if the dog has been vaccinated, the type and date of vaccination.

The owner or his authorized agent shall, upon arrival of the dog at its destination in this State, immediately forward the above-mentioned certificate to the health officer or board of health or the municipality or district wherein the dog is located and that health officer or Board, upon review and notation thereof, shall forward the same to the State Department of Health. (R.S. 26:4 Article 7)

Regulation 2 - Reporting of cases of rabies in animals

It shall be the duty of all veterinarians or persons owning or having an interest in, or having in their possession or under their care or control, or having knowledge of any dog, cat, or other animal, affected with rabies, or suspected of being affected with rabies, to forthwith notify the person designated by the board of health having jurisdiction over the place in which such animal is located, to receive such reports, by telephone, telegraph or in person, if practicable, and also in writing, signed by the person making the same, which report shall state where such animal may be found and shall contain, if possible, a description of the animal, the location of the animal, and the name and address of the owner. (R.S. 26:4-79, 80, 81)

Regulation 3 - Transportation of quarantined animals

Animals confined by quarantine established by provisions of R.S. 26:4-84, as the result of the presence of rabies in any area within this State, shall not be transported from a quarantined area unless permission therefor shall be granted by the health officer of the municipality or district in this State into which such animal or animals are to be transported under conditions which may be prescribed by the Department. In the event the destination of a quarantined animal is beyond the boundaries of this State, permission must be obtained from the State Department of Health.

Regulation 4 - Importation of birds of the psittacine family; certification requirements

Birds of the psittacine family shall not be brought into this State excepting

when in transit unless accompanied by a certificate issued by the state or nation of origin or an authorized agency of that state or nation indicating such birds have not been transported from an area of that state in which psittacosis exists and that it has no reason to believe that such birds may be infected with or recently exposed to such disease.

The importation of birds of the psittacine family from an area declared to be infected with psittacosis by the United States Public Health Service or an authorized agency of the state of origin may be permitted for scientific research or other purposes only upon prior approval therefor having been granted by the New Jersey State Department of Health under conditions as may be prescribed by that Department.

Regulation 5 - Quarantine and transportation of quarantined birds of the psittacine family

(a) Whenever a case of psittacosis exists among birds within the jurisdiction of a local board of health, or there is danger of the transmission of psittacosis from that jurisdiction, the local board of health shall establish adequate bird quarantine procedures.

The right of the State Department of Health to establish bird quarantine procedures for any area of the State wherein psittacosis exists, or danger exists of the spread of that disease, shall not be considered as limited or otherwise affected by the provisions of this Regulation.

(b) Quarantined birds shall not be transported from a quarantined area unless permission therefor shall be granted by the health officer of the municipality or local health district in this State into which such birds are to be transported under conditions which may be prescribed by the Department. In the event the destination of quarantined birds is beyond the boundaries of this State, permission must be obtained from the State Department of Health.

Regulation 6 - Records required of dealers in birds of the psittacine family

Dealers in birds of the psittacine family shall keep a record for at least two years of each transaction relating to such birds. This record shall include the names and addresses of sellers and purchasers of these birds, the time when and proof of the manner in which they were transported, and certificates required in Regulation 4 of this Chapter. Such record shall be available to inspection by authorized representatives of a board of health or the State Department of Health.

Regulation 7 - Herd testing program

On and after April 1, 1958 milk may not be used or sold within New Jersey unless obtained from dairy animals free of brucellosis as determined by satisfactory blood tests or such other tests as are approved by the State Department of Health provided that animals which are the natural offspring of a brucellosis free herd and which have never been moved from the herd of origin may, for practical purposes, be considered free of brucellosis until they are old enough to be tested in accordance with the regulations of the State Department of Health. The tests shall be administered in accordance with standards approved by the State Department of Health and shall be subject to review and final acceptance by that Department. (R.S. 24:10-15 (6))

CHAPTER IV

LABORATORIES

Regulation 1 - Laboratory inspection, standards and reports

(a) Laboratories required by statute and those regulations of Chapter II and VII of the State Sanitary Code to be approved by the State Department of Health shall comply with all provisions of this chapter. (R.S. 37:1-23; 26:4-49.2)

(b) All laboratories shall comply with Regulations 10 and 11 of this chapter.

(c) All laboratory premises, equipment, supplies and records shall be made available to inspection and reinspection by authorized representatives of the State Department of Health.

(d) Reports of laboratories other than those referred to in (a) above which perform bacteriological or other sanitary tests associated with potable water, milk or other foods, for a health officer or a local board of health shall be based upon and confined to laboratory examinations performed in accordance with methods and techniques acceptable to the State Department of Health.

Regulation 2 - Certification of certain laboratories

The laboratories designated by Regulation 1 (a) of this chapter shall make application for and obtain a certificate of approval from the Department. This certificate shall be posted in a conspicuous place at the entrance to the laboratory. Certificates of approval shall be subject to revocation for cause.

Notice of issuance of certificates of approval to laboratories and disapproval of laboratories shall be forwarded to the board of health of the municipality or district wherein the laboratory is located within 10 days of such approval or disapproval.

Regulation 3 - Application for certification generally; certain exceptions

(a) Application for certification shall be made on a form supplied by the Department. Certificates of approval expire at the end of each calendar year. Application for renewal of certificates shall be submitted to the Department on or before November first. Initial requests for a certificate or requests for a certificate following invalidation of a previous certificate may be submitted at any time.

(b) Laboratories other than those conducted by a board of health shall not be eligible to apply for a certificate until they have been established for at least one year.

(c) A laboratory other than that conducted by a board of health shall not be eligible to apply for an initial certificate until it shall have obtained the signed endorsement of at least ten physicians attesting to the fact that they desire the facilities of such laboratory and other evidence as may be desired by the State Department of Health.

Regulation 4 - Personnel requirements; change in personnel

(a) A supervisor who may be designated as "Director," "Bacteriologist-in-Charge," "Serologist-in-Charge," or "Chemist-in-Charge" shall be in charge of the laboratory applying for a certificate.

(b) The supervisor shall meet the following minimum qualifications:

He shall possess a doctorate degree in philosophy, science, public health or medicine, or be licensed to practice medicine in the State of New Jersey, with adequate experience in laboratory procedures, or

He shall have graduated from a college or university of recognized standing with at least a Bachelor's degree in bacteriology, biology, or allied sciences, shall possess a public health laboratory technician license issued by this Department, and shall have had four years acceptable laboratory experience, two of which shall have been spent in a public health laboratory, or its equivalent, preferably having served as assistant bacteriologist or assistant serologist.

He shall be a person of known integrity and professional ability who shall be capable of conducting a laboratory in which satisfactory standards of work are maintained at all times and he shall possess such personal qualifications as: ability to exercise meticulous care in technique, good judgment, sense of responsibility, ability to cooperate with and supervise the work of others.

(c) Supervisors shall be present and direct the activities of the laboratory during its operating hours. In the absence of the supervisor, the person next in charge shall meet the full qualifications of the office of supervisor.

(d) Loss of services of a supervisor in charge of a laboratory shall automatically invalidate a certificate of approval of the Department and shall immediately be reported to the State Department of Health. Upon invalidation of a certificate of approval under such circumstances the Department, upon application therefor, may grant permission to a laboratory to perform services for a local board of health or a health officer for such period of time and under such conditions as it may prescribe.

Regulation 5 - Laboratory quarters, location and equipment

(a) The laboratory shall be housed in well lighted, properly ventilated and adequately spaced quarters, to provide for the type of work for which a certificate is requested. Laboratories shall not be located in living quarters unless there are provisions for separate entrance, and plumbing fixtures and other facilities used for laboratory purposes are separate from those for household purposes.

(a) The laboratory shall be equipped with gas, electricity, and hot and cold running water. The minimum equipment shall consist of the following apparatus, meeting the requirements for the tests to be conducted: Autoclave, dry air sterilizer, constant temperature 37° incubator, microscope, centrifuge, constant temperature water bath and refrigerator. All necessary glassware, lamps, burners, reagents, stains, antigens and sera must be of recognized standard and good quality and available at all times for the various tests for which a certificate is requested.

(c) The laboratory shall be equipped with an adequate reference library.

(d) Laboratory animals shall be kept in adequate sanitary quarters maintained separate from the rooms in which laboratory tests are conducted.

Regulation 6 - Laboratory methods

(a) Serologic tests for syphilis shall be performed in the manner as prescribed by the latest recommendation of their authors and approved by the State Department of Health.

(b) Serologic evaluation shall be: Specificity: Standard of specificity (percent of negative sera reported as negative) shall be at least 99 percent as obtained by the control laboratory.

Sensitivity: Standard of sensitivity (percent of positive sera reported as positive) shall not be more than 10 percent below that obtained by the control laboratory.

(c) Modification of existing methods or new methods must be approved by the State Department of Health before they may be applied. The test for such approval is their ability to produce results the equivalent of standard tests now approved by the Department.

(d) The laboratory shall obtain a high degree of accuracy, 80-90%, in identification of bacteriological specimens submitted for examination in any diseases for which the laboratory is to receive or has received a certificate.

(e) Animal brains examined for rabies and found to be Negri-negative shall have a suitable portion thereof inoculated into mice in those instances where there is a record of a bite or intimate human or animal contact.

Regulation 7 - Records

(a) Laboratories applying for a certificate must show facilities for keeping complete laboratory results. All such records (except negative serology records) shall be kept on file for at least one year. Positive slides referable to communicable diseases shall be retained for at least three months.

(b) Records shall be kept up to date and open to inspection by authorized representatives of the State Department of Health.

Regulation 8 - Ethical considerations

(a) The laboratory shall conform to ethical professional practice. Public announcements of the laboratory shall be strictly limited to cover only tests for which a certificate is granted and shall be so worded as not to give the impression of general coverage of procedures not listed on the certificate.

(b) Reports shall be confined to laboratory findings; pertinent data may be added when required to interpret properly the examination results.

Regulation 9 - Reporting by laboratory supervisors

Laboratory supervisors shall:

(a) immediately report results of laboratory examinations of specimens of humans, animals, or birds indicating or suggesting the existence of communicable diseases to the State Department of Health, to the physician or veterinarian submitting the specimen and, excepting results pertaining to venereal diseases, simultaneously forward a copy thereof to the health officer having jurisdiction where the patient is located.

(b) immediately report results of laboratory examinations of specimens of persons being considered for release from isolation or quarantine from any disease listed in Chapter II, Regulation 1 of the State Sanitary Code, whether said report be positive or negative, to the physician submitting the specimen and simultaneously forward a copy thereof to the health officer having jurisdiction where the patient is located.

(c) promptly report to the State Department of Health the results of comparative and evaluation examinations made of specimens which may be sent to the laboratory by the Department.

Regulation 10 - Inspection and registration concerning handling of live microorganisms or viruses pathogenic for humans, animals, or birds

(a) Laboratories or other places where live microorganisms or viruses pathogenic for humans, animals, or birds are handled, cultivated or kept shall be subject to inspection and reinspection at any time by authorized representatives of the State Department of Health.

(b) The Director of a laboratory or person in charge of any other place where live microorganisms or viruses pathogenic for humans, animals, or birds are handled, cultivated or kept shall, on forms provided by the State Department of Health, register such laboratory or place with the Department between the dates of March 1, 1954 and April 1, 1954. Such laboratories or other places established on or after April 1, 1954 shall register with the Department prior to handling, cultivating, keeping, selling, transporting or otherwise disposing of live microorganisms or viruses covered by this Regulation.

Laboratories or other places required to be registered under the provisions of this Chapter shall promptly forward all information requested by the Department.

(c) Registration requirements do not apply to laboratories maintained by official governmental agencies, voluntary general hospitals, those physicians licensed to practice medicine and surgery in this State, those veterinarians licensed to practice veterinary medicine in this State, manufacturers of biologics licensed by the United States Government.

