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The State Sanitary Code

as revised and enacted

by the

Public Health Council,

of the

State of New Jersey

N.J.
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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).

CHAPTERS OF THE

NEW JERSEY STATE SANITARY CODE

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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 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, 26:3A1-1)

REGULATION 2.—Local health district

As used in this Code, the term "local health district" shall mean and include an 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 officer 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, and in the absence of statutory provisions to the contrary. Prior to appointment as 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 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. If 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 test 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 from 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	Poliomyelitis
Anthrax	Psittacosis
<i>Botulism</i>	Q fever
Brucellosis	Rabies
<i>Cerebral Palsy</i>	Rocky Mountain spotted fever
Cholera	Salmonellosis (other than typhoid fever)
Dengue	Shigellosis
Diarrhea of New-born	Smallpox
Diphtheria	Streptococcal sore throat, including scarlet fever
<i>Epilepsy</i>	<i>Tetanus</i>
<i>Food Poisonings</i>	<i>Trachoma</i>
Glanders	<i>Trichinosis</i>
Infectious encephalitis	Tuberculosis, all forms
Infectious hepatitis, including serum hepatitis	Tularemia
Influenza	Typhoid fever
<i>Leprosy</i>	Typhus fever
Leptospirosis	Venereal diseases
Malaria	Chancroid
Measles (rubeola)	Gonorrhoea
Meningococcal meningitis	Granuloma inguinale
<i>Mental Deficiency</i>	Lymphogranuloma venereum
Ophthalmia neonatorum	Syphilis
Pertussis (whooping cough)	Yellow fever
Plague	(R.S. 26:1A-7 (f))
Pneumonia, all forms	

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 provision 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 diseases 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 a 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 a 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.

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

REGULATION 4.—Reporting of certain diseases occurring on dairy premises

(a) Every physician attending a person ill or infected with food poisoning or

communicable disease listed in Regulation 1 which may be transmitted through milk or milk product, on any dairy or other premise where milk or a milk product is used 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 immediately report 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 reporting officer and the State Department of Health.

The report shall include the name of the reporting physician, the name of the patient, 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 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 a 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 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 communicable disease listed in Regulation 1 which may be transmitted through milk or 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, residing 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 same 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 disease 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 of 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, monary 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 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. (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

Persons 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

communicable disease listed in Regulation 1, or with discharges of any kind from any individual.

He 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 make 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. A statement is presented by the health officer that such child or other person is 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

No person ill or infected with a communicable disease listed in Regulation 1 shall be permitted to attend 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 conditions as may be prescribed by the health officer.

REGULATION 26.—Exclusion from schools and gatherings of persons living in or visiting households where communicable diseases exist

No 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 period 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

The health officer having jurisdiction over a person ill with smallpox shall remove 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 first day establishes evidence of immunity to the satisfaction of the health officer.

No person exposed to the risk of contracting smallpox by proximity to a 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 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

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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.

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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.

Unt
nes:

Isolation for Patient**Quarantine for Contacts****GERMAN MEASLES (RUBELLA)**

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 is 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,

h specimens of intestinal discharges not less than three months apart, to a ratory approved by the State Department of Health for such examinations. If of the specimens in this period are positive for *Salmonella typhosa*, the individual l be considered a carrier of the causative agent of typhoid fever.

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

SECTION 32.—Sale of foods forbidden in certain cases

en a person is ill with any communicable disease which may be transmitted gh food, or who is infected with the causative agent of any such disease on airy or other premises where food intended for sale or distribution is manu- ed, packed, stored, or otherwise handled, such food shall not be sold or uted from such dairy or other premises unless a written permit for the sale tribution of such foods shall have been issued by the health officer or by esentative of the State Department of Health.

SECTION 33.—Destruction of foods in certain cases

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

SECTION 34.—Handling of food forbidden in certain cases

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

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

is employed in any establishment where food intended for sale or distri- s manufactured, packed, stored, or otherwise handled may be required to o a physical examination for the purpose of ascertaining whether or not ill or infected with a communicable disease, whenever in the judgment of a ficer or the State Department of Health such examination may be necessary.

