

Title 246 WAC

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Chapter 246-03 WAC

STATE ENVIRONMENTAL POLICY ACT—GUIDELINES

WAC

- 246-03-010 Definitions.
- 246-03-140 Designation of a responsible official.

WAC 246-03-010 Definitions. In addition to the definitions contained in WAC 197-11-700 through 197-11-799, the following terms shall have the listed meanings throughout this chapter unless clearly indicated otherwise:

- (1) "Acting agency" means an agency with jurisdiction which has received an application for a license, or which is proposing an action.
- (2) "Agency guidelines" means chapter 246-03 WAC.
- (3) "Department" means the department of health.
- (4) "Environmental report" means a document prepared by the applicant, when required by the department, for use in the preparation of a draft EIS.
- (5) "Licensing" means the agency process in granting, renewing or modifying a license.
- (6) "Private applicant" means any person or entity, other than an agency as defined in this section, applying for a license from an agency.
- (7) "Secretary" means the secretary of the department of health or the secretary's designee.
- (8) "SEPA guidelines" means chapter 197-11 WAC.

[Statutory Authority: RCW 43.21C.120 and 43.70.040. 10-20-072, § 246-03-010, filed 9/29/10, effective 10/30/10. Statutory Authority: RCW 43.70-040. 91-02-050 (Order 122), § 246-03-010, filed 12/27/90, effective 1/31/91.]

WAC 246-03-140 Designation of a responsible official. The secretary shall designate the responsible official for any major action for which the department is lead agency when such designation has not occurred elsewhere in these agency guidelines.

[Statutory Authority: RCW 43.21C.120 and 43.70.040. 10-20-072, § 246-03-140, filed 9/29/10, effective 10/30/10. Statutory Authority: RCW 43.21C.120. 92-02-018 (Order 224), § 246-03-140, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-03-140, filed 12/27/90, effective 1/31/91.]

Chapter 246-145 WAC

BODY ART, BODY PIERCING, ELECTROLOGY AND TATTOOING STANDARDS FOR STERILIZATION PROCEDURES AND INFECTION CONTROL

WAC

- 246-145-001 Purpose and scope.
- 246-145-010 Definitions.
- 246-145-015 Restrictions.
- 246-145-020 Standard universal precautions for preventing the spread of disease in electrology.
- 246-145-030 Sterile procedures in electrology.
- 246-145-040 Penalty for not complying with rules.
- 246-145-050 Standard universal precautions for preventing the spread of disease in body art, body piercing, and tattooing.

246-145-060 Sterile procedures in body art, body piercing and tattooing.

WAC 246-145-001 Purpose and scope. These rules establish standard universal precautions for preventing the spread of diseases by using sterilization procedures and infection control in the practices of electrology, body art, body piercing, and tattooing.

[Statutory Authority: RCW 70.54.340, 10-12-057, § 246-145-001, filed 5/27/10, effective 7/1/10; 02-11-109, § 246-145-001, filed 5/20/02, effective 6/20/02.]

WAC 246-145-010 Definitions. For the purpose of these rules, the following words and phrases have the following meanings unless the context clearly indicates otherwise.

(1) "Antiseptic" means an agent that destroys disease causing microorganisms on human skin or mucosa.

(2) "Aseptic technique" means a procedure that prevents contamination of any object or person.

(3) "Bloodborne pathogens" means microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), Hepatitis C virus (HBC) and human immunodeficiency virus (HIV).

(4) "Body art" means the practice of invasive cosmetic adornment including the use of branding and scarification. Body art also includes the intentional production of scars upon the body. Body art does not include any health-related procedures performed by licensed health care practitioners under their scope of practice.

(5) "Body piercing" means the process of penetrating the skin or mucous membrane to insert an object, including jewelry, for cosmetic purposes. Body piercing also includes any scar tissue resulting from or relating to the piercing. Body piercing does not include the use of stud and clasp piercing systems to pierce the earlobe in accordance with the manufacturer's directions and applicable FDA requirements. Body piercing does not include any health-related procedures performed by licensed health care practitioners under their scope of practice, nor does anything in this act authorize a person registered to engage in the business of body piercing to implant or embed foreign objects into the human body or otherwise engage in the practice of medicine.

(6) "Branding" means inducing a pattern of scar tissue by use of a heated material (usually metal) to the skin creating a serious burn which eventually results in a scar.

(7) "Department" means the department of licensing.

(8) "Disinfectant" means a substance or solution, registered with the United States Environmental Protection Agency (EPA) that kills or inactivates viruses and pathogenic microorganisms, but not necessarily their spores.

(9) "Disinfect" or "disinfection" means the destruction of disease-causing microorganisms on inanimate objects or surfaces, thereby rendering these objects safe for use or handling.

(10) "Electrologist" means a person who practices the business of electrology for a fee.

(11) "Electrology" means the process of permanently removing hair by using solid needle or probe electrode epilation, including:

(a) Thermolysis, being of shortwave, high frequency type;

(b) Electrolysis, being a galvanic type; or

(c) A combination of both which is accomplished by a superimposed or sequential blend.

(12) "FDA" means United States Food and Drug Administration.

(13) "Gloves" means single-use disposable medical grade gloves that are FDA approved.

(14) "Hand sanitizer" means an alcohol-based sanitizer with a concentration of 60% to 95% ethanol or isopropanol.

(15) "Jewelry" means any personal ornament inserted into a newly pierced area, which must be made of surgical implant-grade stainless steel, solid 14k or 18k white or yellow gold, niobium, titanium, or platinum, or a dense, low-porosity plastic, which is free of nicks, scratches, or irregular surfaces and has been properly sterilized prior to use.

(16) "Licensee" means a shop, business or individual licensed to practice body art, body piercing or tattooing.

(17) "Procedure(s)" means body art, body piercing, and tattooing procedures.

(18) "Sanitize" means a procedure that reduces the level of microbial contamination so that the item or surface is considered safe.

(19) "Scarification" means altering skin texture by cutting the skin and controlling the body's healing process in order to produce wounds, which result in permanently raised wheals or bumps known as keloids.

(20) "Sharps" means any objects (sterile or contaminated) that may purposefully or accidentally cut or penetrate the skin or mucosa including, but not limited to, presterilized, single-use needles, scalpel blades, and razor blades.

(21) "Sharps container" means a puncture-resistant, leak-proof container that can be closed for handling, storage, transportation, and disposal and that is labeled with the international biohazard symbol.

(22) "Single-use" means products, instruments or items that are intended for one-time use and are disposed of after each use including, but not limited to, cotton swabs or balls, tissue or paper products, paper or plastic cups, gauze and sanitary coverings, razors, needles, scalpel blades, stencils, ink cups and protective gloves.

(23) "Sterilization" means a process that destroys all forms of microbial life, including highly resistant bacterial spores.

(24) "Sterilizer" means an apparatus that is registered and listed with the FDA for destroying all forms of microbial life, including highly resistant bacterial spores.

(25) "Tattooing" means to pierce or puncture the human skin with a needle or other instrument for the purpose of implanting an indelible mark, or pigment into the skin.

(26) "Universal precautions" is an approach to infection control as defined by the Center for Disease Control (CDC). According to the concept of universal precautions, all human blood and certain body fluids are treated as if known to be infectious for human immunodeficiency virus (HIV), Hepatitis B virus (HBV) and other bloodborne pathogens.

[Statutory Authority: RCW 70.54.340, 10-12-057, § 246-145-010, filed 5/27/10, effective 7/1/10; 02-11-109, § 246-145-010, filed 5/20/02, effective 6/20/02.]

WAC 246-145-015 Restrictions. (1) Electrologists, and individuals licensed to perform body piercing, body art and tattooing, shall not perform procedures:

- (a) While under the influence of alcohol or drugs;
- (b) If they have weeping dermatitis or draining sores;
- (c) On a client who appears to be under the influence of alcohol or drugs; or
- (d) On a client who has evident skin lesions or skin infections in the area of the procedure, including sunburn.

(2) Animals are not permitted in body art, body piercing and tattooing procedure areas, except for guide and service animals accompanying persons with disabilities. Aquariums are allowed in a waiting room and nonprocedural area. No animals are allowed in the sterilization area.

[Statutory Authority: RCW 70.54.340. 10-12-057, § 246-145-015, filed 5/27/10, effective 7/1/10.]

WAC 246-145-020 Standard universal precautions for preventing the spread of disease in electrology. The following universal precautions must be used by electrologists in the care of all clients.

- (1) Wash hands with soap and water immediately before and after each client contact;
- (2) Wash hands and other skin surfaces immediately and thoroughly if contaminated with blood or other body fluids;
- (3) Wash hands immediately before single-use disposable gloves are put on and after gloves are removed;
- (4) Clean the client's skin by applying an antiseptic or antibacterial solution prior to and following treatment;
- (5) Wear new gloves with each client to prevent skin and mucous membrane exposure contact with blood or other body fluids of each client;
- (6) Wear gloves for touching blood and body fluids, mucous membranes, or nonintact skin of all clients, and for handling items or surfaces soiled with blood or body fluids;
- (7) Change gloves after contact with each client;
- (8) Immediately remove gloves that are torn or have small pinholes, wash hands and put on new gloves;
- (9) Take precautions to prevent injuries caused by needles and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures;
- (10) Prevent needlestick injuries by not recapping needles or breaking needles by hand and by not otherwise manipulating contaminated needles by hand;
- (11) Dispose of used disposable needles and other sharp items in puncture-resistant containers;
- (12) Inspect hands for small cuts, sores and abrasions; if present, use a Seal-skin product or bandage. If the electrologist has weeping dermatitis or draining sores, the electrologist should avoid contact with clients and equipment until the weeping dermatitis or draining sores are healed;
- (13) Regularly clean and disinfect countertops; regularly clean walls when visibly soiled; regularly vacuum and clean carpets and floors; and
- (14) Clean and disinfect other frequently touched surfaces including, but not limited to, equipment and lamps between each client.

[Statutory Authority: RCW 70.54.340. 10-12-057, § 246-145-020, filed 5/27/10, effective 7/1/10; 02-11-109, § 246-145-020, filed 5/20/02, effective 6/20/02.]

WAC 246-145-030 Sterile procedures in electrology. To ensure that clients are not exposed to disease through needles or other instruments, electrologists must:

- (1) Use single-use, presterilized disposable needles on one client and then dispose of the needle immediately in a puncture-resistant container;
- (2) Not use reusable needles;
- (3) Use single-use sharp items on only one client and dispose of the items immediately in a puncture-resistant container;
- (4) Only reuse cleaned and sterilized sharp items and instruments that are intended for multiple use;
- (5) Thoroughly clean and sterilize reusable sharp items and instruments between clients;
- (6) Accumulate reusable sharp items and instruments in a holding container by submersion in a solution of a protein-dissolving enzyme detergent and water;
- (7) Sterilize reusable items in a steam autoclave or dry-heat sterilizer, which is used, cleaned and maintained according to the manufacturer's instructions;
- (8) Resterilize a reusable sterile instrument before using it on a client, if it is contaminated by dropping, by touching an unsterile surface, by a torn package, by the package being punctured, damaged, wet or by some other means;
- (9) Immediately dispose of a single-use item in a puncture-resistant container, if it is contaminated by dropping, by touching an unsterile surface, by a torn package, by the package being punctured, damaged, wet or by some other means;
- (10) Immediately dispose of an instrument in a puncture-resistant container if the expiration date has passed; and
- (11) Monitor sterilizers to determine that all conditions of sterilization are met. This includes:

(a) Assuring that sterilizers have a thermometer and timer to indicate whether adequate heat has been applied to packaged equipment;

(b) Using or checking chemical indicators on each package to assure the items have been exposed to the sterilization process;

(c) Sterilizers must be tested by biological spore tests according to the manufacturer's instructions. In the event of a positive biological spore test, the electrologist must take immediate action to ensure all conditions of sterilization are met; and

(d) Documentation of monitoring must be maintained either in the form of a log reflecting dates and person(s) conducting the testing or copies of reports from an independent testing entity. The documentation must be maintained at least three years.

[Statutory Authority: RCW 70.54.340. 10-12-057, § 246-145-030, filed 5/27/10, effective 7/1/10; 02-11-109, § 246-145-030, filed 5/20/02, effective 6/20/02.]

WAC 246-145-040 Penalty for not complying with rules. Any electrologist out of compliance with the rules in this chapter will be guilty of a misdemeanor.

[Statutory Authority: RCW 70.54.340. 10-12-057, § 246-145-040, filed 5/27/10, effective 7/1/10; 02-11-109, § 246-145-040, filed 5/20/02, effective 6/20/02.]

WAC 246-145-050 Standard universal precautions for preventing the spread of disease in body art, body piercing, and tattooing. The following universal precautions must be used by persons licensed to practice body art, body piercing, and tattooing:

(1) Use sterile instruments and aseptic techniques at all times during a procedure.

(2) Use only presterilized single-use disposable needles for body piercing and tattooing on one client and then dispose of the needles immediately in a sharps container.

(3) Wear a clean outer garment and prevent hair from coming into contact with the client. All necklaces, bracelets, or other personal items must be removed or covered by the outer garment or gloves to prevent the item coming in contact with the client.

(4) Wash hands and wrists thoroughly in warm running water with soap for at least twenty seconds, scrub around and under fingernails, rinse completely and dry with a clean single-use towel or hand dryer. Handwashing must be done immediately before and after performing a procedure.