Regulation 11 - Sale transportation or other disposal of live microorganisms or viruses pathogenic for humans, animals, or birds

Live microorganisms or viruses pathogenic for humans, animals, or birds shall not be sold, knowingly transported or otherwise disposed of in viable form without written permission of the State Department of Health, excepting: (a) such products manufactured and clearly identified, as required by law, by manufacturers of biologics licensed by the United States Government and in compliance with Federal Postal and other regulations, or (b) diseased tissue, exudate, or other specimens which are enroute to laboratories for the sole purpose of laboratory examination as an aid in diagnosis or control of disease and which are transported in compliance with Federal Postal regulations or under conditions as may be prescribed by the Department and sent by physicians licensed to practice medicine and surgery in this State, by veterinarians licensed to practice veterinary medicine in this State or by licensed health officers of this State in the performance of their official duties.

CHAPTER V

**PREPARATION, HANDLING, TRANSPORTATION
BURIAL AND DISINTERMENT OF DEAD HUMAN BODIES**

Regulation 1 - Disposition of bodies generally; emergencies

The person or persons responsible for the burial or cremation or other lawful disposition of a dead human body shall not allow the same to remain unburied or uncremated in the State of New Jersey for a period longer than forty-eight hours unless embalmed by arterial and cavity injection or kept refrigerated

at 45°F or below or unless authorized by the State Commissioner of Health under conditions prescribed by him during the existence of an emergency declared by the Governor.

A person shall not bring an unembalmed body into the State of New Jersey more than forty-eight hours after death unless authorized by the State Commission of Health during an emergency as prescribed above.

The requirements of this regulation shall not apply to bodies held as anatomical or pathological material or for the purposes of criminal investigation.

Regulation 2 - Disposition of body dead of certain communicable diseases

The person or persons responsible for the burial or cremation of a human body dead of cholera, plague, smallpox, typhus fever, or yellow fever shall not allow the same to remain without burial or other lawful disposition for a period longer than twenty-four hours after death unless said body is thoroughly embalmed and disinfected. If said body is to be buried or lawfully disposed of within twenty-four hours after death without embalming, said body, before removal from the place of death, shall be placed in a tight covered casket which shall not thereafter be opened.

If a body dead of any of the diseases set forth in this regulation remains unburied for more than twenty-four hours after death or is not otherwise lawfully disposed of within twenty-four hours after death, said body, after being thoroughly embalmed and disinfected, shall be placed in a tight casket which shall be kept tightly covered and unopened; provided, however, that this shall not be construed to prevent the encasement of such body in a casket so constructed that the decedent may be viewed through glass or other transparent material and; provided, further, that the body after embalming is not touched or handled by anyone other than a funeral director, his employee, or a person acting under official authority.

Regulation 3 - Preparation of body dead of a communicable disease

In the preparation for burial or transportation of a body dead of any communicable disease, the funeral director, the embalmer and assistants shall take due care to prevent any spread of infection in the handling of such body during transportation, in preparation and during embalming, and after contact with such body, shall disinfect their hands and remove any soiled clothing. All instruments, gloves, coverings and utensils used in embalming or in handling the body shall be disinfected immediately after being used. All fluids or other matters removed from such body in the process of embalming shall be disinfected before final disposition.

Regulation 4 - Notification to be given Health Officer by Funeral Director

It shall be the duty of the funeral director in charge of a human body dead from diphtheria, meningococcal meningitis, poliomyelitis, streptococcal sore throat including scarlet fever or any of the diseases listed in Regulation 2 of this Chapter to notify promptly the local Health Officer or local Board of Health of the municipality or district in which the funeral is to be held. Such notice shall include the name of the deceased person, the cause of death and the time and place at which it is proposed to hold the funeral.

Regulation 5 - Permit requirements for certain public funerals

No public funeral shall be held of any person who has died of any disease

referred to in Regulation 4 of this Chapter unless a permit therefor shall first have been secured from the Health Officer or the local Board of Health of the municipality or district in which such funeral is to be held.

Regulation 6 - Transportation of certain bodies in sealed caskets

A person shall not convey or aid in conveying to a common carrier to be transported across or within this State, and a common carrier shall not accept for transportation or transport into or within this State, the body of a person who has died of any of the diseases referred to in Regulation 2 of this Chapter, unless the body is enclosed in a hermetically sealed casket and a license for such transportation has been first obtained in writing from the State Department of Health. (Section 26:6-23, Revised Statutes.)

Regulation 7 - Transportation of bodies generally

A human body dead from causes other than those included in Regulation 2 of this Chapter shall not be transported by a common carrier unless embalmed by arterial and cavity injection and enclosed in a leak-proof casket, or a leak-proof box, provided, that embalming shall not be required if destination can be reached within twenty-four hours after death and; provided, further, that this regulation shall not apply to disinterred bodies.

This regulation shall not be construed to prevent the moving of the body of any person who has died on the property of or as a result of the activities of a common carrier, to a funeral director's establishment or the home of the deceased without embalming or encasing.

Regulation 8 - Necessity of transit permit

A dead human body shall not be transported out of the State by common carrier unless accompanied by a transit permit of the form adopted by the State Department of Health. (Section 26:6-26, Revised Statutes.)

Regulation 9 - Disinterments; when allowed; permits

A dead human body shall not be disinterred or removed from any grave, tomb or burial place except by direction of a competent court of this State, or upon permit being given therefor by the local board of health having jurisdiction in the locality where the body is interred or entombed. (Section 26:6-37, Revised Statutes.)

Regulation 10 - Acceptance of disinterred body for transportation

A common carrier shall not accept for transportation or transport a disinterred human body unless the body is enclosed in a metal or metal-lined case sealed by heat or by use of a metal or rubber gasket, provided that a metal or metal-lined sealed case shall not be required for a body from which no fluid or offensive odor emanates.

CHAPTER VI
BOARDING HOMES FOR CHILDREN
SECTION I - DEFINITIONS

1.1 Definition of Boarding Home

The term "boarding home" as used in this Code shall mean and include any privately owned dwelling or part of a dwelling or other place where one or more children under 16 years of age are placed or regularly received, for any

period of time, unattended by parent, adult relative or legal guardian, and foster parent care is provided excepting those places which are operated, maintained, licensed, or regulated, or in which a child is placed, pursuant to statute by:

- (a) The State Board of Child Welfare.
- (b) The State Board of Education.
- (c) Any aid society of a properly organized and accredited church or fraternal society organized for aid and relief to its members.
- (d) Any charitable society incorporated under the laws of this State having as one of its objects the prevention of cruelty to children or the care and protection of children.

SECTION II - ADMINISTRATION

2.1 License Required to Operate and Maintain Boarding Homes

Boarding homes shall not be operated or maintained by any person until the local Board of Health has given formal approval therefor by issuance of a license.

2.2 Application for License

Application for license to operate or maintain a boarding home shall:

- (a) be written in a form and manner as may be prescribed by the local Board of Health, include a statement that the boarding home will be conducted, operated and maintained under the applicant's personal supervision and direction, signed by the applicant therefor and contain such information as may be requested by said Board including the following data: location of proposed boarding home; a description of its general layout, facilities, and accommodations; number, age and sex of children to be boarded; names of persons who will be responsible for the care of the children; names of persons who will live in the home and persons who will work in the home; sources of income; names of two character references.
- (b) have attached thereto a certificate by the municipal official responsible for fire protection that the proposed boarding home and its premises conform to existing fire laws and ordinances.
- (c) have attached thereto a certificate signed by a physician attesting to the mental and physical condition of the applicant and others residing and working in the household; said certificate to be based upon a medical examination and, for persons over 16 years of age, shall include an intradermal test for tuberculosis or a chest X-ray.

2.3 Investigation and Approval of Application for License

Upon receipt of an application for a boarding home license, an investigation shall be conducted to determine whether the Boarding Home, its facilities and accommodations are in conformity with this Code and that its operation or maintenance by the applicant, his family or assistants will permit adequate and proper foster parent care of its children boarders. Upon assurance by the local Board of Health of such facts, a license shall be issued.

2.4 Content of License

- (a) Licenses shall be limited to a particular person and premises and the

maximum number of children, specified as to age range, that may be boarded or cared for on the premises at any one time.

- (b) A boarding home may use premises other than those licensed for a period not longer than four weeks with the written consent of the local Board of Health and without issuance of another license.

2.5 Restriction on Number of Children

Licenses shall not be issued for boarding more than 4 children under 16 years of age. The total number of children, including those of the owner, residing in a boarding home shall not exceed 5 under the age of 16 nor 2 children under one year of age. The local Board of Health may permit an exception to this provision in those cases wherein it is considered desirable to keep members of one family together.

2.6 Denial or Suspension of Licenses

Licenses required by this Code may be denied or suspended by the local Board of Health for failure to comply with its provisions.

2.7 Inspection

All rooms of Boarding Homes and premises on which they are conducted shall be open to inspection by a representative of the local Board of Health or the State Department of Health at all reasonable hours.

SECTION III - HEALTH AND SAFETY REQUIREMENTS OF PREMISES

3.1 Compliance with State and Municipal Laws and Regulations

Boarding homes shall conform to all State and municipal laws and regulations including those relating to housing, fire, potable water, and sewage disposal.

3.2 Heating

- (a) Boarding homes shall be maintained at a temperature of not less than 68° throughout the year.
- (b) Kerosene stoves shall not be used in boarding homes for any purpose.
- (c) Fire places and stoves shall be guarded with fire screens.
- (d) Gas heaters may be installed only with permanent connections and protectors and properly vented.

3.3 Rooms Used for Preparation of Food

Those portions of boarding homes or rooms used in the preparation of food shall be kept clean and free of litter or rubbish and:

- (a) No person or persons shall be allowed to use such rooms for sleeping quarters.
- (b) Running hot and cold water under pressure shall be easily accessible.

3.4 Food Storage

All food and drink and the food and contact surfaces of utensils used to store, prepare or serve same shall be protected from adulteration or contamination by pesticides, human, animal or rodent discharges of all types, or contamination by dirt, dust, droplets, condensate or leakage of overhead structures or pipes.

3.5 General Sanitation

- (a) All garbage, refuse, trash and other wastes shall be kept in suitable tightly covered metal receptacles and disposed of in such manner as not to constitute a health hazard or nuisance.
- (b) Boarding homes shall be provided with:
 1. proper lighting, drainage, plumbing, ventilation, and kept clean, orderly and free of insects and vermin.
 2. adequate, properly and conveniently located toilet and hand washing facilities and bathing facilities.
 3. proper screening at outer doors and windows to exclude flies.

3.6 General Safety

- (a) Boarding homes and their grounds shall be maintained and equipped in such a manner that their use shall not be hazardous to children and constant vigilance shall be exercised by the person to whom a license is issued under this Code to prevent accidents.
- (b) Boarding homes shall provide both adequate and proper space for indoor and outdoor play of boarding children.
- (c) Every child shall have proper adult supervision befitting his age at all times.

SECTION IV - SLEEPING ACCOMMODATIONS

4.1 Room Location, Equipment and Maintenance

Physical properties and accommodations of rooms assigned to children for sleeping purposes shall be:

- (a) adequately ventilated and lighted with both natural and artificial light. One or more windows shall open directly to the outside air.
- (b) on or above the ground level.
- (c) containing at least 30 square feet of space for each bed, cot or crib, and at least 500 cubic feet of air space for each person using such rooms for sleeping purposes.
- (d) arranged and maintained in such fashion that beds, cots or cribs are at least two feet apart and air circulates freely under them.
- (e) equipped with a separate bed or crib, mattress, mattress cover, blanket, clean bed linens for each child assigned to such rooms. Pillows shall be provided for all children except young infants. A crib shall be provided for all infants below the age of two. A cot may be provided for a child above the age of two only when he or she is a day boarder not staying overnight. Cots, when so provided, shall be equipped with at least a sheet, blanket or other cover appropriate for the room temperature.

4.2 Restrictions on Use of Sleeping Rooms

The following provisions shall be applicable to all rooms assigned to children for sleeping purposes:

- (a) children over the age of one shall not be permitted to sleep regularly in the same room with any adult couple.