SECTION 35.—Determination of diagnosis

health officer or an authorized representative of the State Department of who has reason to believe that a person is ill or infected with a com- e 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.—Inoculation 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 of 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

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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 the 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. (6:4-79, 80, 81)

ARTICLE 3.—Transportation of quarantined animals

Animals confined by quarantine established by provisions of R.S. 26:4-84, as a 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 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.

ARTICLE 4.—Importation of birds of the psittacine family; certification requirements

Birds of the psittacine family shall not be brought into this State excepting 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 exposed to such disease.

Importation of birds of the psittacine family from an area declared to be free of psittacosis by the United States Public Health Service or an authority of the state of origin may be permitted for scientific research or purposes only upon prior approval therefor having been granted by the New York State Department of Health under conditions as may be prescribed by the Department.

ARTICLE 5.—Quarantine and transportation of quarantined birds of the psittacine family

Whenever a case of psittacosis exists among birds within the jurisdiction of the local board of health, or there is danger of the transmission of psittacosis to 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.

Quarantined birds shall not be transported from a quarantined area unless permission therefor shall be granted by the health officer of the municipality or 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.

ARTICLE 6.—Records required in dealers of 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 the 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

apply for a certificate until they have been established for at least

laboratory other than that conducted by a board of health shall not be apply for an initial certificate until it shall have obtained the signed consent of at least ten physicians attesting to the fact that they desire the establishment of such laboratory and other evidence as may be desired by the State Board of Health.

SECTION 4.—Personnel requirements; change in personnel

The 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.

The supervisor shall meet the following minimum qualifications:

1. Possess a doctorate degree in philosophy, science, public health or medicine or be licensed to practice medicine in the State of New Jersey, with previous experience in laboratory procedures, or

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

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

4. 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 line shall meet the full qualifications of the office of supervisor.

5. The services of a supervisor in charge of a laboratory shall automatically entitle him to a certificate of approval of the Department and shall immediately be forwarded to the State Department of Health. Upon invalidation of a certificate or expiration of a certificate under such circumstances the Department, upon application therefor, shall grant permission to a laboratory to perform services for a local board of health under the supervision of a health officer for such period of time and under such conditions as it may prescribe.

SECTION 5.—Laboratory quarters, location and equipment

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

2. The laboratory shall be equipped with gas, electricity, and hot and cold water. The minimum equipment shall consist of the following apparatus, and shall meet 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, 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 (per cent of negative sera reported as negative) shall be at least 99 per cent as obtained by the control laboratory.

Sensitivity: Standard of sensitivity (per cent of positive sera reported as positive) shall not be more than 10 per cent 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 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 sub-

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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.

immediately report results of laboratory examinations of specimens of which are being considered for release from isolation or quarantine from any disease in Chapter II, Regulation 1 of the State Sanitary Code, whether said report is 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.

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

REGULATION 10.—Inspection and registration concerning handling of live microorganisms or viruses pathogenic for humans, animals, or birds

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.

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 after April 1, 1954 shall register with the Department prior to handling, storing, 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 Regulation shall promptly forward all information requested by the Department.

Registration requirements do not apply to laboratories maintained by official health 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, or 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 the 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 Commissioner 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 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 in-

g scarlet fever or any of the diseases listed in Regulation 2 of this Chapter ify 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 of the deceased person, the cause of death and the time and place at which proposed to hold the funeral.

REGULATION 5.—Permit requirements for certain public funerals

A public funeral shall be held of any person who has died of any disease ed to in Regulation 4 of this Chapter unless a permit therefor shall first been secured from the Health Officer or the local Board of Health of the ipality or district in which such funeral is to be held.