(5) Inspect hands for small cuts, sores and abrasions. If present, use a Seal-skin product or bandage.

(6) Licensees with weeping dermatitis or draining sores must avoid contact with clients and equipment until the weeping dermatitis or draining sores are healed.

(7) Wear gloves during procedures and while assembling instruments. Licensees must wash hands immediately before single-use disposable gloves are put on and after gloves are removed.

(8) Wear gloves to prepare the client's skin (washing and shaving) and then discard the gloves after completing the preparation. A new pair of gloves must be put on before continuing the procedure.

(9) Remove gloves immediately, wash hands or use a hand sanitizer, and put on new gloves, when gloved hands break aseptic technique (e.g., touching eyes, nose or mouth, answering the phone, opening a door, or retrieving an item from the floor) during a procedure, or when gloves are torn or have small pinholes.

(10) If a licensee sustains a needle stick, they shall resume the procedure with clean and sterile equipment after rewashing hands and putting on new gloves.

(11) Change gloves after contact with each client.

(12) Clean and disinfect chairs, tables, work spaces, counters, and general use equipment in the procedure area between each client. Follow manufacturers' instructions for proper use of disinfecting (or detergent) products.

(13) Use appropriate barrier films to cover all items gloved hands would normally come into contact with during a procedure. These items include, but are not limited to, machine heads, clip cords, spray bottles, seat adjustment controls, power control dials or buttons and work lamps.

(14) Use single-use stencils. Petroleum jellies, soaps and other products used in the application of stencils must be dispensed and applied using aseptic technique and in a manner to prevent contamination of the original container and its contents. The applicator must be single-use.

(15) Use only single-use pigment or ink containers for each client. Pigments and ink shall be dispensed from containers in a manner to prevent contamination to the unused

portion. Individual containers of ink or pigment must be discarded after use.

(16) Use single-use razors during procedures and dispose of them in a sharps container.

(17) In the event of blood flow, use products that are single-use to control or check the blood flow or absorb the blood. Used products must be disposed of immediately in appropriate covered container. The use of styptic pens or alum solids to control blood flow is prohibited.

(18) Inks or pigments must not be banned or restricted by the FDA and must not be mixed with improper ingredients. Information indicating the source of all inks and pigments shall be available to the department upon request.

(19) Use single-use marking instruments or instruments sanitized by design, such as alcohol based ink pens, on intact skin that has been treated with an antiseptic solution. Any marking instrument that comes in contact with mucous membranes or broken skin shall be single-use.

(20) All jewelry, as defined in WAC 246-145-010, must be obtained in presterilized packaging from the manufacturer or be sterilized on-site prior to the procedure.

(21) Cleanse the client's skin before and after a procedure by washing the skin with a FDA registered antiseptic solution applied with a clean, single-use product. A sanitary covering must be placed over the procedure site when appropriate.

(22) Wearing new gloves open each package containing a sterile instrument in the presence of the client and handle each instrument in a manner to prevent contamination of the instrument.

(23) Prevent needlestick injuries by not recapping needles or breaking needles by hand and by not otherwise manipulating contaminated needles by hand.

(24) Disposal of sharps containers must comply with the local solid waste program through the licensee's local county health department.

[Statutory Authority: RCW 70.54.340. 10-12-057, § 246-145-050, filed 5/27/10, effective 7/1/10.]

WAC 246-145-060 Sterile procedures in body art, body piercing and tattooing. (1) To prevent clients from being exposed to diseases through needles or other instruments, licensees must:

(a) Use single-use, presterilized disposable needles on one client and then dispose of the needle immediately in a sharps container. Reusable needles must not be used.

(b) Use single-use sharps on only one client and dispose of the items immediately in a sharps container.

(c) Reuse only cleaned and sterilized instruments that are intended for multiple use between clients. A distinct, separate area must be used for cleaning instruments, wrapping/packaging the items and for handling and storing sterilized instruments. Prior to sterilizing and as soon as practical after use, instruments must be brushed or swabbed to remove foreign material or debris, rinsed, then either:

(i) Submersed and soaked in a protein dissolving detergent or enzyme cleaner; or

(ii) Immersed in detergent and water in an ultrasonic cleaning unit used according to the manufacturer's instructions; and

(iii) Rinsed and dried prior to packaging for sterilization. Ensure that the rinse step is adequate for removing cleaning residues to levels that will not interfere with the subsequent sterilization process.

(iv) Inspect instrument surface for breaks in integrity that would impair either cleaning or sterilization. Ensure that detergents or enzymatic cleaners are compatible with the metals and other materials used in the instruments.

(d) Seal cleaned instruments in bags/packing materials that are compatible with the sterilization process and are sufficiently strong to resist puncture and tears and are cleared by the FDA. Label sterilized instruments with a load number that indicates the sterilizer used, the cycle or load number, and the date of sterilization.

(e) Sterilize instruments using a monitored sterilizer. Follow the sterilization times, temperatures and other parameters recommended by the manufacturers of the instruments, sterilizer and packaging used.

(f) Arrange all items to be sterilized so all surfaces will be directly exposed to the sterilizing agent, which means loading procedures must allow for free circulation of steam (or another sterilant) around each item.

(g) Use mechanical, chemical and biologic monitors to ensure the effectiveness of the sterilization process.

(i) Monitor each load with mechanical (e.g., time, temperature, pressure) and chemical (internal and external) indicators. If the internal chemical indicator is visible, an external indicator is not needed.

(ii) At least monthly use biologic indicators to test effectiveness of sterilizer with an FDA cleared commercial preparation of spores intended specifically for the type and cycle parameters of the sterilizer.

(h) For each sterilization cycle, record the type of sterilizer and cycle used; the load identification number; the load contents; the exposure parameters (e.g., time and temperature); the operator's name or initials, and the results of the mechanical, chemical and biological monitoring. Records must be retained for three years and must be provided to the department upon request.

(i) Perform preventive maintenance of sterilizer as directed by the manufacturer's instructions.

(j) Handle sterilized instruments using aseptic technique to prevent contamination. Store in secure, dry, clean cabinets or other secure covered containers to prevent contamination and packaging being compromised (e.g., wet, punctured, torn).

(2) If a licensee only uses sterile single-use, disposable instruments, sharps and products, and uses sterile supplies, a sterilizer is not required.

[Statutory Authority: RCW 70.54.340, 10-12-057, § 246-145-060, filed 5/27/10, effective 7/1/10.]

**Chapter 246-254 WAC
RADIATION PROTECTION—FEES**

WAC
246-254-053 Radiation machine facility registration fees.

WAC 246-254-053 Radiation machine facility registration fees. (1) Radiation machine facility fees apply to each person or facility owning, leasing or using radiation-produc-

ing machines. The annual facility fee consists of the base registration fee and a per tube charge, where applicable.

(a) Radiation Machine Facility Fees		
Type of Facility	Facility Base Fee	Added Fee per Tube
(i) Dental, podiatric, veterinary uses	\$107	See following table
(ii) Hospital, medical, chiropractic uses	\$207	See following table
(iii) Industrial, research, educational, security, or other facilities	\$107	See following table
(iv) Mammography only	\$89	N/A
(v) Bone densitometry only	\$89	N/A
(vi) Electron microscopes only	\$89	N/A
(vii) Bomb squad only	\$89	N/A
(viii) Radiation safety program as specified in subsection (3) of this section	\$5,827	N/A

(b) Radiation Machine Tube Fees		Added Fee per Tube
Type of Tube		
(i) Dental (intraoral, panoramic, cephalometric, dental radiographic, and dental CT)		\$27
(ii) Veterinary (radiographic, fluoroscopic, portable, mobile)		\$46
(iii) Podiatric uses (radiographic, fluoroscopic)		\$46
(iv) Mammography		N/A
(v) Bone densitometry		N/A
(vi) Electron microscope		N/A
(vii) Bomb squad		N/A
(viii) Medical radiographic (includes R/F combinations, fixed, portable, mobile)		\$131
(ix) Medical fluoroscopic (includes R/F combinations, C-arm, Simulator, fixed, portable, mobile)		\$131
(x) Therapy (Grenz Ray, Orthovoltage, nonaccelerator)		\$131
(xi) Accelerators (therapy, other medical uses)		\$131
(xii) Computer tomography (CT, CAT scanner)		\$131
(xiii) Stereotactic (mammography)		\$107
(xiv) Industrial radiographic		\$46
(xv) Analytical, X-ray fluorescence		\$46
(xvi) Industrial accelerators		\$46
(xvii) Airport baggage		\$27
(xviii) Cabinet (industrial, security, mail, other)		\$27
(xiv) Other industrial uses (includes industrial fluoroscopic uses)		\$27

(2) X-ray shielding fees.

(a) Facilities regulated under the shielding plan requirements of WAC 246-225-030 or 246-227-150 are subject to a \$344 X-ray shielding review fee for each X-ray room plan submitted; or

(b) A registrant may request an expedited plan review for \$1000 for each X-ray room plan. Expedited plan means the department will complete the plan review within two business days of receiving all required information from the registrant.

(c) If a facility regulated under WAC 246-225-030 or 246-227-150 operates without submittal and departmental review of X-ray shielding calculations and a floor plan it will be subject to a shielding design follow-up fee of \$656.

(3) Radiation safety fee. If a facility or group of facilities under one administrative control employs two or more full-time individuals whose positions are entirely devoted to in-house radiation safety, the facility shall pay a flat, annual fee as specified in subsection (1)(a)(viii) of this section.

(4) Consolidation of registration. Facilities may consolidate X-ray machine registrations into a single registration after notifying the department in writing and documenting that a single business license applies to all buildings, structures and operations on one contiguous site using or identified by one physical address location designation.

(5) Inspection fees.

(a) The cost of routine, periodic inspections, including the initial inspection, are covered under the base fee and tube registration fees as described in subsection (1) of this section.

(b) Facilities requiring follow-up inspections due to uncorrected noncompliances must pay an inspection follow-up fee of \$118 for each reinspection required.

(c) A facility's annual registration fee is valid for a specific geographical location and person only. It is not transferable to another geographical location or owner or user.

[Statutory Authority: RCW 43.70.250, 43.20B.020, 70.98.080, and 43.70.110. 11-02-012, § 246-254-053, filed 12/28/10, effective 1/31/11; 08-14-118, § 246-254-053, filed 6/30/08, effective 7/31/08. Statutory Authority: RCW 19.02.050, 43.20B.020, 43.70.110, 43.70.250, 70.98.080. 07-14-130, § 246-254-053, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.98.080, 43.20B.020, 43.70.110, and 43.70.250. 05-24-108, § 246-254-053, filed 12/7/05, effective 1/7/06. Statutory Authority: RCW 43.70.250. 04-12-125, § 246-254-053, filed 6/2/04, effective 7/3/04. Statutory Authority: RCW 43.70.250 and 43.70.110. 03-13-122, § 246-254-053, filed 6/18/03, effective 7/19/03. Statutory Authority: RCW 43.70.250 and 2001 2nd sp.s. c 7 § 220. 02-07-085, § 246-254-053, filed 3/19/02, effective 4/19/02. Statutory Authority: RCW 43.70.110. 01-14-048, § 246-254-053, filed 6/29/01, effective 7/30/01; 99-13-085, § 246-254-053, filed 6/14/99, effective 7/15/99; 98-11-066, § 246-254-053, filed 5/19/98, effective 7/1/98. Statutory Authority: RCW 43.70.110, 43.70.250 and chapter 70.98 RCW. 98-01-047, § 246-254-053, filed 12/8/97, effective 1/8/98; 96-11-043, § 246-254-053, filed 5/8/96, effective 6/28/96; 95-12-004, § 246-254-053, filed 5/25/95, effective 6/25/95; 94-11-010, § 246-254-053, filed 5/5/94, effective 6/5/94; 93-13-019 (Order 372), § 246-254-053, filed 6/8/93, effective 7/9/93. Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-053, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.-040. 91-02-049 (Order 121), recodified as § 246-254-053, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20B.110. 89-16-064 (Order 2839), § 440-44-050, filed 7/31/89, effective 8/31/89. Statutory Authority: RCW 43.20A.055. 86-08-054 (Order 2359), § 440-44-050, filed 3/28/86. Statutory Authority: Chapter 70.98 RCW and 1985 c 383. 85-20-021 (Order 2283), § 440-44-050, filed 9/23/85. Statutory Authority: RCW 43.20A.055. 85-13-007 (Order 2238), § 440-44-050, filed 6/7/85; 83-12-058 (Order 1965), § 440-44-050, filed 6/1/83. Statutory Authority: 1982 c 201. 82-13-011 (Order 1825), § 440-44-050, filed 6/4/82.]

Chapter 246-260 WAC**WATER RECREATION FACILITIES****WAC**

246-260-010	Definitions.
246-260-031	General design, construction, and equipment for all WRF pool facilities.
246-260-061	Special design and construction provisions for hotels and motels (transient accommodations) serving fewer than fifteen living units and for spas in individual hotel/motel rooms.
246-260-081	Spray pool design, construction, and equipment.

WAC 246-260-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Abbreviations" (technical):

"CPR" means cardiopulmonary resuscitation;

"DE" means diatomaceous earth;

"F" means Fahrenheit;

"fps" means feet per second;

"gpm" means gallons per minute;

"mg/l" means milligrams per liter. When requirements in this regulation specify limits for liquid volume measurements using mg/l or ppm, either may be used depending on the type of testing equipment available;

"ppm" means parts per million. See notation under mg/l for use;

"TU" means turbidity unit as measured by the nephelometric method.