- (b) children of different sex above the age of three years shall not be permitted to sleep in the same room except by written consent of the local Board of Health.
- (c) no more than three persons, including children, shall be permitted to sleep in the same room regardless of age and a child or children above the age of three shall not be permitted to sleep in the same room used by an adult of opposite sex.

SECTION V - FOOD AND ITS PREPARATION

5.1 General

Food supplied to boarding children shall be served at proper intervals, adequately balanced, and in sufficient amount and variety to meet their nutritional needs. It shall be kept clean, wholesome, free from spoilage, free of added toxic materials of all types, and shall be so prepared as to be safe for human consumption.

5.2 Pasteurized Milk

Only milk which has been pasteurized may be offered to boarding children or used in the preparation of their food.

5.3 Infant Feeding

All infant feeding formulas shall be as prescribed by a licensed physician. Water, formula, bottles and nipples shall be sterilized in the proper preparation of such formula.

SECTION VI - CHILDREN'S CLOTHING AND TOILET ARTICLES

6.1 Toilet Articles

All boarding children shall be provided with individual toilet articles including individually marked wash cloth, towels, comb, and tooth brush. Adequate and proper space shall be provided for the storage of these articles and the same shall be kept therein or thereon when not in use.

6.2 Clothing

All boarding children shall be provided with individual clothing adequate and sufficient for all types of weather. Adequate and proper storage space shall be provided for such clothing and other personal belongings of each child boarded.

6.3 Diapers

Adequate facilities shall be available for proper handling and cleansing of soiled diapers, bed linens and personal clothing. All soiled diapers shall be thoroughly washed and boiled after each use.

SECTION VII - MEDICAL AND HEALTH SERVICES

7.1 Medical Examination

Prior to admittance to a boarding home a child shall have been examined by a licensed physician or surgeon for freedom from any communicable disease or other condition that might jeopardize the health, welfare or safety of other

children. The examination shall be recorded on a form provided by or acceptable to the local Board of Health and signed by the physician or surgeon.

Vaccination

All children prior to admission to a boarding home shall be vaccinated against smallpox and inoculated against diphtheria, whooping cough, tetanus and poliomyelitis and such other diseases where similar protection is indicated less there exists medical contra-indication to such protection and the local Board of Health grants written permission to the contrary.

Health Supervision Program

Every child shall receive adequate health supervision, suitable for his age, from a licensed physician. This supervision shall include periodical health examinations, administration of booster immunizations against diphtheria, whooping cough, tetanus, and smallpox, and such other diseases as require similar protection. Provision shall also be made for adequate dental supervision from a licensed dentist.

Emergency Care and Treatment

The parent, guardian or other agency responsible for placing a child in a boarding home shall be immediately notified when such boarding child is injured or becomes ill and prompt arrangements made for proper care and treatment of that child.

SECTION VIII - CONDITIONS OF ADMISSION AND REMOVAL

1 General

No child shall be accepted in or removed from a boarding home without a written request or permission therefor by the parent, guardian or other person who is primarily responsible under authority of the law for the custody of that child.

2 Out-of-State Children

No child shall be accepted for boarding care from outside the State of New Jersey unless evidence is submitted to and accepted by the local Board of Health that such consent as may be required by statute has been granted for the importation of that child by the State Department of Institutions and Agencies.

3 Responsibility for Professional Services

No child shall be accepted in a boarding home for boarding care until an agreement has been signed by the parent, guardian or other person responsible under the law for the care and custody of that child which shall include the assumption of financial responsibility for services of the boarding home and services of physicians, surgeons or dentists as may be necessary for the child and required under this Code.

SECTION IX - REGISTER, RECORDS, REPORTS

1 Register

A register shall be maintained in all boarding homes. This register shall contain the following information regarding each child boarded therein. Such

information shall be posted as events occur and indicate the date and time of occurrence:

- (a) Name and address of each child, its parents if known, guardian or agency placing child in the home and the particular person from whom the child was received.
- (b) Religion of child and parents if known.
- (c) Birth, sex and race of child.
- (d) Date of reception of child into the boarding home.
- (e) Name and address of the person to whom a child is delivered from the boarding home and reason therefor.
- (f) Causes of illness, injury or death of child.
- (g) Place at which parent or guardian can be reached during the hours when the child is in the care of the boarding home.
- (h) Date of discharge of child from the boarding home.

9.2 Register Inspection

The register shall be available for examination at all reasonable hours by the local Board of Health or its representative or a representative of the State Department of Health.

9.3 Reports of Admissions and Discharges and Illness

- (a) A written report of each child admitted or discharged from a boarding home shall be forwarded within 24 hours of such admission or discharge to the local Board of Health. Such report shall include the name, sex and date of birth of the child and the name and address of the parent, guardian or agency placing or removing the child.
- (b) Unusual or extended absences or illnesses of a child boarder, member of the household, attendant or licensee shall be reported by telephone immediately to the local Board of Health and supplemented by a written report to the local Board of Health that same day.

SECTION X - RESTRICTED USES OF BOARDING HOMES

10.1 General

Work or business of any nature which is hazardous to the health, safety or welfare of children shall not be conducted in boarding homes.

10.2 Adult Boarders

No child may be placed for board in a home which maintains adult boarders except with the written consent of the local Board of Health or its authorized agent.

10.3 Mental Deficiencies

Children of normal or superior intelligence shall not be boarded in boarding homes where any member of the household or attendant of the home is mentally deficient. Children suffering from mental disorders shall not be received in a boarding home for care or treatment.

CHAPTER VII

PRODUCTION, DISTRIBUTION AND SALE OF CERTIFIED MILK, CREAM AND SKIM MILK

Regulation 1 - Definitions

As used in this and other chapters of the State Sanitary Code the term:

(a) Certified milk shall mean milk produced in compliance with the laws of this State, including the provisions of this Chapter, rules and regulations of the State Department of Health, and such methods and standards as may be established by a medical milk commission so empowered by law and shall include certified milk which may have been pasteurized, homogenized and/or modified, in accordance with practices approved by the State Department of Health and the certifying medical milk commission.

(b) Certified cream shall mean cream produced from certified milk.

(c) Certified skim milk shall mean skim milk produced from certified milk.

Regulation 2 - Production of certified milk

(a) All dairies producing certified milk shall comply with the laws of this State, including the State Sanitary Code, all of the provisions of this Chapter and such methods and standards as may be established by a medical milk commission with which it is under contract.

(b) All certified milk shall be produced in dairies in accordance with a uniform written agreement between a medical milk commission established and operating in accordance with the laws of this State and a dairyman or dairymen, which agreement shall require compliance with the provisions of this Chapter.

Regulation 3 - Distribution and sale of certified milk, cream and skim milk

No person shall distribute or sell, or have in possession with intent to distribute or sell, as certified milk, certified cream or certified skim milk, any milk, cream, or skim milk, which has not been produced as defined by the provisions of Regulation 1.

Regulation 4 - Qualifications and duties of personnel designated by medical milk commissions

Before milk may be certified by a medical milk commission it must have designated a licensed veterinarian, a physician licensed to practice medicine and surgery, a chemist, a bacteriologist, a sanitary inspector licensed as Sanitary Inspector Grade I by this State or possessing such license or the equivalent thereof in another state, a secretary, and such other persons as it may consider necessary to enforce the provisions of this chapter and regulations of the commission.

Duties of the personnel to be designated are as follows:

(a) Veterinarian

A Veterinarian shall have supervision over the physical condition of all animals constituting the dairy herd except that he shall not perform the tuberculin tests unless authorized so to do by the Federal and State Bureaus of Animal Industry and shall perform such other duties required by this Chapter relating to his office.

(b) Physician

The physician shall have charge of the medical examination of all persons engaged in the production and handling of certified milk, certified cream and certified skim milk and shall perform such other duties required by this Chapter relating to his office.

(c) Chemist

The chemist shall make all chemical analyses of milk samples required by this chapter.

(d) Bacteriologist

The bacteriologist shall make all bacteriological analyses of milk samples required by this chapter.

(e) Sanitary Inspector

The sanitary inspector shall supervise and be responsible for the sanitary condition of the entire dairy premises including the dormitories.

(f) Secretary

The secretary shall attend the meetings of the medical milk commission, keep a careful record of its proceedings, perform all duties as required by the provisions of this chapter and such other duties as may be assigned him by said commission.

Regulation 5 - Exclusion of insects, vermin and animals from dairy buildings

All necessary measures shall be taken to prevent insects, vermin, and animals other than animals of the dairy herd from entering dairy buildings where milk is handled or processed or dairy animals are housed.

Regulation 6 - Construction of stables, milking stables, and milking parlors

All stables, milking stables or milking parlors shall be so constructed as to facilitate prompt and easy removal of waste products and provide proper shelter for dairy animals.

Regulation 7 - Surface of walls and ceilings of milk stables or parlors

The inside surfaces of the walls of all interior construction shall be smooth with tight joints. The surfaces of ceilings shall be smooth and tight. Horizontal and slanting surfaces which might harbor dust and shall be avoided as far as possible.

Regulation 8 - Drinking and feed troughs

Drinking troughs and other water containers shall be drained and cleaned each day and feed troughs and mixing floors shall be kept clean.

Regulation 9 - Stanchions and throat latches

Stanchions, when used, shall be constructed of metal tubing or hard wood. Unless dairy animals are cleaned immediately before milking, throat latches shall be provided to prevent them from lying down between the time of cleaning and the time of milking.

Regulation 10 - Ventilation

Each cow shall be provided with a minimum of 600 cubic feet of air space and each goat shall be provided with a minimum of 100 cubic feet of air space.

Regulation 11 - Windows

A sufficient number of windows shall be installed and so distributed as to provide satisfactory light and a maximum of sunshine; at least four square feet of window area shall be provided for each 600 cubic feet of air space.

Regulation 12 - Bedding

Dusty, wet, moldy or unclean materials shall not be used for bedding or absorbent purposes.

Regulation 13 - Cleansing of stables or milking parlors and disposition of manure

Soiled bedding and manure of dairy animals kept in stanchions or stalls shall be removed at least twice daily and the floors shall be swept and kept free of refuse. Such cleansing and sweeping shall be done at least one hour before milking time. Milking parlors shall be kept clean at all times.

Regulation 14 - Quarantine and isolation stables

An appropriate building or buildings shall be available for quarantine and isolation of diseased dairy animals and the same shall be a building or buildings separate and apart from all other dairy buildings or enclosures. Said buildings shall be provided with sufficient light, ventilation and drainage and so constructed, located and maintained as to prevent the spread of infectious diseases amongst the herd. The interior and surroundings of such buildings shall be maintained in a sanitary condition.

Regulation 15 - Separate milk houses

Milk houses shall be kept clean at all times and shall be located in a building or buildings separate and apart from stables, milking stables and dwelling places.

Regulation 16 - Operations permitted in milk houses

Milk houses shall not be used for purposes other than the handling or processing of certified milk or its cream or skim milk and the cleansing, sterilizing and storing of milk utensils which are in use. No parts of buildings housing such activities shall be used for dwelling or lodging purposes.

Regulation 17 - Construction of milk houses

Milk houses shall be so constructed and arranged as to provide separate rooms for the bottling and handling of milk, washing and sterilization of bottles and utensils, and heating plant.

The floors of bottling, washing, and sterilizing rooms shall be water tight and shall drain to properly trapped drain pipes.

The walls and ceilings shall be smooth and kept well painted. The walls should be constructed of non-absorbent material to a height of at least five feet.

Regulation 18 - Bottling room and washing and sterilizing room

A bottling room shall be held to mean any room in a milk house or milk plant in which milk is exposed or bottled. The bottling room shall be used for no purpose other than the bottling and processing of certified milk and shall be kept scrupulously clean and free from odors.

The washing and sterilizing room shall be held to mean any room in a milk

house or milk plant where any bottles, apparatus or utensils used in the handling of certified milk are cleansed and sterilized. The washing and sterilizing room shall be used for no purpose other than the cleaning and sterilizing of milk bottles and the apparatus and utensils used in handling of certified milk.

Regulation 19 - Cleansing facilities for bottles and utensils

Washing and sterilizing rooms shall have an abundant supply of hot and cold water and adequate apparatus for the cleansing of milk bottles and utensils used in the production, processing, separation and handling of certified milk.