REGULATION 6.—Transportation of certain bodies in sealed casket

A person shall not convey or aid in conveying to a common carrier to be trans- l across or within this State, and a common carrier shall not accept for portation or transport into or within this State, the body of a person who died of any of the diseases referred to in Regulation 2 of this Chapter, unless body is enclosed in a hermetically sealed casket and a license for such trans- tion has been first obtained in writing from the State Department of Health. ion 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 Chapter shall not be transported by common carrier unless embalmed by ial and cavity injection, and enclosed in a leak-proof casket, or a leak-proof provided, that embalming shall not be required if destination can be reached n twenty-four hours after death and; provided, further, that this regulation not apply to disinterred bodies.

This regulation shall not be construed to prevent the moving of the body of any n who has died on the property of or as a result of the activities of a com- carrier, to a funeral director's establishment or the home of the deceased out embalming or encasing.

REGULATION 8.—Necessity of transit permit

A dead human body shall not be transported out of the State by common carrier s accompanied by a transit permit of the form adopted by the State Depart- 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 rial place except by direction of a competent court of this State, or upon it being given therefor by the local board of health having jurisdiction in locality where the body is interred or entombed. (Section 26: 6-37, Revised tes.)

REGULATION 10.—Acceptance of disinterred body for transportation

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

CHAPTER VI

RADIATION

* * *

Definitions

Lead equivalent. The thickness of lead affording the same protection under the specified conditions, as the material in question.

Milliroentgen (mr). One one-thousandth of a roentgen.

Primary radiation. Radiation coming directly from the tube target.

Stray radiation. Radiation not serving any useful purpose. It includes direct radiation and secondary radiation.

Useful beam. That part of the primary radiation which passes through the aperture, cone, or other collimator.

Roentgen (r). The International Unit of quantity or dose of X-rays or gamma rays. That quantity of x- or gamma radiation such that the associated corpuscular emission per 0.001293 g. of air, produces, in air, ions carrying 1 e.s.u. of quantity of electricity of either sign.

e.s.u. The electrostatic unit (e.s.u.) of charge which is repelled with a force of 1 dyne by an equal charge 1 centimeter distant.

* * *

REGULATION 1.—Application of chapter

(a) X-ray machines and all other sources of radiation shall be shielded, transported, handled, used and kept in such manner as to prevent all users thereof and all persons within effective range thereof from being exposed to excessive dosage of radiation. Owners or users of sources of radiation shall not expose themselves or permit others within effective range to be exposed contrary to regulations which may be promulgated by the State Department of Health relative to sources of radiation.

(b) Every incident of exposure to radiation in violation of the aforementioned regulations or of this Chapter shall be considered a separate offense.

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

partment of Health, and such methods and standards as may be established
 ical milk commission so empowered by law and shall include certified
 1 may have been pasteurized, homogenized, and/or modified, in accordance
 tices approved by the State Department of Health and the certifying
 ilk commission.

stified cream shall mean cream produced from certified milk.

stified skim milk shall mean skim milk produced from certified milk.

SECTION 2.—Production of certified milk

dairies producing certified milk shall comply with the laws of this
 luding the State Sanitary Code, all of the provisions of this Chapter
 methods and standards as may be established by a medical milk com-
 mith which it is under contract.

l certified milk shall be produced on dairies in accordance with a uniform
 greement between a medical milk commission established and operating
 ance with the laws of this State and a dairyman or dairymen, which
 t shall require compliance with the provisions of this chapter.

SECTION 3.—Distribution and sale of certified milk, cream and skim milk

erson shall distribute or sell, or have in possession with intent to dis-
 r sell, as certified milk, certified cream or certified skim milk, any milk,
 r skim milk, which has not been produced as defined by the provisions of
 n 1.