(2) Acronyms:

(a) "ALTI" means Advanced Lifeguard Training International;

(b) "ANSI" means American National Standards Institute;

(c) "APHA" means American Public Health Association;

(d) "ARC" means American Red Cross;

(e) "ASA" means American Standards Association;

(f) "ASHRAE" means American Society of Heating, Refrigeration and Air Conditioning Engineers;

(g) "ASME" means American Society of Mechanical Engineers;

(h) "ASTM" means American Society for Testing and Materials;

(i) "AWWA" means American Waterworks Association;

(j) "E&A" means Ellis and Associates;

(k) "CPSC" means U.S. Consumer Product Safety Commission;

(l) "EPA" means U.S. Environmental Protection Agency;

(m) "FINA" means Federation Internationale de Natation Amateur;

(n) "IAPMO" means International Association of Plumbing and Mechanical Officials;

(o) "NAUI" means National Association of Underwater Instructors;

(p) "NSF" means National Sanitation Foundation;

(q) "NSPI" means National Spa and Pool Institute;

(r) "PADI" means Professional Association of Diving Instructors;

(s) "UBC" means Uniform Building Code;

(t) "UL" means Underwriters' Laboratories;

(u) "WRF" means water recreation facility;

(v) "WRPA" means Washington Recreation and Parks Association;

(w) "WSDA" means Washington state department of agriculture; and

(x) "YMCA" means Young Men's Christian Association.

(3) Definitions:

"Anti-entrapment system" means a device or system designed to prevent entrapment by pool or spa single main drains or single equalizer line outlets, including:

(a) Safety vacuum release system (SVRS) that ceases operation of the pump, reverses the circulation flow, or otherwise provides a vacuum release at a suction outlet when a blockage is detected, that has been tested by an independent third party and found to conform to ASME/ANSI standard A112.19.17 or ASTM standard F2387;

(b) Suction limiting vent system with a tamper-resistant atmospheric opening;

(c) Gravity drainage system that utilizes a collector or balancing tank; and

(d) Drain disablement that eliminates the use of suction outlets.

"Approved" means the department or local health officer has stated in writing that the design plans and specifications are in accordance with this chapter.

"Architect" means a registered architect currently licensed under chapter 18.08 RCW in Washington state.

"ASME A112.19.8 standard" means the ASME A112.19.8-2007 Suction Fittings for Use in Swimming Pools, Wading Pools, Spas, and Hot Tubs standard and the ASME A112.19.8a-2008 Addenda and the ASME A112.19.8b-2009 Addenda.

"Attendant" means a person appointed by the owner or manager meeting the training requirements of this chapter who monitors activities and conditions for the purpose of ensuring bather safety.

"Bathing beach" means a bathing place, together with buildings and appurtenances, on a natural pond, lake, stream, or other body of fresh or salt water that is open to the public for bathing by express permission of the owner, operated for a fee, or openly advertised as a place for bathing by the public.

"Board" means the state board of health.

"Branch line" means suction piping between a junction fitting and a suction outlet.

"Commercial strength ammonia" means ammonia having a strength of twenty-six degrees Baume'.

"Communication system" means any combination of devices permitting the passage of messages between personnel and/or personnel and bathers. Systems can include but are not limited to two-way radios, hard wired intercoms, horns, whistles, hand signals, direct voice, signs, or equivalent.

"Contaminant" means any physical, chemical, or biological substance present in the WRF water which may adversely affect the health or safety of the bather or the quality of the water.

"Cross-connection" means any physical arrangement connecting:

(a) Potable water system directly or indirectly, with any-thing other than another potable water system; or

(b) WRF pool to any water source capable of contaminating either the WRF pool, its components, or potable water source as a result of backflow.

"Department" means the state department of health.

"Deep water" means water greater than five feet in depth.

"Diving envelope" means the minimum dimensions of an area within the pool necessary to provide entry from a diving board, platform, or pool decking intended for users to dive.

"Engineer" means a registered professional engineer currently licensed under chapter 18.43 RCW.

"Equalizer line outlet" means a suction outlet located on the pool wall below the waterline and connected by pipe to the body of a skimmer to prevent air from being drawn into the pump if the water level drops below the skimmer weir.

"Fall zones" mean the areas under and around play toys where a person playing on them could fall. These areas should be free of obstacles or other equipment so that there's plenty of room. Basic guidelines include the following:

(a) Fall zones should extend a minimum of six feet in all directions from the perimeter of the play toy equipment.

(b) If the height of an adjacent play toy is thirty inches or more, the minimum distance between pieces of play equipment should be at least nine feet.

"General use pool" means any swimming, spa, wading, or spray pool regulated by this chapter not meeting the definition of a "limited use pool."

"Handhold" means a structure not over twelve inches above the water line around the perimeter of the pool wall, affording physical means for the bather to grasp the pool sides.

"Illness or injury report" means the written record of all facts regarding an injury or illness associated with the WRF.

"Innovative design feature" means a design feature, equipment, device, or operative procedure not specifically covered by these rules or chapter 246-262 WAC.

"Junction fitting" means a pipe fitting in the shape of a "T" or a "Y" used to connect suction outlets to a pump or a balancing tank, and provides two branch line connections and one trunk line connection.

"Licensed medical practitioner" includes medical doctor, osteopath, chiropractor, naturopath, and medical therapist currently licensed in Washington state.

"Lifeguard" means a person meeting the training requirements of these rules appointed by the owner or manager to maintain surveillance over the bathers on the deck or in the pool and to supervise bather safety.

"Lifeguard station" means designated work station of a lifeguard.

"Lifesaving equipment" means emergency equipment and barrier protection.

"Lifesaving Society" means the organization in Canada that establishes training requirements and standards for lifeguard training.

"Limited use pool" means any swimming, spa, wading, or spray pool regulated by this chapter at an apartment, boarding home, condominium, fraternity, home owners association, hotel, mobile home park, motel, recreational vehicle park, sorority or rental housing unit for the use of the persons living or residing at the facility and their resident's invited guests.

When organized programs are provided at the facility (including, but not limited to, formal swimming or diving lessons, swim meets, or exercise classes), for users besides those specified under the limited use category, the pool facility shall be considered to be a general use pool during periods of such activity.

"Local health officer" means the health officer of the city, county, or city-county department or district or a representative authorized by the local health officer.

"Main drain" means a submerged suction outlet for transferring water from a swimming pool, spa pool, or wading pool.

"Outlet drain" means a drain for transferring water from a spray pool.

"Owner" means a person owning and responsible for a WRF or their authorized agent.

"Person" means an individual, firm, partnership, copartnership, corporation, company, association, club, government entity, or organization of any kind.

"Physical plant" refers to pool shell, piping, lighting, ventilation, locker rooms, chemical storage rooms, mechanical rooms, or other structural facility components that are not readily modified. It does not include pumps, filters or disinfection systems.

"Play toy" is a water feature added to a pool for use by bathers that provides activity or action that enhances the overall use of the water environment. Such feature may include, but not be limited to, fixed stationary features, inflatable or floatable equipment, or other equipment with the intent to invite bathers to play on or around the feature.

"Pool" means swimming pool, wading pool, spray pool, or spa pool or the like.

"Private club" means a group or organization requiring membership enrollment.

"Radius of curvature" means the radius arc denoting the curved surface from the point of departure from the springline (vertical sidewall) of the pool to the pool bottom.

"Response time" means time between bather distress and initiation of rescue assistance contact by a lifeguard in facilities providing lifeguards.

"Recreational water contact facility" means an artificial water associated facility with design and operational features that provide patron recreational activity which is different from that associated with a conventional swimming pool and purposefully involves immersion of the body partially or totally in the water, and that includes but is not limited to water slides, wave pools, and water lagoons. These facilities are regulated by chapter 246-262 WAC.

"Secretary" means the secretary of the department of health.

"Serious injury" means any injury:

(a) Requiring emergency service response where a person requires medical treatment as determined by the emergency medical response personnel; or

(b) Resulting in a person seeking medical attention at a medical facility, hospital emergency room or admittance to a hospital.

"Shallow water" means water equal to or less than five feet in depth.

"Shallow water lifeguard" means a person appointed by the owner or manager to supervise bather safety in water

depths not exceeding five feet who meets the training requirements of this chapter.

"Spa pool" means a pool designed for relaxation or recreational use where the user is usually sitting, reclining, or at rest and the pool is not drained, cleaned, and refilled for each user. The spa pool may include, but not be limited to, hydro-jet circulation, hot water, cold water, mineral baths, air induction bubbles in any combination.

"Spray pool" means a pool or artificially constructed depression for use by bathers in which water is sprayed, but is not allowed to pond in the bottom of the pool.

"Springline" means the point where the pool wall breaks from vertical and begins its arc in the radius of curvature (for cove construction) to the bottom of the pool.

"Suction outlet" means a fitting, fitting assembly and related components including the sump or bulkhead fitting, cover and hardware, that provides a localized low pressure area for the transfer of water from a water recreation facility. Types of suction outlets include main drains, equalizer line outlets, and submerged outlet drains.

"Swimming pool" means any structure, basin, chamber, or tank containing an artificial body of water for swimming, diving, relaxation, or recreational bathing and having a depth of two feet or more at any point and including all associated facilities.

"Swim spa" means a type of spa pool used primarily for stationary swimming.

"Trunk line" means suction piping between a junction fitting and a pump or a balancing tank.

"Turnover time" means the minimum time necessary to circulate the entire volume of the pool facility through the treatment system.

"Wading pool" means any artificial pool of water equal to or less than two feet deep and intended for wading purposes.

"Walking surface" means any surface used as a direct access surface for a pool area and the walking surface's change room facilities where the user is barefoot.

"Water treatment operator" means the appointed person operating the physical and mechanical equipment and performing related water quality monitoring and associated record keeping for proper operation of the physical facility.

"Water recreation facility (WRF)" means any artificial basin or other structure containing water used or intended to be used for recreation, bathing, relaxation or swimming, where body contact with the water occurs or is intended to occur and includes auxiliary buildings and appurtenances. The term includes, but is not limited to:

(a) Conventional swimming pools, wading pools, and spray pools;

(b) Recreational water contact facilities as defined under RCW 70.90.110 and regulated under chapter 246-262 WAC;

(c) Spa pools and tubs using hot water, cold water, mineral water, air induction, or hydrojets; and

(d) Any area designated for swimming in natural waters with artificial boundaries within the waters.

[Statutory Authority: RCW 70.90.120, 10-20-131, § 246-260-010, filed 10/5/10, effective 11/5/10. Statutory Authority: Chapters 70.90 and 43.20 RCW, 04-18-096, § 246-260-010, filed 9/1/04, effective 10/31/04. Statutory Authority: RCW 70.90.120, 92-02-020 (Order 226B), § 246-260-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-260-010, filed 12/27/90, effective

1/31/91. Statutory Authority: RCW 70.90.120, 90-07-010 (Order 042), § 248-98-001, filed 3/12/90, effective 4/12/90; Regulation .98.001, effective 3/11/60.]

WAC 246-260-031 General design, construction, and equipment for all WRF pool facilities. (See additional design and construction requirements for swimming pools in WAC 246-260-041, for spa pools in WAC 246-260-051 and 246-260-061, for wading pools in WAC 246-260-071, for spray pools in WAC 246-260-081 and for specialty design conditions in WAC 246-260-091. See chapter 246-262 WAC for specific requirements for water park type features.)

(1) **Location:** Owners shall locate pools to minimize surface drainage and other potential sources of pollution from entering the pool.

(2) **Materials:** Owners shall use only structure and equipment materials that are nontoxic, durable, inert, and easily cleanable.

(3) **Walking surfaces:** Owners shall design and maintain walking surfaces:

- (a) Sloping away from the pool or pools;
- (b) Sloping a minimum of one-fourth inch per foot to drain;
- (c) Having a nonslip finish;
- (d) Not having an abrupt change in height of greater than one-half inch, a gap no greater than one-half inch in width, or a crumbling surface presenting a potential tripping hazard;
- (e) Equipped with sufficient drains to prevent standing water; and
- (f) Of easily cleanable, impervious finishes.

(4) **Barriers for new construction and remodeling:**

(a) Owners shall provide barriers to prevent unauthorized persons from gaining access to pools. Spray pool facilities without standing water are exempt from barrier requirements of this section.

(b) Barriers at limited use pools must be at least sixty inches high.

(c) Barriers at general use pools must be at least seventy-two inches high.

(d) Barriers, including windows, (see figures 031.1 and 031.2) may not:

- (i) Allow passage of a four-inch diameter sphere; or
- (ii) Have spaces between vertical members greater than a width of one and three-quarter inches if the distance between the tops of horizontal members are spaced less than forty-five inches apart.

(e) Solid barriers may not have indentations or protrusions, other than normal construction tolerances and masonry joints.

(f) Barriers must have self-closing, self-latching gates or doors that provide either:

- (i) A mechanism that uses a continuously locked latch, coded lock or other equivalent access control system that always requires a key or code to enter pool area. If the latch is less than sixty inches from the ground, the barrier must have an eighteen-inch radius of solid material around the latch (see figure 031.2) to preclude a child on the outside of the barrier from reaching through the gate or barrier and opening the latch and entering the pool; or
- (ii) A latch height of sixty inches or more from the ground.

(g) Restricted area service entrances are exempt from door or gate requirements provided that no public access is available.