Regulation 20 - Milk receiving room

A milk receiving room is any room or building located at or near the milking stables used for the purpose of a central collecting room for milk brought from the stables or milking parlors. Such rooms shall conform to the same rules of construction, maintenance, and cleanliness as applied to the milk and bottling room in a milk house or milk plant, and shall not be directly connected with the stable.

Regulation 21 - Utensils

All utensils shall be so constructed as to be easily cleaned. Small top or hooded milking pails shall be used. The milking pail should preferably have an elliptical opening five by seven inches in diameter. The hood of this pail should be so convex as to make the entire interior of the pail visible and accessible for cleaning. Sterilizers and coolers shall be provided with recording thermometers.

Regulation 22 - Dormitories

Dormitories or other residences in which employees live on dairy premises shall be constructed and operated according to plans approved by the medical milk commission. Adequate bathroom facilities shall be provided for all employees living on the dairy premises.

Regulation 23 - Quarantine quarters

Proper quarantine and isolation facilities shall be provided for sick employees living on dairy premises.

Regulation 24 - Toilet rooms

Adequate and convenient toilet rooms shall be provided having a sufficient number of lavatories equipped with hot and cold running water, nail brushes, soap or detergent, and clean individual towels. These rooms shall be kept clean at all times and outside openings shall be properly screened. All doors opening into toilet rooms shall be provided with self-closing devices.

Regulation 25 - Pastures or paddocks

Pastures or paddocks for dairy animals shall not be crossed by a contaminated stream and shall be located a sufficient distance from offensive conditions that dairy animals will suffer no bad effects therefrom. Pastures should be free from infectious agents and deleterious plants and shall be of such character that they will furnish sound and nutritious food for the animals.

Regulation 26 - Make-up of herd

Only animals receiving the same supervision as those of the certified herd shall be kept in the same barn or be allowed to come in contact with said herd.

Regulation 27 - Cleaning of dairy animals

Each dairy animal in the certified herd shall be cleaned before each milking.

Regulation 28 - Clipping

Long hair shall be clipped from the udders and flanks of dairy animals and the tails shall be kept clean.

Regulation 29 - Cleaning of udders

Udders and teats of dairy animals shall be thoroughly washed and dried with a clean cloth immediately before milking and shall be clean at the time of milking. In no case shall one cloth be used on more than four udders.

Regulation 30 - Feeding

(a) A well balanced ration shall be used and all changes of food shall be made slowly. The first few feedings of grass, alfalfa, ensilage, green corn, or other green feeds shall be given in small rations and increased gradually.

(b) All foodstuffs shall be stored in a compartment separate from the stable. Dusty foodstuffs shall not be brought into a milking stable or milking parlor until after milking is completed.

Regulation 31 - Tuberculin and brucellosis testing

All dairy animals shall be tested for tuberculosis and brucellosis in accordance with tests and procedures acceptable to the State Department of Health.

Regulation 32 - Reporting of tests

The results of all tests made of dairy animals shall be reported to and filed by the secretary of the medical milk commission under contract with the owner of the dairy animal tested.

Regulation 33 - Disinfection of stables

Immediately following the removal of reactors or other diseased animals from a stable or other exposed structure or area on a dairy premises, the same shall be disinfected under the supervision of the sanitary inspector of the medical milk commission.

Regulation 34 - Identification of animals

Each dairy animal, excepting purebred registered cattle, in each of the certified herds, shall be labeled or tagged with a permanent identification number or mark.

Regulation 35 - Herd records

A record shall be kept of each animal in the herd which shall show the date of entrance to and the date of departure from the herd, date of breeding, date of calving and the results of tuberculin tests, tests for brucellosis and physical examinations. These records shall be kept by the owner of the herd who shall be responsible for their accuracy and copies thereof shall be kept by his medical milk commission's veterinarian.

Regulation 36 - Physical examination of animals

The veterinarian designated by a medical milk commission shall make a

careful physical examination of all animals in the dairy herd at regular intervals not exceeding one month and shall report examination results immediately in writing to the secretary of the medical milk commission.

Regulation 37 - Isolation, quarantine and permanent removal of diseased animals

Dairy animals having tuberculosis, brucellosis, rheumatism, inflammation of the uterus, severe diarrhea, or diseases of the udder or producing abnormal milk, or dairy animals that for these or other causes may be a menace to the health of the herd or the consumers of their milk, shall be effectively isolated or quarantined under the direction of the veterinarian so designated by a medical milk commission in a manner acceptable to the State Department of Health. Said dairy animals shall not be restored to the herd until permission has been given by that veterinarian after their careful physical examination and if necessary a bacteriological examination has been made excepting that dairy animals diagnosed as having tuberculosis or brucellosis shall be promptly and permanently excluded from the dairy premises.

Regulation 38 - Isolation or quarantine of dairy animals by the dairyman

The dairyman having knowledge or suspecting that a dairy animal or dairy animals under his care or control are ill or infected with any of the diseases or physical signs listed in Regulation 37, shall effectively isolate or quarantine said animals and immediately notify by telephone or telegraph the secretary of the medical milk commission and its veterinarian of his findings and action taken.

Regulation 39 - Isolation of emaciated dairy animals

Dairy animals emaciated from chronic diseases or from any other cause that may endanger the purity or nutritious quality of the milk shall be removed immediately from the certified herd.

Regulation 40 - Milk production cause for removal from certified herd

Regardless of the cause therefor, cows producing less than three quarts of milk daily and goats producing less than one-half pint of milk daily shall be removed from the certified herd.

Regulation 41 - Pre-employment examinations

Every person to be employed on a dairy premise shall be examined by a physician designated by the medical milk commission before the person may begin work. No person shall be employed or approved by the aforementioned commission for employment unless satisfactory evidence of recent successful vaccination or immunity against smallpox is presented, and who upon examination is found not to be ill or infected with a disease transmissible through milk or a milk product.

Regulation 42 - Duties of physicians designated by medical commissions

The duties of a physician designated by a medical milk commission shall be to:

(a) Obtain authentic fresh specimens of feces, nose and throat cultures and other necessary specimens from persons at the time of their pre-employment examination and submit said specimens for examination to a laboratory approved by the State Department of Health.

(b) Visit dairy premises designated by a medical milk commission at

intervals of not less than once a week for the purpose of determining the existence of a communicable disease on the premises. At that time he shall examine the nose, throat, ears and exposed skin surface of each employee and when clinical symptoms warrant or abnormal discharges are found, obtain specimens from such employee, and submit the same for examination to a laboratory approved by the State Department of Health.

(c) Visit the dairies and make complete physical examinations of the employees referred to in (b) above at intervals not exceeding six months. Laboratory specimens need not be taken at this time unless conditions indicate the same are necessary.

(d) Isolate or quarantine persons known or suspected to be ill or infected with, or exposed to, a disease transmissible through milk or a milk product in such manner as to protect other employees and the milk supply from possible infection.

(e) Immediately report disease to the officer designated by the local board of health as required by the provisions of Regulation 4, Chapter II of the State Sanitary Code and forward a copy of that report to the secretary of the medical milk commission.

(f) Upon discovery of a person known or suspected to be ill or infected with a communicable disease on dairy premises immediately examine all employees of the dairy.

Regulation 43 - Reporting of diseases by secretary of the medical milk commission

It shall be the duty of the secretary of the medical milk commission upon receiving notice of diseases suspected to be contagious in a dairy to notify at once the health officer or the local board of health of each municipality where milk of that dairy is sold and the State Department of Health of the names of the persons affected, the nature of the disease and the restrictive measures that have been established to prevent the transmission of the infection.

Regulation 44 - Employee records

Records of each employee showing name, address, date of employment, date of leaving employment, results of physical examinations by physician, and the results of examination of cultures and other laboratory tests shall be maintained by the employing dairy on the dairy premises.

Regulation 45 - Clothing and personal cleanliness of employees handling or processing milk

(a) The hands, body and clothing of persons handling or processing milk shall be clean.

(b) The hands of milkers shall be clean and dry during the milking of each cow.

(c) Clean overalls, jumper and cap shall be worn during the handling or processing of milk and shall be used for no other purposes. When not in use these cloths shall be kept in a clean place, protected from dust and dirt. Complete change of this clothing shall be provided at least three times per week.

Regulation 46 - Lavatory facilities

Lavatory facilities for employees which shall include hot and cold water, soap or detergent, and clean individual towels shall be located:

(a) in the milk house or milk plant separate and distinct from apparatus or facilities used in handling certified milk or cleaning milk utensils;

(b) in or convenient to milking stables or milking parlors.

Regulation 47 - Practices prohibited dairy employees

Dairy employees shall not:

(a) Use tobacco in any form when handling or processing milk.

(b) Permit any part of their body to come in contact with milk intended for sale or other distribution.

(c) Touch anything with their hands when milking excepting the clean seat of the milking stool, the clean milk pail, and the cleaned teats of the dairy animals.

(d) Spit upon or within the confines of stables, milking parlors, milk houses, or the milk plant.

Regulation 48 - Foremilk

The first three streams of milk from each teat shall be rejected. Such milk shall be drawn into a strip cup and such milk shall not be poured upon the floor or in the gutters of the milking stable or milking parlor, nor shall such milk be distributed for human consumption.

Regulation 49 - Milk prohibited distribution for human consumption

Milk from dairy animals known or suspected of having any of the diseases or physical signs listed in Regulation 37 or milk which has an unnatural appearance or is in any other way abnormal shall not be distributed for human consumption.

Regulation 50 - Dirty or contaminated milk

Milk contaminated or exposed to contamination in any manner shall not be distributed for human consumption.

Regulation 51 - Certain milk cannot be certified or sold as certified milk

(a) Milk obtained from dairy animals during a period of forty-five days before and seven days after parturition or such longer period as is necessary to render the milk colostrum-free shall not be certified or sold as certified milk.

(b) Milk obtained from cows producing less than three quarts daily or from goats producing less than one-half pint daily shall not be certified or sold as certified milk.

Regulation 52 - Restricted use of milking stables or milking parlors

(a) Dairy animals shall not be permitted to calve or kid in the milking stables or milking parlor and shall not be returned to the milking stable while the uterine discharges are putrid or purulent and under no circumstances before the seventh day following parturition.

(b) Milk shall promptly be removed from milking stables or milking parlors and shall not be strained therein.

Regulation 53 - Persons prohibited entrance to milk handling or processing rooms

Persons other than dairy employees or inspecting officials shall be prohibited entrance to all rooms or enclosures on dairy premises wherein milk is being handled or processed.

Regulation 54 - Milk cooling

Adequate sanitary equipment shall be provided for cooling milk. After milking, the milk shall be immediately cooled and maintained at a temperature below 50°F excepting during the process of pasteurization or separation. Milk shall not be allowed to freeze at any time.

Regulation 55 - Sealing of bottles

Milk, after being cooled and bottled, shall be sealed immediately. Such seal shall include a hood constructed in such fashion that it covers the lip of the bottle and permits ready detection of tampering.

Regulation 56 - Container labels

(a) All containers used in the distribution of raw milk that has been certified shall have attached thereto or placed thereon a certificate or seal bearing the name of the medical milk commission certifying that milk, and the word "Certified" in plain legible form in addition to the information required by paragraph 30 of R.S. 24:10-16 relating to raw milk.

(b) All containers used in the distribution of certified milk, certified cream and certified skim milk that has been pasteurized shall bear the word "Pasteurized" and the date of pasteurization in addition to the information specified in (a) of this regulation.

Regulation 57 - Transportation of milk

Milk containers in transit shall be kept free from dust and dirt. Vehicles, trays and crates shall be kept clean. All certified milk, certified cream and certified skim milk shall be delivered to the consumer within 48 hours after the close of the day of production.