SECTION 4.—Qualifications and duties of personnel designated by medical milk commissions

milk may be certified by a medical milk commission it must have desig-
 nated a veterinarian, a physician licensed to practice medicine and
 a chemist, a bacteriologist, a sanitary inspector licensed as Sanitary
 Grade I by this State or possessing such license or the equivalent thereof
 er state, a secretary, and such other persons as it may consider necessary
 e the provisions of this chapter and regulations of the commission.

of the personnel to be designated are as follows:

Veterinarian

A Veterinarian shall have supervision over the physical condition of all
 ls constituting the dairy herd except that he shall not perform the tuber-
 tests unless authorized so to do by the Federal and State Bureaus of
 l Industry and shall perform such other duties required by this chapter
 g to his office.

Physician

The physician shall have charge of the medical exam nation of all persons
 ed in the production and handling of certified milk, certified cream and
 ed skim milk and shall perform such other duties required by this chapter
 g to his office.

Chemist

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

(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 milking 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 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 six hundred 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
 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 manure. Such cleaning and sweeping shall be done at least one hour before milking. Milking parlors shall be kept clean at all times.

REGULATION 14.—Quarantine and isolation stables

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 animals. The interior and surroundings of such buildings shall be maintained in a sanitary condition.

REGULATION 15.—Separate milk house

Milk houses shall be kept clean at all times and shall be located in a building separate from other buildings 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 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.

Floors of bottling, washing, and sterilizing rooms shall be watertight and shall drain to properly trapped drain pipes.

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

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.

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

Milk receiving room is any room or building located at or near the milking place used for the purpose of a central collecting room for milk brought from

the stables or milking parlors. Such room 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.

) All foodstuffs shall be stored in a compartment separate from the stable. Dry foodstuffs shall not be brought into a milking stable or milking parlor 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, except 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 officer or the 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 any other disease 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 milk 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 examination 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 diseases 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.

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ARTICLE 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 receipt of reports of diseases suspected to be contagious on a dairy to notify at once the local health officer or the local board of health of each municipality where milk of such diseases is sold and the State Department of Health of the names of the persons on the dairy, the nature of the disease and the restrictive measures that have been taken to prevent the transmission of the infection.

ARTICLE 44.—Employee records

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

ARTICLE 45.—Clothing and personal cleanliness of employees handling or processing milk

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

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

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 shall be kept in a clean place, protected from dust and dirt. Complete sets of this clothing shall be provided at least three times per week.

ARTICLE 46.—Lavatory facilities

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

-) in the milk house or milk plant separate and distinct from apparatus and facilities used in handling certified milk or cleaning milk utensils;
-) in or convenient to milking stables or milking parlors.

ARTICLE 47.—Practices prohibited dairy employees

Dairy employees shall not:

Use tobacco in any form when handling or processing milk.

-) Permit any part of their body to come in contact with milk intended for sale or other distribution.
-) Touch anything with their hands when milking excepting the clean seat, milking stool, the clean milk pail, and the cleaned teats of the dairy animals.
-) Spit upon or within the confines of stables, milking parlors, milk plant or the milk plant.

ARTICLE 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, gutters of the milking stable or milking parlor, nor shall such milk be used for human consumption.

ARTICLE 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 not to 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. except 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

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tes shall be kept clean. All certified milk, certified cream and certified skim all be delivered to the consumer within 48 hours after the close of the day action.

ARTICLE 58.—Bacterial counts

sterilized 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 cream and sterilized 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 a count in excess of the above is found, daily counts shall be made, and if legal counts are not obtained 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.

ARTICLE 59.—Collection of samples

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

ARTICLE 60.—Determination of milk temperature

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

ARTICLE 61.—Determination of taste and odor of milk

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

ARTICLE 62.—Fat standards

The fat standard for certified milk shall be four per cent; provided, however, that certified milk of a fat content of not less than three and five-tenths per cent may be sold if the fat content is stated upon the cap.

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

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

ARTICLE 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.

ARTICLE 64.—Employment of laboratories and use of test reports

A physician in the performance of his duties for a medical milk commission, health officer or local board of health shall only employ for laboratory services provided 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.

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 has advised by the State Department of Health that the laboratory in which such 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 and 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 management. 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.