(h) Lifeguarded pools are not required to have a self-closing, self-latching gate during the period a pool is in use. Facility gates shall be closed and locked during nonuse periods.

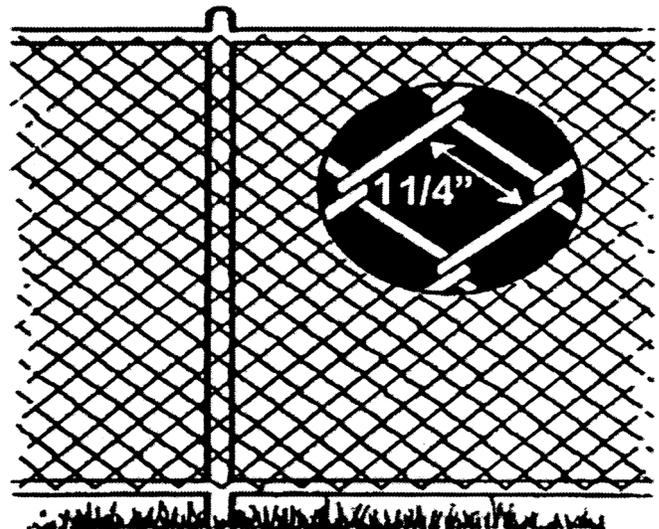
(i) Barrier heights are measured on the side outside the pool enclosure area. Owners shall ensure that surrounding ground levels, structures, or landscaping do not reduce the effective height of the barrier.

Figure 031.1

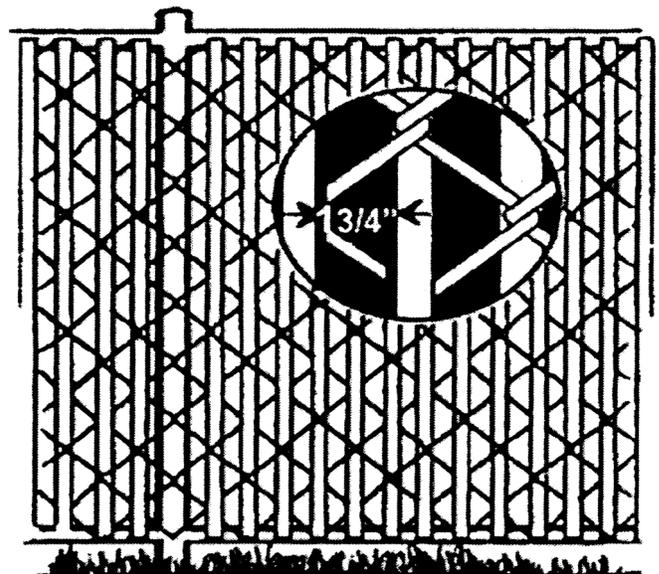
Barrier Construction Detail

(a). For a Chain Link Fence:

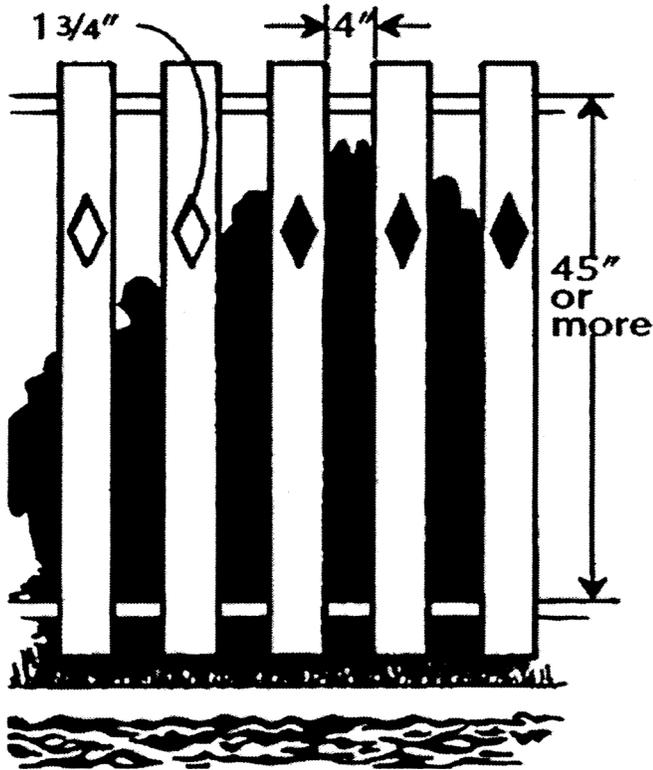
The mesh size shall not exceed 1 1/4 inches square.



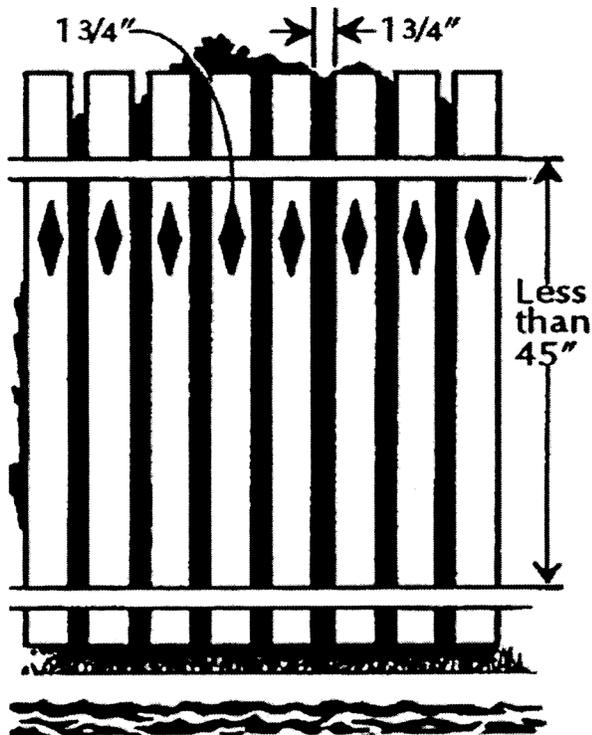
(b). When chain link exceeds 1 1/4 inches square, provide slats to reduce mesh openings to no more than 1 3/4 inches.



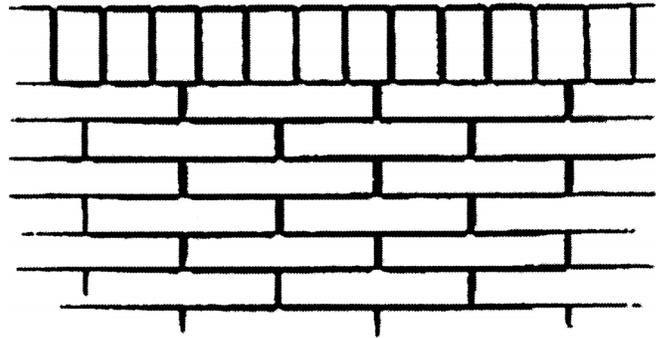
(c). **Vertical Spacing:** If tops of horizontal members are greater than 45 inches apart, vertical spacing shall not exceed 4 inches.



(d). **Vertical Spacing:** If tops of horizontal members are less than 45 inches apart, vertical spacing shall not exceed 1 3/4 inches.



(e). **Solid Barrier:** No indentations or protrusions shall be present, other than normal construction tolerances and masonry joints.



(f). **Maximum Clearance** shall not exceed 4 inches above grade.

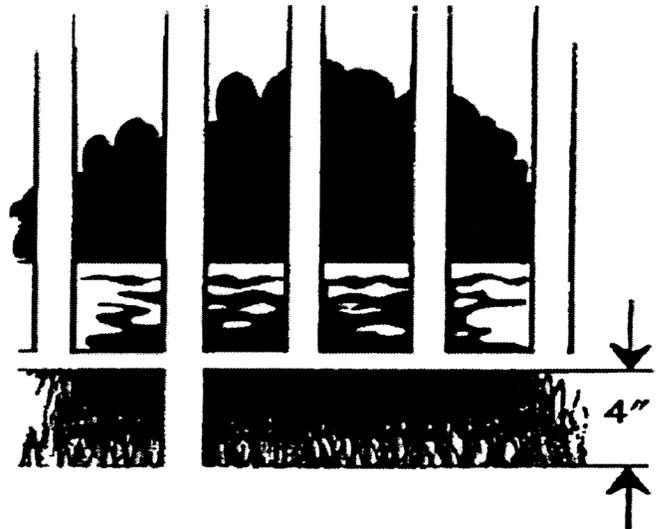
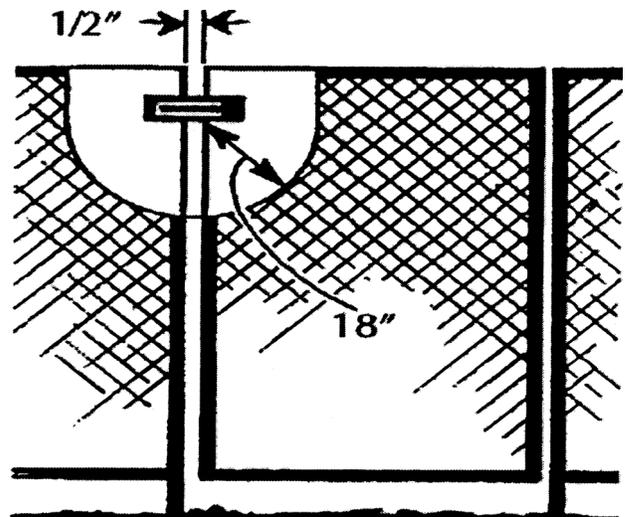


Figure 031.2 Gate and Latch Detail: When latch height is less than 60 inches from the ground, a continuously locked lock must be provided with an 18 inch radius of protection around the latch.



(5) **Barriers for existing facilities:** Before June 1, 2008, owners shall provide barriers for all pools conforming with subsection (4) of this section. Barrier modifications made prior to the compliance deadlines shall meet the requirements in subsection (4) of this section, at the time the modifications are made.

(6) **Pool surface:** Owners shall ensure pool surfaces are constructed and maintained to:

(a) Have white or light color finish;

(b) Not cause cutting, pinching, puncturing, entanglement, or abrasion hazard under casual contact; and

(c) Conform to ANSI/NSPI-1 2003 Standards for Public Swimming Pools or ANSI Standard NSPI-@-1999, American National Standard for Public Spas.

(7) **Inlets:** Owners shall provide pool inlets that are:

(a) Submerged;

(b) Located to produce uniform water and chemical circulation throughout the pool; and

(c) Located on the bottom of swimming and wading pools over twenty-five hundred square feet and spa pools greater than ten thousand gallons.

(8) **Outlets:**

(a) Except as provided in (f) and (g) of this subsection, owners shall provide pool outlets with:

(i) Overflow and main drain systems each designed to carry one hundred percent of the total recirculation filter flow;

(ii) Main drain piping systems designed to carry one hundred percent or more of total recirculation filter flow when a single pump is used or fifty percent or more of total recirculation filter flow when multiple pumps are used; and

(iii) Valving on main drain piping designed to provide required flow.

(b) Owners shall ensure that overflow outlets maintain a minimum of sixty percent of filter recirculation flow at all times.

(c) Overflow outlets must consist of an overflow channel on the perimeter of swimming pools twenty-five hundred square feet or more and spa pools ten thousand gallons or more, to promote uniform circulation and skimming action of the upper water layer with:

(i) A design preventing all matter entering the channel from returning to the pool;

(ii) Dimensions minimizing the hazard for bathers, such as catching arms or feet;

(iii) One one-hundredth of a foot slope per foot or more. However, adequate hydraulic justification from a designer to ensure the overflow system will meet (c)(v) of this subsection may be provided as an alternative;

(iv) Drains sufficiently spaced and sized to collect and remove overflow water to return line and filter, where applicable; and

(v) Size sufficient to carry one hundred percent of the recirculation flow plus the surge flow without flooding the overflow channel.

(d) Overflow outlets must consist of skimmers or overflow channels for pools less than twenty-five hundred square feet, or for spas under 10,000 gallons.

(i) Weirs provided in skimmers must have a normal operation flow rate of three to five gpm per inch of weir;

(ii) Skimmer equipment must be recessed in the pool wall so no part protrudes beyond the plane of the wall into the pool;

(iii) Skimmers must be equipped with a device, such as an equalizer line, to prevent air lock in the recirculation suction line. If equalizer lines are used, they must be protected with a suction outlet that conforms to the ASME A112.19.8 standard;

(iv) Skimmers must be equipped with a removable and cleanable screen designed to trap large solids;

(v) Skimmers shall operate continuously with a minimum displacement rate of fifteen gallons per bather in swimming pools, twenty gallons in spa pools, and seven gallons in wading pools.