Regulation 58 - Bacterial counts

Certified raw milk shall contain not more than a 10,000 bacteria count per milliliter or more than a 10 coliform count per milliliter when delivered. Certified pasteurized milk shall contain not more than 500 bacteria count per milliliter nor more than a count of 1 coliform per milliliter when delivered. In case of a count exceeding the above is found, daily counts shall be made, and if legal counts are not restored within ten days, the certificate shall be suspended, but if in the judgment of the medical milk commission such action is necessary, the certificate may be revoked immediately. Bacterial counts shall be made at least once each week.

Regulation 59 - Collection of samples

Certified milk, certified cream and certified skim milk samples shall be obtained by a representative of the medical milk commission for examination.

Regulation 60 - Determination of milk temperature

Temperature of milk shall be determined by a standardized thermometer graduated in the Fahrenheit scale.

Regulation 61 - Determination of taste and odor of milk

The taste and odor of the milk shall be determined immediately after the plates have been prepared and placed in the incubator.

Regulation 62 - Fat standards

The fat standard for certified milk shall be four percent; provided however,

that certified milk of a fat content of not less than three and five-tenths percent may be sold if the fat content is stated upon the cap.

The fat standard for certified cream shall be not less than twenty percent.

The fat contents of certified milk and certified cream shall be determined at least once each month.

Regulation 63 - Examination and sampling methods and techniques

Methods and techniques used in the collection of samples and the performance of biological and chemical examinations shall be acceptable to the State Department of Health.

Regulation 64 - Employment of laboratories and use of test reports

(a) A physician in the performance of his duties for a medical milk commission, a health officer or local board of health shall only employ for laboratory services required by Regulation 42 of this Chapter, a laboratory which complies with the provisions for certification and standards for laboratories contained in Chapter IV of the State Sanitary Code.

(b) Other representatives of a medical milk commission shall not utilize any laboratory test report or reports in connection with duties required of them under the provisions of this chapter after the secretary of the medical milk commission is advised by the State Department of Health that the laboratory in which such test or tests were made is unacceptable for performing such tests.

Regulation 65 - Records of bacteriological and chemical tests

The results of all bacteriological and chemical tests shall be filed by the medical milk commission secretary and copies forwarded to the producer.

Regulation 66 - Restrictions on use of equipment

Equipment used in the handling or processing of certified milk, certified cream or certified skim milk shall not be used for any other class of milk.

Regulation 67 - Reports to the state department of health

The secretary of each medical milk commission certifying to milk produced or sold in this State shall upon request of the Commissioner of Health of the State of New Jersey submit to the Department of Health:

(a) Monthly reports showing the results of all examinations made by the physician, the veterinarian, the bacteriologist, the chemist and the sanitary inspector.

(b) Reports of all tuberculin tests.

(c) Reports of all tests for brucellosis.

(d) Semi-annual reports showing the names of municipalities in New Jersey in which the certified milk is distributed.

Regulation 68 - Records available for inspection

Duplicates of all records of physical examinations of employees, records of dates of employment and discharge of employees and the character of work performed by them, together with the herd records and such other records as may pertain to the supervision of the production and handling of milk and the certificate from the commission shall be filed at the dairy in charge of the manager. Such records shall be open to inspection by the representatives of the Department of Health of the State of New Jersey and

by health officials of the municipalities in which the milk is sold or distributed. The original records on file with the secretary of the medical milk commission shall be open to inspection by the same authorities.

CHAPTER VIII

REFUSE DISPOSAL

Regulation 1 - Dumps Prohibited

Dumps are hereby declared to be nuisances hazardous to human health.

Beginning July 1, 1958, disposal of organic and/or combustible matter or other forms of solid waste on lands in this State shall be made only through use of:

- (a) Sanitary landfills established, conducted, operated and maintained in accordance with standards set forth in Regulation 4, 5, and 6 of this Chapter

OR

- (b) Incinerators constructed, operated and maintained in accordance with Code or Regulation of the New Jersey Air Pollution Control Commission.
- (c) Other methods of disposal as may be approved by the State Department of Health.

Regulation 2 - Domestic Refuse

The provisions of this Code shall not be applicable to disposal of family garbage or family refuse on the premises where the family resides nor shall the provisions of this Code be interpreted as permitting disposal of domestic sewage in any manner other than that prescribed by law.

Regulation 3 - Sanitary Landfill Location

Sanitary landfills, whether operated on firm ground or on soft and unstable ground as may be found in marshes and swamps, shall be planned by a properly qualified engineer and be operated and maintained by properly trained personnel. The location or site of a sanitary landfill should be chosen with the approval of the local board of health.

Regulation 4 - Requirements of Firm Ground Sanitary Landfills

Sanitary landfills on firm ground shall be designed, operated and maintained in such manner that:

- a. The face of the working fill is kept as narrow as is consistent with the proper operation of trucks and equipment in order that the area of waste material exposed during the operating day is minimal.
- b. All exposed surfaces, including the face of the fill, are covered with at least six (6) inches of earth at the close of each day's operation.
- c. Refuse is compacted into layers of approximately one-fourth of the original refuse volume.
- d. Bulky waste material which may furnish rat harborage is not used for the final surface or side slopes, but incorporated within the fill.
- e. The final earth covering for surface and side slopes is compacted and maintained at a depth of not less than twenty-four (24) inches.
- f. Cracks, depressions and erosion of the earth covering for surface and side slopes of fills are promptly repaired.

- g. The toe of finished fills having boundary side slopes shall terminate in a dike or a ditch filled with sand gravel or either.
- h. Surface water is properly drained, filled or treated with effective chemicals so as to prevent mosquito production and odors.
- i. Control over the scattering of papers and other lightweight materials is effected by the use of movable fencing or other suitable method.
- j. Dust control is effected as needed by spraying of the exposed waste material and adjacent surface.
- k. Scavengers, if permitted, are properly supervised so as not to interfere with the refuse disposal operation.
- l. Equipment adequate for digging, compacting and covering is provided as needed.
- m. Sufficient standby equipment is readily available to prevent delay in covering due to breakdowns or peak loads.
- n. Adequate water and fire-fighting equipment is readily available to control any and all fires.

Regulation 5 - Requirements of Soft and Unstable Ground Sanitary Landfills

Sanitary landfills in soft and unstable ground, as marshes and swamps, shall be designed, operated and maintained in such manner that:

- a. The face of the working fill is kept as narrow as is consistent with the proper operation of trucks and equipment in order that the area of waste material exposed during the operating day is minimal.
- b. The maximum exposed active operating area shall not exceed an area greater than 100 feet by 150 feet. The active operating face shall not exceed 150 feet in width.
 - 1. Surface and side slopes of such landfills shall be compacted and covered on a progressive basis with earth as quickly as feasible but in no case shall it be exposed for more than one week or six (6) working days.
 - 2. At the termination of the filling operation or whenever a change in direction of the filling operation occurs, the uncovered surface and face shall be compacted and covered with earth on a progressive basis within one week or six working days.
 - 3. The exposed active area and face of a landfill shall be reduced by one-half when less than 75 truck loads of refuse are brought to the landfill each day.
- c. Refuse is spread and compacted to a uniform grade with heavy equipment in order to support operating machinery and truck movement on the active operating area.
- d. Bulky waste materials which may furnish rat harborage is not used for the final surface or side slopes, but incorporated within the fill.
- e. The final earth covering for surface and side slopes is compacted and maintained at a depth of not less than twenty-four (24) inches.
- f. Cracks, depressions and erosion of the earth covering for surface and side slopes of fills are promptly repaired.

- g. The toe of finished fills having boundary side slopes shall terminate in a dike. The ditch formed by the construction of a dike shall be designed to have an open end to permit free flow of water in any or all ditches which were installed for mosquito control or shall be designed to permit the effective use of mosquito control equipment.
- h. Surface water is properly drained, filled or treated with effective chemicals so as to prevent mosquito production and odors. The operator of each landfill shall cooperate with the appropriate county mosquito commission to prevent and control mosquito production.
- i. Control over the scattering of papers and other lightweight materials is effected by the use of movable fencing. Fencing may not be required in marshland where tall grasses and other plant growth serve as an adequate screen to prevent scattering or movement of paper and other lightweight materials.
- j. Dust control is effected as needed by spraying of the exposed waste material and adjacent surface.
- k. Scavengers, if permitted, are properly supervised so as not to interfere with refuse disposal operation.
- l. Equipment adequate for digging, compacting and covering is provided as needed.
- m. Sufficient standby equipment is readily available to prevent delay in covering due to breakdowns or peak loads.
- n. Adequate water and fire-fighting equipment is readily available to control any and all fires.

Regulation 6 - Rodents, and Insects Hazardous to Public Health

Rodents, or insects hazardous to public health, shall not be permitted to exist on sanitary landfills.

CHAPTER IX

MOBILE HOME PARKS

SECTION 1 - GENERAL

Regulation 1.1 Compliance

Mobile home parks shall comply with the provisions of this Code as well as the rules and regulations and policies or laws administered by an agency or subdivision in this State having legal jurisdiction.

SECTION 2 - DEFINITIONS

Regulation 2.1 - For the purpose of this Code the terms listed below shall be defined and interpreted as follows:

(a) Mobile Home

A mobile home is a moveable or portable year-round dwelling built on a chassis, designed without a permanent foundation, connected to utilities and containing a flush toilet, bath or shower, and a kitchen sink.

(b) Mobile Home Park

Any plot of ground upon which two or more mobile homes or mobile units used for dwelling or sleeping purposes are located.

(c) Mobile Home Space

A plot of ground within a mobile home park designed for the accommodation of one mobile home.

(d) Public Potable Water Supply

A municipally or privately owned water supply, approved by the New Jersey State Department of Health under the provisions of Article I, Chapter 10 of Title 58 and Article I, Chapter 11 of Title 58 of the Revised Statutes, which is distributed to consumers through a public water supply system.

(e) Public Water Supply System

A municipally or privately owned system comprising structures which operating alone or with other structures result in the derivation, conveyance (or transmission) or distribution of water for potable or domestic purposes to consumers in twenty or more dwellings or properties; this definition does not include a public water treatment plant.

(f) Refuse

Garbage, rubbish and trade waste.

(g) Sanitary Sewage

Sanitary sewage is any liquid waste containing animal or vegetable matter in suspension or solution or the water-carried wastes resulting from the discharge of water closets, laundry tubs, washing machines, sinks, dishwashers, or any other source of water-carried waste of human origin or containing putrescible material.

(h) Semipublic Water Supply System

A semipublic water supply system is a water supply system from which potable water is supplied to consumers of more than one but less than twenty dwellings and from which water is used or made available for potable purposes to employees, tenants, members, guests, or the public at large in commercial offices, industrial, multiple dwelling or semipublic buildings, such as: apartments, rooming and boarding houses, trailer camps, hotels, motels, tourist cabins, mobile home parks, restaurants, camps of all types, day and boarding schools, club houses, hospitals and other institutions, or is used in connection with the manufacture or handling of ice, dairy products, food or drinks.

(i) Service Building

A building housing toilet and bathing facilities for men and women and such other facilities as may be required.

SECTION 3 - GENERAL LAYOUT AND DESIGN

Regulation 3.1 - Location

The mobile home park shall be well-drained and not adjacent to swamps, marshes, breeding places for insects or rodents.

Regulation 3.2 - Standard

Mobile home parks shall conform to municipal ordinances, statutes and applicable regulations governing layout and design. In the absence of the same they shall conform to Regulations 3.3 through 3.10 as hereinbelow stated.

Regulation 3.3 - Number of Homes

The number of mobile homes permitted in a park shall not exceed the number of mobile home spaces.

Regulation 3.4 - Minimum Size of Space

Each mobile home space shall be clearly marked and shall be adequate of the type of facility occupying the same. Mobile homes shall be parked on each space so that there will be at least 15 feet side-to-side spacing between homes, 10 feet end-to-end spacing between homes and any adjoining property line, 25 feet from the sideline of any public street or highway, and 15 feet from any building or structure.

Regulation 3.5 - Road Layout and Road Widths

All roads shall provide convenient circulation, be at least 20 feet in bed width, and have an unobstructed access road width of at least 36 feet to a public street or highway.

Regulation 3.6 - Road and Parking Area Construction

Roads and parking areas shall be constructed of concrete or macadam, or of gravel, crushed stone, sand, clay, slag, or other suitable materials with a light bituminous surface treatment, oil coating or other dust-preventive material. Roads shall be properly drained.

Regulation 3.7 - Sidewalk Layout and Construction

Public walks, where provided, shall be constructed of concrete, macadam, gravel, fine stone, cinders or other materials providing a safe, stable footing. Stepping stones may be used from main walks to mobile homes.

Regulation 3.8 Permanency of Homes and Additions

Skirting or other nonpermanent additions are permitted, provided they are so constructed and installed as to facilitate underneath inspection and do not constitute a harborage for rodents or create a fire hazard. Permanent additions shall not be built onto or made part of any mobile home.

Regulation 3.9 - Recreation Area

A minimum of 100 square feet per mobile home space shall be provided in one or more places for recreation areas, be restricted to such use, and be free of traffic hazards.

Regulation 3.10 - Lighting

Public areas of a mobile home park shall be adequately lighted so as to permit safe movement of vehicles and pedestrians at night.

SECTION 4 - PLUMBING

Regulation 4.1

The plumbing of all buildings shall be installed in accordance with the local plumbing code. In the absence of a local code, the current edition of the "Plumbing Code of New Jersey" (Part E of the Standard Building Code of New Jersey) shall be used as a guide.

SECTION 5 - WATER SUPPLY AND DISTRIBUTION

Regulation 5.1 - General

adequate supply of potable water, complying with the "Potable Water Standards" established by the State Department of Health of the State of Jersey, shall be provided in each mobile home park. The water shall be derived from an approved public potable water supply, if available. If an approved public potable water supply is not available, a water supply, approved by the local board of health, shall be developed in accordance with requirements. In the absence of such local requirements, the "Standards for the Construction of Water Supply Systems for Realty Improvements," promulgated by the State Commissioner of Health pursuant to the provision of Chapter 199, P.L. 1954, shall prevail, and if same is not a public water supply system as defined in this Code shall be classified a semipublic water supply.

The source shall be capable of supplying at least 150 gallons per mobile home space per day.

Section 5.2 - Water Supply System

The water supply system of each mobile home park shall be piped so as to provide service to all buildings and to each mobile home space. An individual connection shall be provided for each mobile home space and so installed that it will not be damaged by the parking of mobile homes. The connection shall consist of a riser terminating at least 4 inches above the ground surface, with a 1/2 inch valved outlet threaded so that a flexible tubing with a screw connection may be attached between the riser and the home. If the mobile home is connected the outlet shall be disinfected and capped. The water system shall deliver water to each mobile home space connection under adequate pressure. (Six (6) gallons per minute at 20 pounds per square inch is recommended as a guide).

Section 5.3 - Storage

Potable water shall be stored only in impervious tanks protected against surface drainage. All tanks shall be provided with watertight covers and any flow or ventilation openings shall be covered with a metallic screen of not less than 16-mesh to prevent the entrance of insects and vermin. No storage tank shall have a drainage connection direct to a sewer.

Section 5.4 - Physical (cross) Connections

No physical (cross) connection shall be made between an approved public water supply and an unapproved water supply unless it satisfies the provisions of Chapter 308, P.L. 1942 (R.S. 58:11-9.1 et seq.) A semipublic water supply is considered as an unapproved water supply for the purpose of this section even though it may meet the "Potable Water Standards" established by the State Department of Health of the State of New Jersey.

Section 5.5 - Drinking Fountains

Drinking fountains, if provided, shall be constructed of impervious material and shall have an angle jet with the nozzle above the overflow rim of the bowl. The fountain shall be protected by a non-oxidizing guard. The bowl shall be of easily cleanable design, without corners, and the bowl opening equipped with a cover.

SECTION 6 - SEWERAGE AND STORM DRAINAGE FACILITIES

Section 6.1 - Building Sewer Outlet and Hose Connections

Each mobile home space shall be provided with a building sewer installed

in accordance with the requirements of Regulation 4.1 of this Code. The building sewer shall be at least 4 inches in diameter.

The sewer inlet shall consist of a 4-inch riser extending, as a minimum, 4 inches above the surface of the ground in order that a hose connection from the mobile home can be made. The riser shall be imbedded firmly in the ground and be protected against heaving and shifting.

The sewer riser shall be equipped with a 45-degree ell or quarter bend, fitted with a standard ferrule and close nipple and provided with a screw cap. The screw cap shall be fastened by a durable chain to prevent its removal while the sewer riser is in use. When the sewer riser is not in use, it shall be capped.

The sewer connection (hose) shall be provided with suitable fittings to permit a watertight junction. The connections between the mobile home drain and the sewer shall be watertight, self-draining, and shall be effected by a noncollapsible, corrosion and weather resistant, flexible hose of suitable diameter to fit the drain and the building sewer.

The mobile home park owner shall maintain in good repair several spare connecting hoses to be used when privately owned hoses do not meet the requirements of this regulation.

Regulation 6.2 - Sewer Lines and Appurtenances

Sewer lines and appurtenances in a mobile home park shall be laid in accordance with local requirements. In the absence of such requirements, the following shall apply:

(a) Minimum size — 6 inches (except building sewer).

(b) Grade — Pipe Size Min. Grade

6" 0.65%

8" 0.40%

10" 0.29%

12" 0.22%

(c) Construction — All sewer line joints, sewer connections and manholes to be watertight.

(d) Manholes — At the upper end of each sewer line; at intersections; at changes in grade or alignment; at intervals of not more than 500 feet.

(e) Installation — Preferably laid in trenches separated horizontally from any potable water line by at least 5 feet of undisturbed or well-compacted earth. If laid in a common trench with the potable water line, the potable water line shall be placed on firm foundation at the side of the trench at least 12 inches above the sewer.

Regulation 6.3 - Sanitary Sewage Disposal Facilities

Individual sewage disposal systems or other means of private sewage disposal for mobile home parks shall not be approved where a sanitary sewer is available within 100 feet of the site of the mobile home park.

Where the sewer lines of a mobile home park are not to be connected to a public sewer system, an approved sewage disposal system shall be installed.

Regulation 6.4 - Storm Drainage

Drainage for storm water shall be provided at all mobile home parks. Storm water sewers shall be separate and apart from any sanitary sewerage system.

SECTION 7 - REFUSE—STORAGE, COLLECTION AND DISPOSAL

Regulation 7.1 - General

The storage and collection of refuse shall be so managed as to prevent health hazards, rodent harborage, insect breeding, accident hazards, or air pollution. These activities shall be performed in accordance with local requirements. In the absence of such requirements the following shall apply:

- (a) Refuse Containers — All refuse shall be stored in durable, fly-tight, watertight and rodent-proof containers. Where separation of refuse is required, separate marked containers shall be provided and be appropriately identified as "Garbage" (food wastes) and "Rubbish" (papers, cans, bottles, etc.).
- (b) Storage Capacity and Location of Refuse Containers — At least 6 gallons of refuse storage capacity per day shall be provided for each mobile home space. Refuse containers necessary to supply that capacity shall be permanently located no farther than approximately 150 feet from any mobile home space. Racks or holders shall be provided at all container locations to minimize spillage and container deterioration. The racks or holders shall have 12 inches of clear space beneath them to facilitate cleaning and to prevent rodent harborage. Racks shall be constructed of a durable material and be easily cleaned.
- (c) Collection — All refuse shall be collected at least once weekly. In the event collection service is not available from the municipality or a private contractor, the mobile home owner or operator shall arrange for all refuse to be collected and transported to the disposal site in covered vehicles or covered containers.

Regulation 7.2 - Refuse Disposal

Refuse disposal shall be effected in accordance with local requirements or, in the absence of such requirements, the provisions of Chapter VIII of the State Sanitary Code shall prevail.

SECTION 8 - INSECT, RODENT AND WEED CONTROL

Regulation 8.1 - General

Insect, rodent and weed control shall be performed in accordance with local or county requirements. In the absence of such requirements the following shall apply:

Insects

- (a) Mobile home parks shall be kept free of cans, jars, buckets, old tires and other articles which may hold water and provide temporary breeding places for mosquitoes. Permanent mosquito control measures such as draining and filling depressions in which water may collect shall be taken by the owner or operator of a mobile home park and supplemental larvicidal measures shall be undertaken by him when the need is indicated.
- (b) Fly breeding shall be controlled by eliminating the insanitary practices which provide breeding places. Garbage cans shall be repaired or replaced when so damaged that they leak or their lids do not fit in a

fly-tight manner. The area surrounding the garbage can racks or holders shall not be permitted to become littered with garbage nor saturated with waste liquid from garbage. All garbage cans shall be washed frequently and fastened to racks or holders to prevent overturning.

- (c) The growth of brush, weeds and grass shall be controlled as a means toward elimination of ticks and chiggers. Insecticidal measures shall be applied, if necessary.

Regulation 8.2 - Rodents

- (a) All buildings within the mobile home park shall be rat proofed, with special emphasis on those in which food is stored or served.
- (b) Storage areas shall be maintained in such a manner as to eliminate the possibility of rodent harborage. The space beneath mobile homes shall not be used to store supplies. Lumber, pipe and other building material shall be stored at least 18 inches above the ground.

Regulation 8.3 - Ragweed, Poison Ivy and Poison Sumac

Mobile home parks shall be maintained in such manner as to prevent the growth of ragweed, poison ivy and poison sumac.

SECTION 9 - ELECTRICITY

Regulation 9.1 - Standard

Mobile home parks shall conform to municipal ordinances, statutes and applicable regulations governing electricity. In the absence of the same, they shall conform to Regulations 9.2 through 9.7 as hereinbelow stated.

Regulation 9.2 - Power

Every mobile home park shall be equipped with electric power.

Regulation 9.3 - General

Electrical systems and equipment installed in mobile home parks shall be of an approved type and installed in accordance with the provisions of the current National Electrical Code.

Regulation 9.4 - Outlet

A properly grounded electrical receptacle shall be provided for each mobile home space and each mobile home shall be suitably grounded. The electric outlet receptacle shall be waterproof and accessible to the parked mobile home. The receptacle shall supply 115/230 volts with a minimum rated capacity of 0 amperes. A properly sized over-current device shall be installed as an integral part of each outlet.

Regulation 9.5 - Power Lines

Power lines may be installed underground or overhead, but in no instance shall any main power line be less than 18 feet above the mobile home park trees and roadways.

Regulation 9.6 - Supply Cords

At each supply center there shall be provision for preventing strain on or undue wearing of the supply cord. Similar provisions shall be made for connections between the plug of the supply cord and the receptacle. Supply cords shall be maintained in a good and safe working condition.

ulation 9.7 - Service Conductors

Mobile service conductors, service equipment, feeders, and feeder equipment shall have adequate current capacity to conduct safely the current for the load supplied.

SECTION 10 - FUEL, FLAMMABLE LIQUIDS AND GASES

ulation 10.1 - Standard

Mobile home parks shall conform to municipal ordinances, statutes and applicable regulations governing the handling and storage of gasoline, fuel or other flammable liquids or gases. In the absence of the same, they shall conform to Regulations 10.2 through 10.3 hereinbelow stated.

ulation 10.2 - Storage and Handling of Fuel Oil and Flammable Liquids

The handling and storage of fuel oil or other flammable liquids shall be in compliance with the applicable standards of the National Board of Fire Underwriters (Pamphlet No. 30).

ulation 10.3 - Storage and Handling of Liquefied Petroleum Gases

The handling and storage of liquefied petroleum gases shall be in compliance with the applicable rules and regulations adopted May 25, 1950, by the New Jersey State Department of Law and Public Safety, Division of State Police, and the following supplements:

(a) Container Filling

Liquefied petroleum gas containers shall be filled at a properly equipped container filling plant located in accordance with Section 10.3 (b) or from a tank truck subject to the restrictions set forth in Section 10.3 (c), provided that in either case the operations are in compliance with the applicable requirements of the standards prescribed in the rules and regulations for the storage and handling of liquefied petroleum gases aforementioned. During these operations no vapor or liquid shall be vented to the atmosphere and container filling in either instance shall be performed only by qualified personnel during daylight hours.

b) Location of Filling Plant

Filling plants may be located in the mobile home park provided that the entire operation, including the storage container, is located not less than fifty (50) feet from the nearest trailer, important buildings, or group of buildings, or line of adjoining property which may be built upon, and not less than twenty-five (25) feet from any public street or highway. Such filling plant and storage containers shall be enclosed by man-proof fencing or otherwise protected from tampering or physical damage. The access to the enclosed area shall be kept locked when unattended.

c) Filling from Tank Truck

Containers installed at any mobile home may be filled at that location by tank truck, except that such filling shall be limited to three containers or 100 pounds at any one mobile home location, provided that such filling operation is conducted not closer than 5 feet to the mobile home exit. Filling operations in excess of this limitation shall be conducted at a filling plant conforming to Section 10.3 (b).