(e) Main drains in all pools must:

(i) Be located at swimming and wading pool low points;

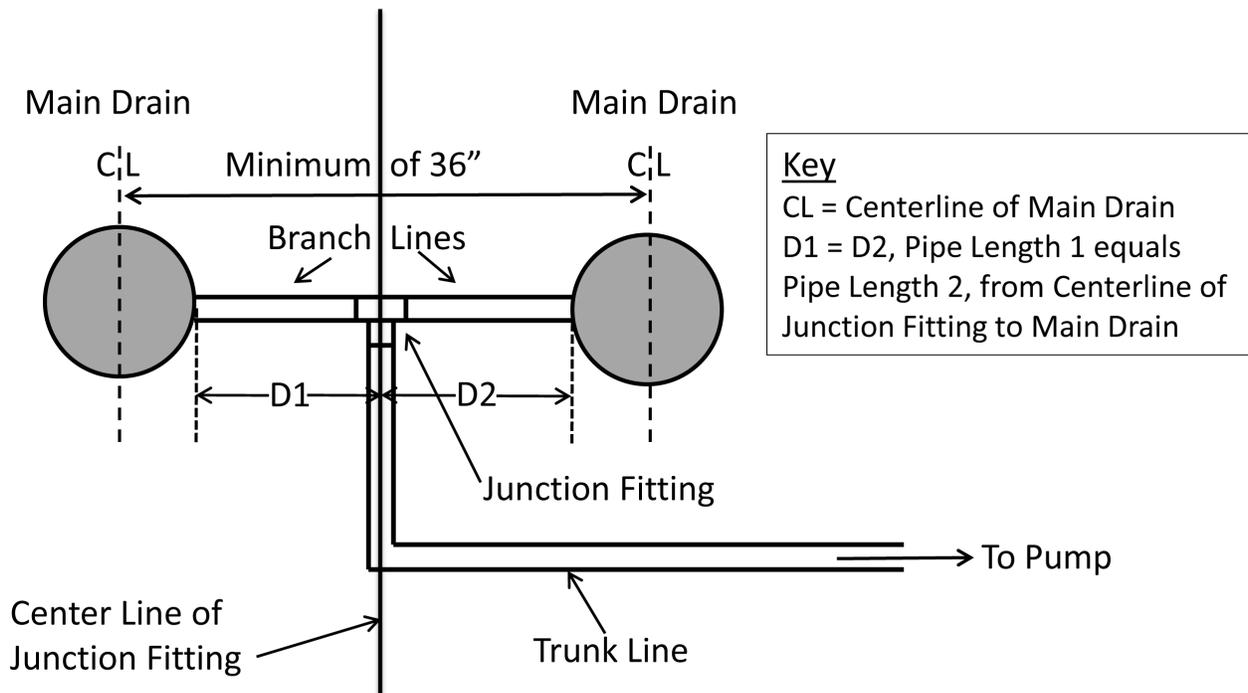
(ii) Have piping designed so velocity in piping assuming one hundred percent of the pump recirculation flow does not exceed six fps up to the main drain outlet box;

(iii) Have covers on main drains with maximum flow of one and one-half feet per second;

(iv) Consist of two or more main drains for any pumped water recirculating system designed;

(A) Piping must be manifolded with junction fittings placed in the middle of branch line piping between main drains, so that the length of branch line piping is equal on each side of the junction fitting (see Figure 031.3);

Figure 031.3
Main Drain Branch Line Piping Detail



(B) Main drains must be spaced at least three feet apart, measured between the centers of the drain covers;

(C) Main drains must conform to the ASME A112.19.8 standard;

(D) Multiple main drains must be designed so that if one main drain becomes blocked, the remaining main drains are rated to at least one hundred percent of the maximum pump flow; see Table 031.4.

Table 031.4
Main Drain Flow Rating Requirements

	Number of Main Drains Per Recirculation System			
	2	3	4	5
Main drain rated flow capacity must be at least equal to the percent of maximum pump flow indicated, depending on the number of main drains.	100%	50%	33.3%	25%

(f) Existing water recreation facilities may be modified to operate without main drains, provided that water quality and water clarity standards established in WAC 246-260-111 are met.

(g) New water recreation facilities may be constructed without main drains, provided that water quality and water clarity standards established in WAC 246-260-111 are met.

(9) **Pumps:** Owners shall provide and maintain recirculation pumps with adequate capacity to provide design flows for the entire operating and backwash cycles of the filter.

(10) **Strainers:** Owners shall provide hair and lint strainers for pumps that precede filters.

(11) **Pool appurtenances:**

(a) Owners shall ensure pools have:

(i) Handholds when the pool deck is greater than twelve inches above the water surface;

(ii) Stairs leading into spa pools;

(iii) Step risers on the exterior of the spa pool shall conform with UBC requirements for risers with nonslip tread finishes, when spas are elevated off the pool floor; and

(iv) Stairs, ladders, or stepholes for access at the shallow end of swimming pools.

(b) Owners shall ensure that stairs, when provided, meet the following construction requirements:

(i) Nonslip tread finish;

(ii) Contrasting color stair tread edges;

(iii) Placement recessed into the side of pools specifically designed for lap or competitive swimming;

(iv) Handrail having leading edges less than eighteen inches beyond and less than eight inches inside (horizontally) the vertical plane of the bottom riser;

(v) Each riser tread shall have a minimum unobstructed, tread depth of ten inches and minimum surface area each of two hundred forty inches;

(vi) Uniform riser heights of seven and one-half inches or less on general use swim pools fifteen hundred square feet or more and spa pools greater than forty feet in perimeter, except the bottom riser may be less than the uniform height; and

(vii) Uniform riser heights of ten inches or less for all other pools, except the bottom riser may be plus or minus two inches of the uniform height.

(c) Ladders or stepholes at swimming pools shall be:

- (i) Spaced at a minimum of one for every seventy-five feet of swimming pool perimeter deeper than four feet;
- (ii) Provided at both sides of the deep end of swim pools over thirty feet in width; and
- (iii) Equipped with handrails.

(12) **Valves:** Owners shall provide valves to allow isolation and maintenance of equipment.

(13) **Balancing tanks:** Owners shall provide balancing tanks for pools designed with overflow channels. Balancing tanks must be of adequate size to prevent air lock in the pump suction line and have sufficient capacity to prevent flooding of the overflow channel.

(14) **Equipment and chemical storage rooms:** Owners shall provide enclosed, locked, lighted, vented rooms for mechanical equipment, with floors sloped to a floor drain and minimum access area three feet wide around equipment. Owners shall provide a separate chemical storage area or room that conforms to manufacturer's requirements for each chemical used in the pool area.

(15) **Make-up water:** Owners shall ensure an adequate supply of make-up water with associated piping, for each pool:

- (a) Sufficient to replace daily pool losses;
- (b) From a supply conforming to chapter 246-290 WAC;
- (c) Without cross connections; and
- (d) If using a pool fill spout, the spout may not project greater than one inch into the space above the water surface and shall be shielded so as not to create a deck hazard.

(16) **Filters:**

- (a) Owners shall equip pools with filtration equipment:
 - (i) Meeting the applicable standards of NSF (for commercial application) or equivalent;
 - (ii) With a rate of flow indicator and gauge(s) for monitoring backpressure on filter;
 - (iii) With a means of discharging filter backwash to waste with a sight glass in a manner not creating a cross connection or a public nuisance;
 - (iv) With a means to release air entering the filter tank for pressure filters.

(b) If cartridge filters are used, owners shall always possess an extra set of cartridges and may not use cartridge filters with bypass valves.

(17) **Disinfection equipment:**

- (a) Owners shall provide disinfection equipment:
 - (i) Providing a continuous and effective disinfectant residual;
 - (ii) Using a disinfectant with an easily monitored residual;
 - (iii) Having a design feed rate providing effective disinfection levels for peak demand conditions; and
 - (iv) Conforming to NSF standard 50 if disinfection chemical is other than gas chlorine.

(b) If disinfection equipment has adjustable output rate chemical feed of liquid solutions, the equipment shall:

- (i) Feed under positive pressure in the recirculation system;
- (ii) Provide a means for dosage adjustment; and
- (iii) If the disinfection equipment is above pool water surface level, have provisions to prevent disinfectant solution siphoning when equipment is turned off.

(c) Solid tablets or granules may not be placed in skimmer basket.

(d) Rooms holding chlorine gas equipment must:

- (i) Be above ground level;
- (ii) Be constructed so all openings or partitions with adjoining rooms are sealed;
- (iii) Be located with consideration of prevailing winds to dissipate leaked chlorine away from the pool facility;
- (iv) Have door(s) opening only outward to the out-of-doors; and
- (v) Have a sign on the door exterior reading **DANGER CHLORINE** in large enough letters to be read twenty-five feet away.

(e) Chlorine rooms must have mechanical exhausting ventilation that includes:

- (i) Air inlets located as far as possible from fan intakes to promote good air circulation patterns;
- (ii) A minimum of one air change per minute in the chlorine room when fan is operating;
- (iii) A remote switch outside the room or a door-activated switch to turn on fan before entering;
- (iv) Suction for fan near the floor;
- (v) Exhaust vents located to prevent chlorine contaminated air from being drawn into supply air; and
- (vi) Screened chlorinator vents.

(f) Gas chlorine systems must:

- (i) Be vacuum injection type, with vacuum-actuated cylinder regulators;
- (ii) Provide integral backflow and antisiphon protection at the injector;
- (iii) Have taring (net weight of cylinder gas) scales for determining chlorine weight; and
- (iv) Have a means for automatic shutoff when water flow is interrupted.

(g) A self-contained breathing apparatus designed for use in chlorine atmospheres caused by chlorine leaks must be available in an area accessible to the operator outside the chlorine room. The apparatus must be maintained in accordance with department of labor and industry standards. If procedures are established for immediate evacuation and the owner has a written agreement with emergency service fire districts or other approved organizations within the area for promptly responding to chlorine leaks, then breathing protection is not required at the pool facility.

(h) Chlorine gas cylinders must:

- (i) Be stored only in designated chlorine rooms;
- (ii) Have an approved valve-stem cylinder wrench on the valve stem to shut the system down in an emergency event;
- (iii) Be properly secured to prevent tipping;
- (iv) Be tagged to indicate cylinders are empty or full; and
- (v) Not exceed one hundred fifty pounds tare weight per cylinder.

(i) Owners shall ensure that chemical disinfectants are not hand-fed into pools actively in use. *Exception*, chemical disinfectants may be hand-fed on an emergency basis if no users are in the pool and the pool is tested to meet water quality standards before reentry.

(j) If ozone is provided as a supplemental disinfection process:

- (i) When ozone is produced by corona discharge method, the area where the ozone is produced shall meet the require-

ments of (e) of this subsection, unless field tests demonstrate no hazardous off-gassing of product;

(ii) When ozone is produced by ultraviolet light, it may be allowed in the mechanical room provided there are no levels of off-gassing exceeding 0.05 ppm;

(iii) Provide an ozone detector and alarm with corona discharge ozone generators;

(iv) Provide sufficient contact chambers to prevent excess levels of ozone from entering the pool water; and

(v) Testing equipment must be provided to monitor levels in the water and the atmosphere immediately above the water and the room where the ozone is produced.

(k) If copper or copper/silver is provided as a supplemental disinfection process:

(i) The output rate and method of controlling process levels into the pool facility must be provided;

(ii) The system shall not have a detrimental effect on maintaining proper turnover rates for the pool; and

(iii) Testing equipment provided to monitor levels of copper and silver in the pool water.

(18) **Chemical feeding equipment for pH control:** Owners shall provide chemical feed equipment for pH control, with a means of automatic shutoff if water flow is interrupted, for:

- (a) Swimming pools fifty thousand gallons or greater;
- (b) Spa pools ten thousand gallons or greater; and
- (c) All pools treated with caustic soda or carbon dioxide.

(19) **Ventilation:** Owners shall provide adequate ventilation (in conformance with ASHRAE standards for pools and decks) to maintain air quality and to prevent moisture buildup in indoor areas. Design considerations must include maintaining negative pressure in the pool and deck area; providing adequate total airflow for acceptable air distribution; and preventing short-circuiting of fresh air return to exhaust.

(20) **Locker room and dressing rooms:**

(a) Owners shall provide general use pool facilities with locker rooms and dressing rooms having:

(i) Separate facilities for each gender constructed to block line of sight into locker rooms;

(ii) Water impervious nonslip floors properly sloped to drains to prevent standing water;

(iii) Easily cleanable walls, lockers, and benches (if provided);

(iv) Junctions between walls and floors covered for ease of cleaning; and

(v) Properly anchored lockers, (if provided), to prevent tipping.

(b) Owners shall provide limited use pool facilities with locker or dressing rooms meeting the requirements of (a) of this subsection if the pool facilities are located more than one-quarter mile from any served living units.

(c) Owners shall provide general use recirculating spray pool facilities with locker or dressing rooms meeting the requirements of (a) of this subsection if the pool facilities are located indoors.

(21) **Restrooms, shower rooms, and plumbing fixtures:**

(a) Owners shall provide general use pool facilities with restroom and shower room facilities having plumbing fixture types and numbers as described in Table 031.5 of this section (swim and wading pool bathing loads and spa bather capacity

are additive for determining total bather load). The pool facility design shall provide users easy access to restroom and shower facilities with minimum nonuser cross traffic.

(b) Owners shall provide general use pool facilities with:

(i) Hose bibs with vacuum breakers around pool decks at a maximum spacing of one hundred fifty feet; accessible to each locker room; and within equipment room at facilities fifteen hundred square feet or more;

(ii) A janitor's sink at indoor facilities with a pool of fifteen hundred square feet or more; and

(iii) An operable drinking fountain conforming to ASA requirements at facilities with a pool fifteen hundred square feet or more.

(c) Owners shall provide limited use pool facilities with:

(i) Restroom and shower room facilities having plumbing fixture types and numbers as described in Table 031.5 of this section, if bathing load exceeds eighty persons;

(ii) Restroom and shower room facilities having plumbing fixture types and numbers as described in Table 031.6 of this section, if bathing load is eighty persons or less;

(iii) Hose bibs around pool decks at a maximum spacing of one hundred fifty feet;

(iv) A hose bib accessible to each locker room; and

(v) A hose bib within each equipment room at facilities with a pool of fifteen hundred square feet or more.