(d) Empty Containers

Empty liquified petroleum gas containers for mobile homes shall be replaced with filled containers or removed.

SECTION 11 - FIRE PROTECTION

Regulation 11.1 - Standard

Mobile home parks shall conform to municipal ordinances, statutes and applicable regulations governing fire protection. In the absence of the same, they shall conform to Regulations 11.2 through 11.6 hereinbelow stated.

Regulation 11.2 - Maintenance

Mobile home park areas shall be kept free of combustible refuse.

Regulation 11.3 - Fire Hydrants and Risers

Where the mobile home park is supplied by a public water supply system, standard fire hydrants shall be located within approximately 400 feet of each mobile home or building. In the event the water supply system falls in the semipublic category, each mobile home or building shall be located within approximately 300 feet of 2-inch frost-protected water risers with 1½ inch capped hose connections.

Regulation 11.4 - Hose

At least one hose reel or other supply of 1½" hose in sufficient length to reach any point of the mobile home park from a hydrant or hose connection shall be provided at suitable weather-protected locations.

Regulation 11.5 - First Aid Fire Equipment

First aid fire equipment as prescribed below shall be provided, maintained and always available at each mobile home park. "Approved" as used in this regulation shall mean as defined by the National Fire Protection Association in the "Standards for Fire Prevention and Fire Protection Trailer Coaches and Trailer Courts," dated June, 1952, or the most current editions thereof.

- (a) Class "A" Fires — At least 1 unit of approved first aid equipment for each mobile home. Such equipment includes approved pump tanks, extinguishers and water barrels with fire buckets.
- (b) Class "B" Fires (involving flammable liquids and grease) — Approved carbon dioxide, foam or dry chemical extinguishers. At least one unit for each 10 mobile homes and 1 unit for each restaurant kitchen.
- (c) Class "C" Fires (involving electricity) — Approved carbon dioxide or dry chemical extinguishers. At least one unit for each mobile home park and one for each switchboard and maintenance shop.
- (d) Grass and Woods Fires — Approved "back pack" extinguishers shall be provided for mobile home parks subject to exposure to grass or woods fires. It is recommended that a fire break be provided around the perimeter of the park where such exposure may exist.

Regulation 11.6 - Fire Alarm

Provision shall be made for giving a general alarm in case of a major fire. A bell, iron hoop or a similar manually operated device may be used for this purpose. Watchman service is strongly recommended.

SECTION 12 - SERVICE AND AUXILIARY BUILDINGS

Regulation 12.1 - General

Mobile home parks which accommodate mobile units used for dwelling or sleeping purposes other than mobile homes as defined in Regulation 2.1 of this Code, shall be provided with a service building or buildings.

Regulation 12.2 - Location and Maintenance

All service buildings shall be convenient to the units which they serve, and shall be maintained in a clean condition.

Regulation 12.3 - Construction

All service buildings shall be of permanent construction and in accordance with local requirements.

Regulation 12.4 - Fixture Requirements

Facilities in service buildings shall be provided as follows:

1. (a) For ten (10) or less units.

<i>Facilities</i>	<i>Male</i>	<i>Female</i>
Toilets	1	2
Urinals	1	-
Lavatories	2	2
Showers or Bathtubs	1	1

- (b) For every additional ten (10) or less units.

<i>Facilities</i>	<i>Male</i>	<i>Female</i>
Toilets	1	1
Urinals	May be partially substituted for total toilet requirements above, but not for more than 1/3 of the total toilet requirements.	-
Lavatories	1	1
Showers or Bathtubs	1	1

2. At least one slop water closet shall be provided.

Regulation 12.5 - Interior Finish

The interior finish of a service building shall be moisture-resistant which will withstand frequent washing and cleaning. The floors shall be constructed of material impervious to water, easily cleanable and sloped to floor drains connected to the sewerage system.

Regulation 12.6 - Separation and Marking of Toilet Rooms

Separate men's and women's toilet rooms shall be provided and distinctly marked, and isolated by a sound-resistant wall. The rooms shall be screened by means of a vestibule or wall to prevent direct view of the interior when the exterior doors are open.

Regulation 12.7 - Water Closets

Water closets shall be located in separate compartments equipped with self-closing doors.

ation 12.8 - Hot Water Facilities

ontinuous supply of hot water shall be available in each service building.

ation 12.9 - Showers — Bathtubs

wer facilities or bathtubs shall be provided for both sexes. The shower or bathtubs shall be of the individual type and screened from view. ing compartments shall be provided for women which are screened from and each equipped with a stool or bench. A shower stall of approximately feet in area is suggested, with the dressing compartment for women of me dimensions.

ation 12.10 - Slop Water Closets

lop water closet required in accordance with Regulation 12.4 shall be led in a separate room with a single direct opening to the outside. The water closet shall be provided with flushing mechanism and have hot and water faucets located over the bowl. A water closet with seat removed be considered acceptable.

ation 12.11 - Heating Facilities

vice buildings shall be maintained at the temperature required by local ities. In the absence of such requirements, service buildings shall be ained at a temperature of at least 70°F during use.

ation 12.12 - Window Areas

ndow areas in service buildings shall be equal to at least 12 percent of the area. Windows shall be located as high as practicable and along more one wall wherever possible.

ation 12.13 - Ventilation and Screening

rooms of service buildings shall be well ventilated and all exterior ngs shall be covered with 16-mesh screen.

ation 12.14 - Lighting

vice buildings shall be well lighted at all times. The following illumina- evels are suggested:

eneral seeing tasks - 5 foot candles;

laundry room work area — 40 foot candles.

toilet room — in front of mirrors — 40 foot candles.

ation 12.15 - Eating Places

ible home park buildings, including restaurants and dining rooms used he preparation of food and drink, shall be constructed and operated in dance with the laws and regulations of this State, as well as local rements, applicable to public places offering food and drink for sale e public.

ation 12.16 - Auxiliary Buildings

xiliary buildings, such as an office building, filling station or other ng not specifically covered in this Code, shall be constructed in accordance local requirements.

CHAPTER X

COLLECTION, PROCESSING, STORAGE AND DISTRIBUTION OF BLOOD

SECTION 1 — GENERAL

Regulation 1.1 Compliance

Persons operating blood banks in this State shall meet the qualifications and conduct blood banks in conformity with all Regulations of this Chapter of the State Sanitary Code. Failure to comply with these Regulations shall be cause for revocation of license and imposition of penalties as prescribed by law.

SECTION 2 — DEFINITIONS

Regulation 2.1 For the purpose of this Chapter the terms listed below shall be defined and interpreted as follows:

- (a) "Blood bank" means any commercial or noncommercial activity involving the handling of blood or plasma, intended to be used for therapeutic or prophylactic purposes, which participates in any of the following operations: collection, processing, storage or distribution of blood;
- (b) "Donor" shall mean and include any individual from whom blood is taken by a blood bank;
- (c) "Collection" means the obtaining of blood by the bleeding of donors;
- (d) "Processing" means the technical stages required to prepare and identify the blood as to its suitability;
- (e) "Storage" means the holding of blood in connection with collection or processing prior to distribution or transfusion;
- (f) "Distribution" means the removal of blood from a blood bank to any other location for processing or storage or for the purpose of providing the blood for therapeutic or prophylactic purposes.

SECTION 3 — LICENSURE AND INSPECTION

Regulation 3.1 Initial Licensure

(a) Application for an initial license to conduct a blood bank, as required under the provisions of Chapter 33, P.L. 1963, commonly known as the Blood Bank Licensing Act, shall be made on forms provided for that purpose by the State Department of Health.

In administering the Blood Bank Licensing Act, the State Department of Health will seek the advice and recommendations of the New Jersey Blood Bank Commission.

(b) Licenses issued under authority of the Blood Bank Licensing Act are not transferable.

(c) A new license shall be obtained whenever the location, ownership, or medical director of a blood bank is changed.

Regulation 3.2 Inspection

Blood bank facilities and operations shall be made available for inspection upon request by any authorized representative of the State Department of Health. Reports of inspections of blood banks made by the National Institutes of Health or the American Association of Blood Banks may be accepted by the State Department of Health for purposes of approving and issuing renewal of licenses.

SECTION 4 — MEDICAL DIRECTOR

Regulation 4.1

All phases of collection, processing, storage and distribution of human blood constituting the practice of medicine or surgery shall be under the supervision of a qualified physician to be known as the medical director. The director shall be a duly licensed physician of this State or otherwise authorized to practice medicine in this State and having specialized knowledge of blood banking methods.

SECTION 5 — PERSONNEL

Regulation 5.1

Blood banks shall have adequate and qualified personnel and administrative staffs to perform properly all phases of blood banking. Clinical laboratory personnel, nurses, and technical aides shall be suitably trained and supervised in the performance of their prescribed tasks.

SECTION 6 — FACILITIES AND EQUIPMENT

Regulation 6.1

Suitable quarters and equipment shall be provided to maintain safe and acceptable standards for the handling of human blood and plasma. Blood bank facilities shall consist of at least a waiting room, bleeding area, laboratory, donor recovery area and toilet facilities and blood storage space. Equipment for collection and storage of blood shall be acceptable to the State Department of Health.

Regulation 6.2

All needles and syringes must be disposed of in such a manner as to make their re-use by unauthorized persons impossible.

SECTION 7 — RECORDS

Regulation 7.1

Suitable typewritten or ink records shall be maintained for a period of not less than 10 years which provide all data secured and developed by blood banks concerning donor identification, qualification and registration, as well as the processing, storage, and distribution of blood and plasma as required by the provisions of this Chapter of the State Sanitary Code. A numerical or code system shall be assigned to and identify the unit of blood of a donor in all stages of processing.

SECTION 8 — DONOR IDENTIFICATION, QUALIFICATION, MEDICAL HISTORY, PHYSICAL EXAMINATION, BLEEDING LIMITATIONS

Section 8.1 Donor Identification

Each donor shall be identified by a comparison of their signature at the time of donation with any document issued by State or Federal agency which contains the donor's name and signature, or with their signature on a donor card previously issued by the same blood bank. The source of identification shall be indicated in writing on the donor registration card referred to in Regulation 7 herein, and shall be done at the time of each blood donation. Additional means of donor identification may be required if the donor identification prescribed above is found to be inadequate to properly protect public health.

Section 8.2 Donor Qualifications

The donor shall appear free of disease known to be transmissible by blood or blood derivatives as far as can be determined by personnel under the supervision of a qualified physician at the time and location of phlebotomy.

The donation of blood shall not in any foreseeable way be detrimental to the donor's health.

Arms and legs of the donor do not reveal multiple puncture marks or evidence of possible drug addiction.

Section 8.3 Medical History

A medical history shall be obtained and recorded of all donors. Blood shall not be drawn from a donor who, by history or other evidence, has:

Active communicable or infectious disease (skin, respiratory, systemic,

Advanced cardiovascular or renal disease;

Blood dyscrasia or cancer;

Undulant fever, malaria or syphilis (Prospective donors who have had a clinical attack or suppressive therapy less than 2 years but more than 3 months before may be accepted for donations to be used as plasma or as fractions. In the latter case, the bottle and donor registration card shall be marked "For Plasma or Fractionation Only.");

Drug addiction (past or present);

Pregnancy within six months;

Receipt of human blood, plasma or serum within six months;

Recent vaccination or immunization with live organisms within two years;

Symptomatic allergy or active treatment for same;

Viral hepatitis at any time in the past, or close contact within six months with a person having the disease. Persons with past unexplained fever shall be rejected on this premise.

Have been taking medication (at the discretion of the examining physician);

Have been tattooed within the past 6 months.

Regulation 8.4 Physical Requirements

Blood banks may accept blood from donors who:

- (a) appear to be in good health;
- (b) are between the ages of 18 and 60—date of birth recorded;
- (c) have a minimum weight of 110 lbs (50 Kg.) for phlebotomy of 500 ml.;
- (d) have systolic blood pressure of between 100 and 200 mm. Hg. Diastolic pressure shall be between 50 and 110 mm. Hg.;
- (e) have a pulse rate of not in excess of 110 beats per minute. A pulse rate of less than 60 beats per minute and all arrhythmias shall be referred to the examining physician;
- (f) have an oral temperature not in excess of 99.6° F.;
- (g) have a minimum hemoglobin concentration of 12.5 gms. per 100 ml. of blood, or a specific gravity of 1.053 by the copper sulfate method;
- (h) show no evidence of acute alcoholic or other drug intoxication.

Regulation 8.5 Donor Bleeding Limitations

(a) Donors meeting all other criteria who weigh less than 110 lbs may be bled of not more than 300 ml. of blood with a corresponding reduction in the quantity of anticoagulant. In no instance shall the amount of blood collected in standard anticoagulant be less than 350 ml. for transfusion purposes.

(b) Donors shall not be bled of more than 500 ml. of blood within an eight week period, and not more than five times in one year. A donor should be postponed if his periods of bleeding are in excess of these standards.

SECTION 9 — COLLECTION OF BLOOD

Regulation 9.1 Physician's Supervision

Blood shall be drawn only under the supervision of a physician who shall be present on the premises during the bleeding of donors.

Regulation 9.2 Donor Protection

Preparation of the donor's skin for phlebotomy shall be adequate to afford protection from infection to the donor and to the future recipient. All instruments reused in the collection of blood, as syringes, needles, lancets or other blood-letting devices capable of transmitting infection to donor or recipient, shall be heat sterilized prior to use for each donor. Heat sterilization shall be by autoclaving for 30 minutes at 121.5°C. (250°F.) (15 lbs pressure) or by dry heat for one hour at 170° C. (320° F.). Oral thermometers shall be cleansed with cold antiseptic solution prior to each use. All personnel concerned with the collection of blood shall be instructed in appropriate first aid procedures in the event of donor reaction and provided with suitable drugs, supplies and instructions immediately available for use at all times. No donor shall be permitted to donate more than 500 ml. of blood at any one time.

Section 9.3 Method of Collection

The method employed for the removal of blood from the donor must conform to accepted standards of asepsis. Blood containers and donor sets shall be sterile and pyrogen-free. The bleeding shall be made into a sterile system either closed or vented technique protected from contamination. Each unit of blood drawn shall be drawn into its own container which shall be the container for dispensing in the case of whole blood. During bleeding, anticoagulant solution and the blood shall be mixed thoroughly without shaking. The outside of the containers shall be kept clean and free of dirt. Immediately after bleeding, the blood shall be placed in storage at 1-6°C.

Section 9.4 Pilot Specimens

For the purpose of phlebotomy, one properly identified sterile pilot tube shall be firmly attached to the blood container in such fashion that any removal of the tube will be evident. This tube shall not be detached from the container until after the unit of blood has been selected for transfusion and cross-matching is completed. Additional laboratory samples for testing purposes shall be filled at the time the unit of blood is collected, provided that they are properly labeled prior to filling. The integral donor tube of some plastic containers may be used as the pilot tube(s) if identified with the unit by a marking system. All samples of blood for testing shall be collected by the individual performing the phlebotomy and at the time of filling the primary container. The unit of blood shall never be opened or punctured for the purpose of obtaining laboratory samples or filling pilot tubes.

Section 9.5 Blood Containers

Containers for citrated whole blood (human) and packed or resuspended cells (human) used by licensed establishments, whether glass or plastic, shall be identified by the manufacturer's lot numbers and shall be sterile and pyrogen-free. The containers shall be sufficiently colorless and transparent to permit visual inspection of the blood. They shall be provided with closures which maintain an hermetic seal and prevent contamination of the contents. The container and the closure shall not interact with the contents under the customary condition of storage and use. The anticoagulant solution shall be sterile, pyrogen-free and prepared according to accepted National Institutes of Health standards, stated as (Acid-Citrate-Dextrose) Formula CD—Formula B, or Heparin Solution, with the volume of anticoagulant specified in each unit and the amount of blood to be added at the time of collection. No other variations in type or quantity of anticoagulant solutions shall be permissible unless approved for such use by the National Institutes of Health.

Section 9.6 Labeling

Labeling on blood containers must conform to standard practices and shall at least state the following information:

Name and address of blood bank.

Registration number of donor.

Date of collection and expiration.

Type and volume of anticoagulant.

Volume of blood collected.

Serological test for syphilis used and result.

Blood group and Rh designations.

Storage temperatures.

Whether performed and result of isoagglutinin titers for Group O blood.

If a color scheme is used for blood groups, they shall be as follows only (Munsell colors):

Group A—Yellow; B—Pink; O—Blue; AB—White.

Regulation 9.7 Therapeutic Phlebotomy

Any blood withdrawn from a person for therapeutic purposes (to promote the health of the donor) shall be clearly indicated as such on the blood label. The use of this blood shall be submitted for the consideration of the physician in charge of the blood bank, and the recipient's own private physician. Collection of such blood for transfusion purposes shall be restricted to an institution where the status of both the donor and the recipient are known.

SECTION 10 — PROCESSING OF BLOOD

Regulation 10.1 General

All laboratory tests shall be made on specimens of blood taken from the donor at the time of phlebotomy and properly identified.

Regulation 10.2 Serological Test for Syphilis

Every specimen shall have a serological tests for syphilis which is acceptable by the State Health Department. The blood shall not be used for transfusion purposes unless the results of the test(s) are clearly negative. The label on the unit of blood shall indicate the type of serological procedure and the results in each case.

Regulation 10.3 Determination of Blood Group

Each container of blood shall be properly identified and labeled as to its blood group. Each collection, regardless of previous donor records, shall be tested by a direct grouping of donor cells using known Anti—A and Anti—B sera, and by an indirect serum grouping using a known pool of fresh A and a known pool of fresh B cells. The two methods of testing shall be recorded and be in complete agreement before any label or release can be effected for the unit of blood. All Anti—A and Anti—B sera shall meet the National Institutes of Health Minimum Requirements, and the procedures used shall follow the manufacturer's direction.

Regulation 10.4 Determination of Rh Type

Each container of blood shall be classified as to Rh type. The extent of the typing and the results shall be clearly recorded on the label of each unit of blood. An Rho typing is usually performed first. If positive, the blood shall be labeled as "Rh Positive when tested for Rho (D)." All blood negative for Rho shall be further tested for Du, rh' (C) and rh" (E) with individual or combined CDE anti-sera using appropriate suspensions and Coombs technique, or other equivalent test as may be approved by the State Department of Health. If all tests are clearly negative, the blood shall be labeled as "Rh negative when tested for Rho, rh, rh'" and Du (CDE)." If blood is Du

tive with or without other factors being present, the label of the blood container shall clearly state this and the blood shall be classified as "Rh positive" for transfusion purposes. Only Rh anti-sera meeting National Institutes of Health Minimum Requirements for these products shall be used, and the technique of typing shall be that recommended by the manufacturer.

Section 10.5 Isoagglutinin Titer of Group O Blood

The isoagglutinin titers of Anti—A and Anti—B in Group O blood may be requested or desirable in certain instances. The serum of the donor may be tested for *a* and *b* isoagglutinins by using fresh pooled A and B cell suspensions. The label of Group O blood shall indicate:

-) whether or not isoagglutinin titers were performed and,
-) if performed, the Anti—A and B titer shall be so stated.

Section 10.6 Additives

Any medication or additives shall be placed into the container of blood plasma during processing.

SECTION 11 — STORAGE AND DISTRIBUTION

Section 11.1 Refrigeration

Immediately after collection, the blood shall be placed under refrigeration maintained between 1-6° C. with a fluctuation of not more than 2° C. The blood shall be stored continuously thereafter under controlled refrigeration at least one type of external temperature recording device and one internal thermometer or temperature recorder. Both of these shall be in continuous operation and preferably registering both liquid and air temperature. If only one sensor is used, it shall be in a liquid medium to reflect the temperature of the blood in storage. A visual and audible alarm system shall be attached to the refrigerator to indicate whenever temperatures of the box exceed 10°C. or are less than 1°C. The alarm should be installed to provide 24-hour coverage by night attendants or switchboard operators. The refrigerator and temperature recording devices shall be inspected at least twice daily and written records of temperature shall be kept on file. Storage boxes shall be furnished with an air-circulating fan to insure even temperature distribution. Refrigerators shall be kept clean and used only for the storage of blood and blood banking sera. No food or potentially contaminated material shall be stored in blood refrigerators.

Section 11.2 Inspection

Red blood shall be inspected daily during the entire period of storage immediately prior to issue or use. If the color or physical appearance is abnormal, or there is any indication or suspicion of contamination, the unit of blood shall not be issued for transfusion purposes.

Section 11.3 Expiration Date

The expiration date is the last day on which the blood is considered suitable for transfusion purposes as whole blood or packed red cells, in order to insure at least 70% survival of transfused cells in the recipient. Whole blood collected in Standard ACD anticoagulant solutions (N.I.H. Formula A) shall have an expiration date not exceeding 21 days from the date of collection.

Whole blood in heparin solution shall have an expiration time of 48 hours after collection. The dating period of heparinized whole blood transferred into ACD solution shall be no longer than 10 days from the date of transfer, and this should be accomplished within 24 hours after the heparin collection.

The expiration date of packed red cells prepared by closed system without vents and with attached integral transfer sets, shall be the same as for the whole blood from which it was prepared. If packed cells are prepared in such fashion from freshly drawn blood, they shall have an expiration date of 21 days hence. In the event of packed cells separated from whole blood which involves puncturing the original container or removing its seal, the cells shall have an expiration of not more than 24 hours, regardless of when the original blood was collected; such units are considered potentially contaminated.

Regulation 11.4 Sterility Testing

Sterility testing shall be performed at regular intervals and not less than once monthly. Such tests shall not be done on blood intended for transfusion. Each month, at least one container of normal appearing blood shall be tested between the 18th and 24th day after collection. Culture techniques shall be in accordance with the standards of the National Institutes of Health to the extent that at least 10 ml. of blood be placed into ten times this volume of thioglycollate broth media and incubated at 30°—32°C., or at both 1°—4°C. and 35°—37°C. for a period of 7-10 days. Cultures should be examined visually for growth every day, and subcultured in the same type media on the third, fourth or fifth days. Permanent records shall be kept of these tests and the results.

Regulation 11.5 Reissue of Blood

Blood which has been returned to the blood bank shall not be reissued for use unless the following conditions have been observed:

1. The container closure or seal has not been punctured or tampered with.
2. The blood has been continuously refrigerated between 1°—6°C.
3. Original identification labels and tags are attached and unaltered.
4. The original pilot tube has not been removed or tampered with.
5. The blood has been allowed to settle long enough to permit reinspection of the plasma.
6. The records indicate that the blood has been reissued.

Regulation 11.6 Packaging and Transportation

During periods of transportation, the blood shall be maintained at temperatures between 1°—10°C. in insulated or iced containers suitable for such purpose. Immediately upon arrival, the blood shall be transferred to a temperature controlled refrigerator for further storage.

SECTION 12 — EXEMPTIONS

Regulation 12.1

The State Department of Health is empowered to waive such of these regulations as may be necessary for purposes of research and experimentation in blood banking activities, provided such activities have first been approved by the Public Health Council.