Table 031.5

Restroom Minimum Requirements* for General Use Pools
(Includes swimming, spa, and wading pools**)

Amount of Fixtures Required for Occupancy Load by Sex		
TYPE OF FIXTURES	MALE	FEMALE
Toilets up to 120	1/60	1/40
From 121-360	1/80	1/60
Over 360 add	1/150	1/100
Urinal up to 120	1/60	N/A
From 121-360	1/80	N/A
From 360 add	1/150	N/A
Showers up to 120	1/40	1/40
From 121-360	1/60	1/60
Over 360 add	1/100	1/100
Sinks up to 200	1/100	1/100
From 201-400	1/200	1/200
Over 400 add	1/400	1/400
Diaper changing station	1	1

* If sufficient supporting documentation is provided, restroom fixture numbers may be adjusted between the genders based on proposed use of the facility. (E.g., if the designer has experience and justification based on similar type facilities indicating that providing one additional shower for the women and one less for men would provide a sufficient number of fixtures to meet demands, this may be allowed.)

** If a general use spa or wading pool is the only pool at the facility, then a minimum of only one toilet, shower, and sink is required for each gender.

Table 031.6
Restroom Minimum Requirements for Limited Use Pools
(Includes swimming, spa, and wading pools.)

POOLS WITH:	TOILETS	SHOWERS	SINKS	DRESSING ROOMS	DIAPER CHANGING STATION
Living units*within 100 feet and less than three stories	-	-	-	-	-
Living units > 100 feet but < 500 feet and less than 3 stories	1	1**	1	-	1
Living units within 1/4 mile and/or with three or more stories	1	1	1	-	1
Living units greater than 1/4 mile	1(M) 1(F)	1(M) 1(F)	1(M) 1(F)	1(M) 1(F)	1(M) 1(F)

* "Living units" means all the units the facility serves.

** A shower is required only if a spa is present.

(d) Owners shall provide general use recirculating spray pool facilities with:

(i) Separate restroom facilities for each sex containing at least one toilet and handwashing sink;

(ii) Hose bibs around pool decks at a maximum spacing of one hundred fifty feet; and

(iii) Additional plumbing fixtures, if indoors, conforming to the requirements for general use pools described in Table 031.5 of this section.

(e) Owners shall provide limited use recirculating spray pool facilities with:

(i) Hose bibs around pool decks at a maximum spacing of one hundred fifty feet; and

(ii) A restroom facility containing at least one toilet and one handwashing sink, if living units served are farther than one hundred feet away from the main pool.

(f) Restroom facilities must be located convenient to, and no further than one hundred feet away from, the main pool. They must have flush toilets provided with toilet tissue in dispensers and handwashing sinks including:

(i) Hot and cold or tempered water delivered through a mixing faucet with a maximum temperature of one hundred twenty degrees Fahrenheit;

(ii) Single service soap in a nonglass dispenser;

(iii) Single service towels or electric hand dryer; and

(iv) A minimum running water cycle of at least ten seconds if the faucets have self-closing valves.

(g) Shower facilities must be located convenient to, and no more than one hundred feet away from, the main pool. The facilities must have:

(i) A design allowing a full-body shower in the nude;

(ii) A design providing an enclosure confining water to the shower area;

(iii) Non-slip floor impervious to water with sufficient drains to prevent water from standing within the shower areas;

(iv) Running water delivered at a temperature between ninety degrees and one hundred twenty degrees Fahrenheit;

(v) Single service soap in a nonglass dispenser; and

(vi) Wall surfaces impervious to water up to shower head height.

(h) If owners limit the number of bathers within their facility and post and enforce the maximum bather load, own-

ers may base the number of required plumbing fixtures on the posted maximum bather load.

(i) Owners shall dispose of all wastewater in a manner approved by the local health officer.

(22) **Diaper changing stations:** Owners shall provide a diaper changing station, including a handwashing sink conforming to the requirements in subsection (21)(f) of this section, accessible to all bathers, if children in diapers are allowed in the pool facility and the facility is:

(a) A general use pool facility; or

(b) A limited use pool facility located more than one hundred feet away from living units served.

(23) **Lighting:** Owners shall design and maintain pool facility lighting to a minimum level as described in Table 031.7. Sufficient overhead and underwater lighting shall be maintained to clearly see the bottom of the pool at all times pool is in use. Owners shall provide protective shielding for all lighting fixtures above walking surfaces and pool areas.

Table 031.7*

Minimum Lighting Level Required at Water Recreation Facilities.

Location	Minimum Lighting Level
Indoor pool surface	30 foot candles
Outdoor pool surface*	10 foot candles
Pool Decks	10 foot candles
Locker rooms and mechanical rooms	20 foot candles

* Outdoor pool facilities, which are used in daylight hours only (before dusk) are not required to meet this standard.

(24) **Flow-through pools:** Flow-through pools may qualify for exceptions to recirculation if:

(a) Water supply is sufficient to provide the same turn-over period specified for recirculation pools;

(b) The source water supply meets acceptable quality requirements and is subject to a disinfection method as described under WAC 246-260-111(3);

(c) The introduction of fresh treated pool water is accomplished by the same type of inlet and outlet design required for recirculation pools; and

(d) The pool water quality complies with WAC 246-260-111.

[Statutory Authority: RCW 70.90.120, 10-20-131, § 246-260-031, filed 10/5/10, effective 11/5/10; 05-09-004, § 246-260-031, filed 4/7/05, effective 5/8/05. Statutory Authority: Chapters 70.90 and 43.20 RCW. 04-18-096, § 246-260-031, filed 9/1/04, effective 10/31/04.]

WAC 246-260-061 Special design and construction provisions for hotels and motels (transient accommodations) serving fewer than fifteen living units and for spas in individual hotel/motel rooms. (1) Owners are exempt from the requirements for design, construction, and equipment in WAC 246-260-031 and 246-260-051 for spa pools at limited use facilities serving less than fifteen living units, except for requirements listed in this section. Owners shall also ensure that chemicals are stored in a manner to minimize safety risks.

(2) The requirements in WAC 246-260-031 (1), (2), (3), (4), (5), (6), (8)(a) and (b), (d)(iii) and (v), (e) and (f), (9), (10), (15), (16), (17), and Table 031.6 apply to prefabricated spa pools at limited use facilities serving less than fifteen living units.

(3) The requirements in WAC 246-260-051 (2)(b), (d), (e), (4), (5)(b), (c), and (e) apply to prefabricated spa pools at limited use facilities serving less than fifteen living units.

(4) Spa pools that are drained, cleaned and refilled between patron use in individual hotel/motel rooms are exempt from these requirements. Spas that are not drained, cleaned and refilled between use shall at least:

(a) Conform with WAC 246-260-031(4) on barriers beyond the room itself, such that the guest room plus any associated lanai or deck may be considered an enclosure unit.

(b) Conform with WAC 246-260-031(17) on disinfection equipment and conform with water quality requirements of WAC 246-260-111 for disinfection and pH.

[Statutory Authority: RCW 70.90.120, 10-20-131, § 246-260-061, filed 10/5/10, effective 11/5/10; 05-09-004, § 246-260-061, filed 4/7/05, effective 5/8/05. Statutory Authority: Chapters 70.90 and 43.20 RCW. 04-18-096, § 246-260-061, filed 9/1/04, effective 10/31/04.]

WAC 246-260-081 Spray pool design, construction, and equipment. For more general design and construction requirements that pertain to all pools, see WAC 246-260-031.

(1) **Walking surface.** A minimum four-foot wide walking surface shall extend around the perimeter of a spray feature sufficient that the spray will not exceed the walkway area in normal conditions including light wind conditions.

(2) **Pool structure.** Owners shall ensure each spray pool has:

(a) Pool surfaces with nonslip finishes impervious to water;

(b) Uniform pool floor slopes not exceeding one foot of a slope for every twelve feet of horizontal floor length;

(c) A source of water for the spray feature from an approved potable water supply;

(d) Water drained to waste disposed in a manner approved by local authorities or the department after use in the spray pool, unless it is recirculated with approved treatment as described in WAC 246-260-031; and

(e) The entire volume of water circulated through an approved treatment system every thirty minutes or less if water is recirculated.

(3) **Inlets.** Owners shall ensure spray nozzles at each spray pool are designed and maintained to not inflict physical

damage to bathers. Design and construction shall include evaluation of forces of the spray nozzle including velocity, pressure and total force in proximity to bathers' eyes and other body orifices.

(4) Outlets.

(a) Owners shall ensure outlet drains are designed and maintained to provide sufficient capacity to prohibit water accumulation in each spray pool.

(b) Piping must be designed so velocity in piping assuming one hundred percent of the pump recirculation flow does not exceed six fps between the pump and the outlet drain.

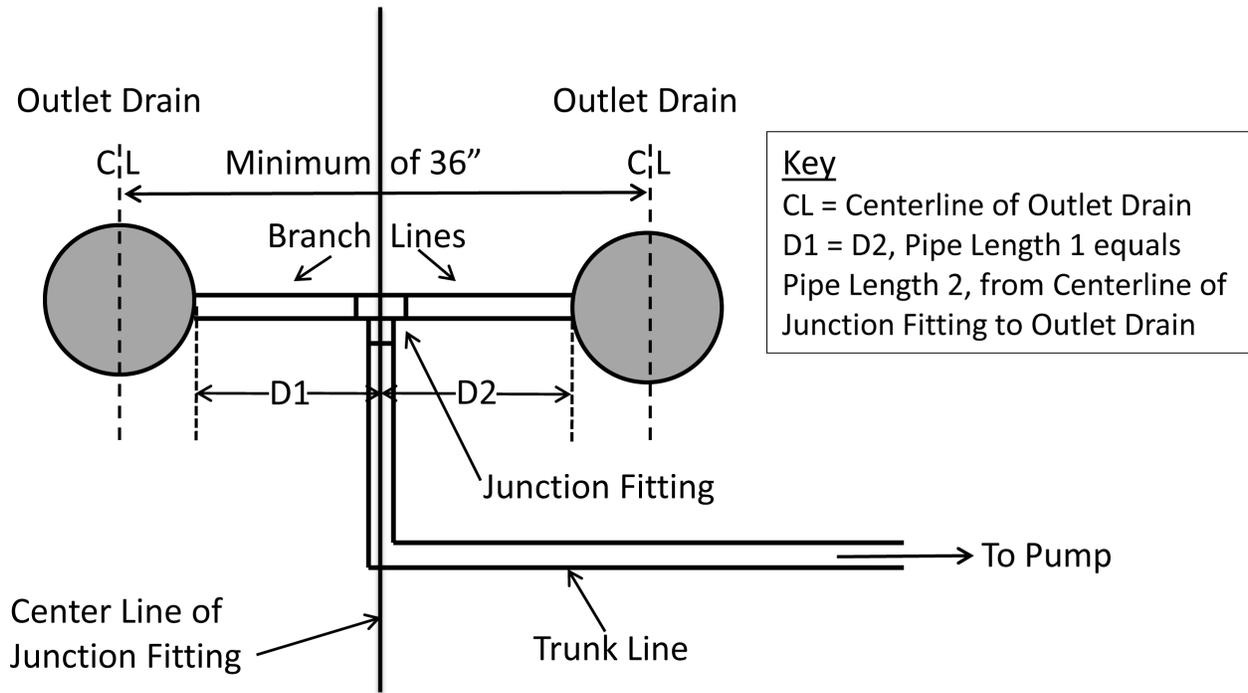
(c) Each spray pool must have two or more outlet drains that:

(i) Are located at the low point of the pool;

(ii) Are located at least three feet apart, measured between the centers of the drain covers; and

(iii) Are manifolded with junction fittings placed in the middle of branch line piping between outlet drains, so that the length of branch line piping is equal on each side of the junction fitting, see Figure 081.1;

Figure 081.1
Outlet Drain Branch Line Piping Detail



(iv) Have drain covers removable only with specific tools.

(d) Multiple outlet drains must be designed so that if one outlet drain becomes blocked, the remaining outlet drains are rated to at least one hundred percent of the maximum pump flow; see Table 081.1.

Table 081.1
Outlet Drain Flow Rating Requirements

	Number of Outlet Drains per Recirculation System			
	2	3	4	5
Outlet drain rated flow capacity must be at least equal to the percent of maximum pump flow indicated, depending on the number of outlet drains.	100%	50%	33.3%	25%

(e) Outlet drains that are accessible to pool users and submerged must:

- (i) Conform to the ASME A112.19.8 standard; and
- (ii) Have a maximum flow of one and one-half feet per second through the cover.

(f) Outlet drains that are accessible to pool users and not submerged must have:

- (i) Openings that prevent the passage of a sphere over one-half inch in diameter; and
 - (ii) Drain covers that withstand forces of users.
- (5) **Emergency equipment.** No later than June 1, 2008, owners of existing pools with single main drains shall install

emergency equipment to shut off all pumps hooked to the recirculation lines for the pools. This emergency equipment must be placed within twenty feet of the pool and marked with an emergency shutoff sign. The shutoff switch must include an audible alarm which can be heard by those in the area, or the switch must have an alarm that goes to a point where staff is always present during the periods the pool is open.

(a) Pools that include dual main drains meeting the requirements of this section, or other acceptable methods of providing equivalent protection to the emergency shutoff switch, are exempt from this requirement.

(b) The owner shall check the shutoff switch at least twice annually to determine it is properly operating.

(c) The department will develop a guidance document to aid owners and designers in potential options to the emergency shutoff switch and audible alarm.

[Statutory Authority: RCW 70.90.120, 10-20-131, § 246-260-081, filed 10/5/10, effective 11/5/10. Statutory Authority: Chapters 70.90 and 43.20 RCW, 04-18-096, § 246-260-081, filed 9/1/04, effective 10/31/04.]

Chapter 246-262 WAC

RECREATIONAL WATER CONTACT FACILITIES

WAC

- 246-262-010 Definitions.
- 246-262-060 General design, construction, and equipment.
- 246-262-070 Specific design, construction, and equipment.

WAC 246-262-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Advanced first aid" means a course of instruction recognized by the American Red Cross, department of labor and industries, the U.S. Bureau of Mines, or fire services training program.

(2) "ANSI" means American National Standard Institute.

(3) "Anti-entrapment system" means a device or system designed to prevent entrapment by pool or spa single main drains or single equalizer line outlets, including:

(a) Safety vacuum release system (SVRS) that ceases operation of the pump, reverses the circulation flow, or otherwise provides a vacuum release at a suction outlet when a blockage is detected, that has been tested by an independent third party and found to conform to ASME/ANSI standard A112.19.17 or ASTM standard F2387;

(b) Suction limiting vent system with a tamper-resistant atmospheric opening;

(c) Gravity drainage system that utilizes a collector or balancing tank; and

(d) Drain disablement that eliminates the use of suction outlets.

(4) "Approved" means the department or local health officer has stated in writing that the design plans and specifications are in accordance with chapter 246-262 WAC.

(5) "ARC" means American Red Cross.

(6) "Architect" means a registered architect currently licensed under chapter 18.08 RCW in Washington state.

(7) "ASME" means the American Society of Mechanical Engineers;

(8) "ASME A112.19.8 standard" means the ASME A112.19.8-2007 Suction Fittings for Use in Swimming Pools, Wading Pools, Spas, and Hot Tubs standard and the ASME A112.19.8a-2008 Addenda and the ASME A112.19.8b-2009 Addenda.

(9) "ASTM" means American Society for Testing Material.

(10) "Attendant" means a person trained to operate an attraction and control the users in a safe orderly manner.

(11) "Attraction or ride" means any of the specific types of recreational facilities involving partial or total immersion or intentional contact with the water designated for public recreational use.

(12) "Biomechanics" means the study of the human body as a system operating under the laws of Newtonian mechanics and the biological laws of life.

(13) "Board" means the state board of health.

(14) "Boogie or mini-surf board" means any semirigid device used in a wave pool for flotation or as a riding device.

(15) "Branch line" means suction piping between a junction fitting and a suction outlet.

(16) "Centerline" means the path defined by geometric midpoints of a component or structure, generally used in consideration of the slide path in flume rides.

(17) "CNCA" means Council for National Cooperation in Aquatics.

(18) "Communication system" means any combination of devices permitting the passage of or exchange of messages between park operating personnel and between operating personnel and users. Systems can include, but are not limited to, two-way radios, hardwired intercoms, horns, whistles, hand signals, direct voice, signs, or equivalent.

(19) "Contaminant" means any physical, chemical or biological substance present in the RWCF water which may adversely affect the health or safety of the user and/or the quality of the water.

(20) "Cross-connection" means any physical arrangement connecting:

(a) A potable water system directly or indirectly, with anything other than another potable water system; or

(b) A RWCF to any potable or nonpotable water source capable of contaminating either the RWCF or potable water source as a result of backflow.

(21) "Department" means the department of health.

(22) "Discharge section" means the component or components making up the exit of the water slide, water tube, inner tube ride, speed slide, ramp slide, drop slide or drop tube, or kiddie flume. These components are the elements controlling the final direction and speed of the user.

(23) "Diving envelope" means the minimum dimensions of an area within the pool necessary to provide entry from a diving board, platform, or attraction segment where users enter above pool water level.

(24) "Drop slide or drop tube ride" means a sloped trough, chute, or tube exiting the user above the pool operating water level.

(25) "Engineer" means a registered professional engineer currently licensed under chapter 18.43 RCW in Washington state.

(26) "Entry access points" means the areas where users enter an attraction.

(27) "Entry rate" means the frequency at which users are permitted access to the attraction.

(28) "Equalizer line outlet" means a suction outlet located on the pool wall below the waterline and connected by pipe to the body of a skimmer to prevent air from being drawn into the pump if the water level drops below the skimmer weir.

(29) "Ergonomics" means a multidisciplinary activity dealing with the interactions between humans and their environment plus the traditional environmental elements atmosphere, heat, light, and sound, as well as objects with which the user comes in contact.

(30) "FINA" means Federation Internationale de Natation Amaueur [Amateur].

(31) "Flume or tube entry" means the area at which users enter a water slide, water tube, inner tube ride, speed slide, drop slide, drop tube, or kiddie flume.

(32) "fps" means feet per second.

(33) "gpm" means gallons per minute.

(34) "IAAPA" means International Association of Amusement Parks and Attractions.

(35) "Injury or illness report" means the written record of all facts regarding an injury or illness associated with the RWCF.

(36) "Inner tube ride" means an attraction where users ride inner tube-like devices through a series of chutes, channels, flumes, and pools.

(37) "Innovative recreational water contact facility" means any type of RWCF currently unregulated.

(38) "Intermediate pool" means any pool between the entry and exit pools in attraction using a series of pools.

(39) "Junction fitting" means a pipe fitting in the shape of a "T" or a "Y" used to connect suction outlets to a pump or a balancing tank, and provides two branch line connections and one trunk line connection.

(40) "Kiddie flume or tube attraction" means a flume, chute, or tube designated for and restricted to use by small children.

(41) "Lifeguard" means an individual currently certified by red cross in advance lifesaving or lifeguard training, or YMCA senior lifesaver, or equivalent certification through the royal Canadian lifeguard services.

(42) "Lifeguard station" means the designated work station of the lifeguard.

(43) "Local health officer" means the health office of the city, county, or city-county department or district or a representative authorized by the local health officer.

(44) "Main drain" means a submerged suction outlet for transferring water from a recreational water contact facility.

(45) "mg/l" means milligrams per liter.

(46) "Multiactivity pool" means a pool with more than one type of attraction (i.e., an adult activity pool with a series of tubes, chutes, cable rides, etc., intended for use by individuals with specific swimming abilities).

(47) "NSF" means National Sanitation Foundation.

(48) "NSPI" means National Spa and Pool Institute.

(49) "Operating levels" means water levels maintained within attractions during use for proper operation of facility and for controlling safety and sanitation.

(50) "Operations" means all aspects of a RWCF, which must be controlled to make the facility safe, healthy, and usable for the purpose intended.

(51) "Owner" means a person owning and responsible for a RWCF or authorized agent.

(52) "Person" means an individual, firm, partnership, co-partnership, corporation, company, association, club, government entity, or organization of any kind.

(53) "Ponding" means a condition where water fails to drain from walking surfaces.

(54) "ppm" means parts per million.

(55) "Primary zone of visual coverage" means the area assigned to a lifeguard or attendant for primary visual surveillance of user activity.

(56) "Radius of curvature" means the radius arc which denotes the curved surface from the point of departure from the vertical sidewall (springline) of the pool to the pool bottom.

(57) "Ramp slide" means a slide allowing one or more users to slide in unison down a straight incline to a runout or a receiving pool.

(58) "Recirculation filter water" means water which is recirculated by the RWCF for treatment purposes, i.e., filtration and disinfection.

(59) "Response time" means elapsed time between bather distress and initiation of rescue assistance by a lifeguard (or attendant where applicable).

(60) "RWCF" means recreational water contact facility which is an artificial water associated facility with design and operational features that provide patron recreational activity which is different from that associated with a conventional swimming pool and purposefully involves immersion of the

body partially or totally in the water and includes, but is not limited to, water slides, wave pools, and water lagoons.

(61) "Secretary" means the secretary of the department of health.

(62) "Serious injury" means any injury requiring admission to a hospital.

(63) "Speed slide or speed tube" means a sloped trough, flume, tube, or roller track having long straight and/or steep drops where users sustain speeds of twenty miles per hour or more.

(64) "Springline" means the point from which the pool wall breaks from vertical and begins its arc in the radius of curvature (for coved construction) to the bottom of the pool.

(65) "Suction outlet" means a fitting; fitting assembly and related components, including the sump or bulkhead fitting, cover, and hardware that provides a localized low pressure area for the transfer of water from a recreational water contact facility. Types of suction outlets include main drains and equalizer line outlets.

(66) "Surfboard" means a rigid device used in a wave pool for riding.

(67) "Tail coverage" means providing insurance coverage for a given period of time for discovery of claims made after the policy term for "claims made" type of insurance.

(68) "Total turnover" means the time it takes for the pool attraction water volume to be recirculated as a sum of the flows from treatment turnover and attraction recirculation systems turnover.

(69) "Treatment turnover" means the minimum time necessary to circulate the entire attraction water volume through the recirculation filter system.

(70) "Trunk line" means suction piping between a junction fitting and a pump or a balancing tank.

(71) "T.U." means turbidity unit as measured by the nephelometric method.

(72) "Wading activity pool" means a pool or area less than twenty-four inches in total water depth with activities intended for younger children.

(73) "Walking surface" means any direct access surface to the attractions or change rooms where the user will be in bare feet. Areas set aside for picnicking, sunbathing, and lounging are excluded.

(74) "Water slide or water tube" means a sloped trough-like flume or tube structure of varying slope and direction using water as a lubricant and/or method of regulating the rider speed.

(75) "Water treatment operator" means the person appointed to operate the mechanical equipment and perform related water quality monitoring for proper operation of the physical facility.

(76) "Wave pool" means a recreational pool producing waves which usually begin at the deep end and proceed toward and dissipate at the shallow end.

(77) "WWA" means World Waterpark Association.

[Statutory Authority: RCW 70.90.120. 10-20-131, § 246-262-010, filed 10/5/10, effective 11/5/10; 92-02-020 (Order 226B), § 246-262-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-262-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-020, filed 6/22/88.]

WAC 246-262-060 General design, construction, and equipment. (1) Owners shall locate RWCFs to:

(a) Minimize pollution by dust, smoke, soot, and other undesirable substances;

(b) Eliminate pollution from surrounding surface drainage; and

(c) Ensure pools within the RWCF are more than fifteen feet from any structure, object, or land formation (i.e., pump-house, tree, etc.), which would provide a user with the opportunity to jump from such a structure into the pool. This does not include any barriers provided to prevent unauthorized access to pool or segments of attractions which enter pool.

(2) Owners shall use only materials in the structure and equipment which are nontoxic, durable, inert, impervious to water, and easily cleaned.

(3) Owners shall design and maintain walking surfaces which are:

(a) Sloped a minimum one-fourth inch per foot;

(b) Of a nonslip finish;

(c) Equipped with sufficient drains to prevent standing water;

(d) Free of resilient coverings, e.g., carpeting; and

(e) At least four feet in width.

(4) Owners shall provide adequate barrier protection to prevent unauthorized access including:

(a) In outdoor facilities, a barrier six feet or more in height with:

(i) Openings, holes, or gaps not to exceed four inches except openings protected by gates or doors; and

(ii) Lockable gates and entrances either regulated during periods of use or provided with a self-closing, self-latching mechanism a minimum of forty-two inches from the ground.

(b) In indoor facilities, suitable barriers to prevent access by unauthorized individuals or pool access by unattended small children.

(5) Owners shall ensure that pools:

(a) Comply with all provisions of chapter 246-260 WAC where pool facilities are a separate attraction;

(b) Have surfaces with:

(i) Materials complying with subsection (2) of this section;

(ii) Watertight and nonabrasive construction;

(iii) Nonslip finish where users are walking; and

(iv) White or light color finish not obscuring the view of objects or surfaces.

(c) Are dimensionally designed to provide for the safety of the user and circulation of the water including, but not limited to:

(i) Absence of protrusions, extensions, means of entanglement, or other obstruction which can cause entrapment or injury;

(ii) Construction tolerances conforming with current ANSI public pool standards;

(iii) Uniform pool floor slopes as follows:

(A) Not exceeding one foot of drop in seven feet of run for pools serving as landing or exiting pools, where total water depth is less than forty-eight inches; and

(B) Providing a maximum slope of one foot of drop in twelve feet of run up to a depth of five and one-half feet in pools where users enter and participate in extended activities.

(iv) Vertical walls for a minimum distance noted in Table 4 of this section, which may be curved (not to exceed allowable radius) to join the floor.

(A) Vertical means walls not greater than eleven degrees from plumb.

(B) Coving or portion of the side wall of a diving area in the pool shall conform as described in subsection (5)(c)(vi) of this section.

(C) In new construction or alterations to existing construction, ledges are prohibited.

(D) Requirements in subsection (5)(c) of this section do not apply to spas.

(v) A maximum intrusion beyond the vertical (as defined in subsection (5)(c)(iv)(A) of this section) with any configuration not to exceed a transitional radius from wall to floor where floor slopes join walls and which:

(A) Has its center of radius no less than the minimum vertical depth specified in Table 4 of this section below the water level;

(B) Has arc of radius tangent to the wall; and

(C) Has a maximum radius of coving (or any intrusion into the pool wall/floor interface) determined by subtracting the vertical wall depth from the total pool depth.

TABLE 4
MAXIMUM RADIUS COVING OR POOL INTRUSION
DIMENSIONS BETWEEN POOL FLOOR AND WALL*

Pool Depth	2'0"	2'6"	3'0"	3'6"	4'0"	4'6"	5'0"	>5'0"
Minimum Slide Wall Vertical Depth	1'6"	1'10"	2'2"	2'6"	2'10"	3'2"	3'6"	>3'6"
Maximum Radius of Curvature	6"	8"	10"	12"	1'2"	1'4"	1'6"	**Maximum radius equals pool depth minus the vertical wall depth

Note: * For pool depths which fall between the depths listed, values can be interpolated.

** Radius of coving cannot intrude into pool within diving envelope or deep water entry area for attractions entering above pool water level.

(vi) Provision of diving envelopes in pools or areas of pools designated for diving activities to include:

(A) A diving envelope of no less than the CNCA standard configuration* noted in Figure 1 of this section in areas where user would enter from deck level, diving board, or platform at a height of less than one-half meter (twenty inches).

Note: * This requirement is based on a standard described in CNCA publication "Swimming Pools: a Guide to their Planning, Design, and Operation" 1987. Fourth edition. Human Kinetics Publisher, Inc., Champaign, Illinois. Figure 8.1

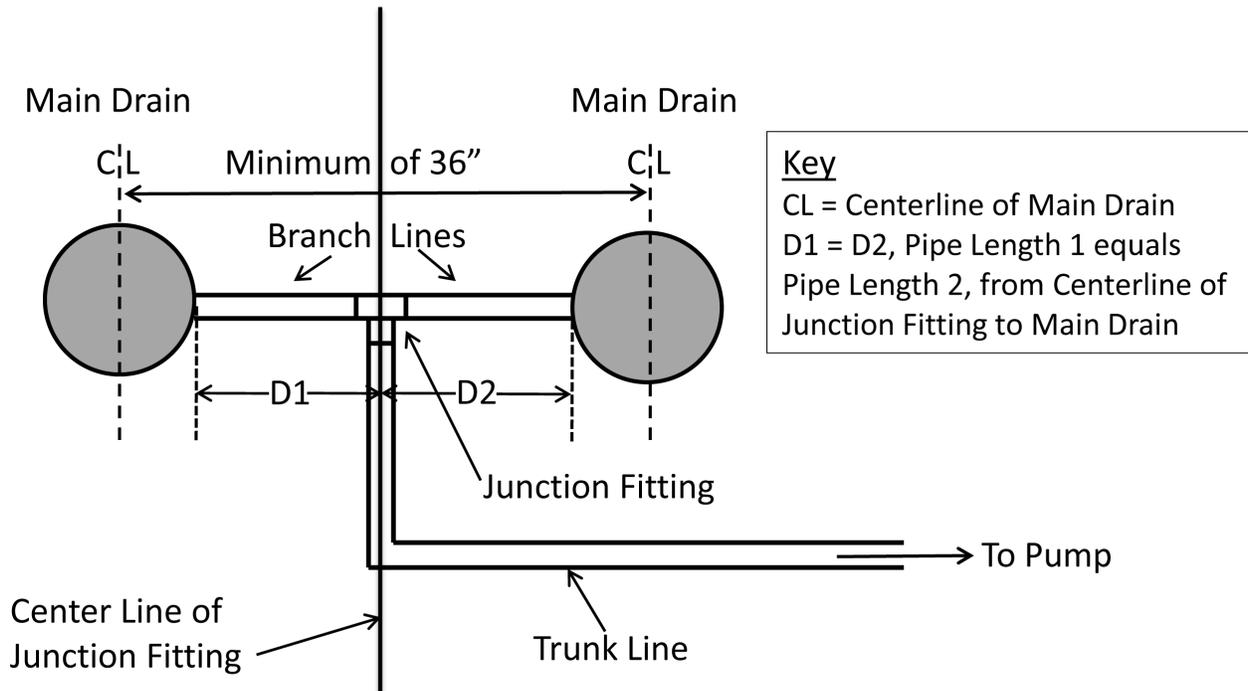
FIGURE 1:

Minimum dimensions for pools with provision for diving from deck level or providing boards or platforms at a height less than one-half meter.

- (A) Treads of a nonslip finish;
- (B) Stair tread edges colored to contrast with the color of the pool and clearly visible to the users;
- (C) Recessed in pool areas used for lap swimming or provided with wave action; and
- (D) Equipped with handrails extending over the edge of the deck.
 - (ii) Ladders or stepholes which:
 - (A) Furnish exit from pools greater than four feet in depth except in landing pools bringing the user toward a shallow area after entering the water;
 - (B) Are spaced a minimum of one for every fifty feet of pool perimeter greater than four feet deep;
 - (C) Are provided at both sides of the deep end in pools over thirty feet in width; and
 - (D) Are equipped with a handrail at the top of both sides extending over the coping or edge of the deck.
 - (iii) User access at the shallow end of pool.
- (6) Owners shall ensure treatment turnover at rates no less than designated as follows:
 - (a) In receiving pools for water slides, water tubes, inner tube rides, speed slides or tubes, drop slides or tubes, and kiddie flume slides, treatment turnover time can be based on any of the following:
 - (i) Total attraction volume in one-hour period;
 - (ii) Treatment turnover equals design peak usage (maximum users per hour) expressed in gpm;
 - (iii) A rate of one hour for 20,000 gallons per two or less attraction segments. Treatment turnover times may increase proportionately for larger pool volumes per two or less attraction segments;
 - (iv) Alternative methods where provisions to reduce contaminants are justified to the satisfaction of the department or local health officer; and
 - (v) Treatment turnover times not to exceed six hours.
 - (b) For wave pools, a minimum treatment turnover time of two hours; and
 - (c) For activity pools, a minimum treatment turnover time of four hours.
- (7) Owners shall provide pool inlets which are:
 - (a) Submerged and located to produce uniform circulation of water and chemicals throughout the pool; and
 - (b) Located on the bottoms of pools greater than two thousand five hundred square feet, unless otherwise justified by the engineer to the satisfaction of the department or local health officer.
- (8) Except as provided in (d) and (e) of this subsection owners shall provide pool outlets with:
 - (a) Overflow and main drain systems with each designed to carry one hundred percent of total recirculation filter flow;
 - (b) Overflow outlets that have:
 - (i) Design to maintain a minimum of sixty percent of filter recirculation flow at all times;
 - (ii) An overflow channel on the pool perimeter to promote uniform circulation and skimming action of the upper water layer for pools greater than twenty-five hundred square feet, with:
 - (A) Design preventing matter entering channel from returning to the pool;
 - (B) Dimensions minimizing the hazard for bathers, such as catching arms or feet in an overflow channel;
 - (C) 0.01 foot slope per foot or more;
 - (D) Drains sufficiently spaced and sized to collect and remove overflow water to return line to filter where applicable;
 - (E) Size sufficient to carry one hundred percent of the recirculation flow plus the surge flow equivalent to one-fifth of the balancing tank expressed in gallons per minute.
 - (iii) Skimmers, when used on pools up to twenty-five hundred square feet, if:
 - (A) Demonstrated to operate properly under design conditions;
 - (B) Turbulence is not expected to interfere with operation;
 - (C) Maximum flow rate through skimmers does not exceed four gpm per inch of weir;
 - (D) Devices are recessed in the wall of the pool so that no part protrudes beyond the plane of the wall into the pool;
 - (E) The skimmer is equipped with a device to prevent air lock in the recirculation suction line (i.e., an equalizer line). If equalizer lines are used they must be protected with suction outlets that conform to the ASME A112.19.8 standard; and
 - (F) The skimmer is equipped with a removable and cleanable screen designed to trap large solids.
 - (iv) Sidewall channels, when used on pools up to twenty-five hundred square feet, which accept the total recirculation volume of the pool through the upper side of the pool if:
 - (A) Overall flow through the channel exceeds four times the treatment recirculation rate;
 - (B) Design of channel prevents entrapment of the user;
 - (C) Openings of any screens have less than one-half inch slots;
 - (D) Channel openings do not allow access beyond the pool, except with the use of specific tools requiring their opening;
 - (E) Open area of screens prevent a suction or entrapment hazard which could be dangerous to the user; and
 - (F) The channel provides an action pulling water from the top of the pool to remove floatable debris and oils.
- (c) Main drains in all pools must:
 - (i) Be located at the low points of the pool;
 - (ii) Have piping that is manifolded with junction fittings placed in the middle of branch line piping between main drains, so that the length of branch line piping is equal on each side of the junction fitting; see Figure 3

FIGURE 3:

Main Drain Branch Line Piping Detail.



- (iii) Have a minimum of two main drains spaced at least three feet apart, measured between the centers of the drain covers;
- (iv) Conform to the ASME A112.19.8 standard;
- (v) Have covers with a maximum flow of 1.5 feet per second;
- (vi) Be designed so that if one main drain becomes blocked, the remaining main drains are rated to at least one hundred percent of the maximum pump flow; see Table 5
- (vii) Have means to control flow from recirculation pump or balancing tank.

TABLE 5
MAIN DRAIN FLOW RATING REQUIREMENTS

	Number of Main Drains Per Recirculation System			
	2	3	4	5
Main drain rated flow capacity must be at least equal to the percent of maximum pump flow indicated, depending on the number of main drains.	100%	50%	33.3%	25%

- (d) Existing recreational water contact facilities may be modified to operate without main drains, provided that water quality and water clarity standards established in WAC 246-262-050 are met;
- (e) New recreational water contact facilities may be constructed without main drains, provided that water quality and water clarity standards established in WAC 246-262-050 are met.

- (9) Owners shall maintain recirculation flow which:
 - (a) Does not exceed six feet per second in suction or valved discharge side of pump; and
 - (b) Does not exceed ten feet per second in open discharge pipes on the pressure side of the pump or filter discharge. This limit does not apply to the return inlet and the last two feet of pipe leading to the inlet.
- (10) Owners shall provide a surge chamber or surge area in RWCFs with an entry pool to:
 - (a) Accommodate at least two minutes of the total turn-over; and
 - (b) Maintain proper water levels for treatment and operation of the attraction.
- (11) Owners having RWCFs with overflow channels requiring balancing tanks shall:
 - (a) Maintain volume equivalent to fifteen times maximum bathing load expressed in gallons; and
 - (b) Increase capacity as necessary to provide volume for make-up water and to prevent air lock in the pump suction line.
- (12) Owners shall have and maintain recirculation pumps with adequate capacity to:
 - (a) Provide design flows and pressure for recirculation of the RWCF water over the entire operating pressure of the filter;
 - (b) Allow proper capacity for backwashing of filters when specified; and
 - (c) Have self-priming capability when installed above the pool water level.
- (13) Where pumps precede the filter, owners shall install hair and lint strainers, which shall:
 - (a) Be located upstream of recirculation pumps;

- (b) Be of corrosion-resistant material sufficiently strong to prevent collapse when clogged;
- (c) Have an operable cover; and
- (d) Provide valving to isolate the strainer when located below pool water level.
- (14) Owners shall provide valves at appropriate locations to allow isolation and maintenance of equipment.
- (15) Owners shall provide equipment rooms which:
 - (a) Enclose pumps, disinfection equipment, filters, and other electrical and mechanical equipment and associated chemicals;
 - (b) Provide adequate working space and access to perform routine operations;
 - (c) Provide lighting and ventilation of the equipment room; and
 - (d) Are not accessible to the public.
- (16) Owners shall ensure the source of make-up water and associated piping in the RWCF:
 - (a) Provides sufficient quantity to replace daily losses from the pool;
 - (b) Comes from a supply conforming with chapter 246-290 WAC; and
 - (c) Prevents cross-connections using a minimum air gap of two pipe diameters or approved backflow prevention devices between the make-up water source and the RWCF attraction water or waste water.
- (17) Owners shall equip RWCFs with filtration equipment which:
 - (a) Meets the applicable standards of NSF or equivalent;
 - (b) Uses acceptable types and filter rates described in Table 6 of this section:

TABLE 6
FILTER TYPES AND ACCEPTABLE RATES

Type of Filter	Range of Acceptable Filter Rate Expressed in gpm/sq. ft.		
	Minimum	Maximum*	
Sand			
Rapid & pressure	—	3	
Pressure high rate	10	18	
Vacuum high rate	10	18	
DE			
	Continuous feed	Manual feed	
Vacuum	0.8	1.0	2.0
Pressure	1.0	1.35	2.0
Cartridge**			
Applied in temperature ranges:			
<95°F.	—	0.375	
>95°F.	—	0.188	

Note: * Filters sized at maximum application rate shall use flow control valves.

** Cartridge filters shall have a nominal micron rating of twenty microns or less.

- (c) Has pressure or vacuum gauges for measuring loss of head (pressure) through the filter with minimum of one gauge preceding and one gauge following the filter;
- (d) Has a flow indicator to measure treatment turnover; and

- (e) Has means of discharging filter backwash to waste with:
 - (i) Discharge in a manner not creating a public nuisance;
 - (ii) Disposal in accordance with applicable local law or regulation;
 - (iii) Minimum air gap of two pipe diameters to prevent cross-connection from waste discharge and recirculation system piping;
 - (iv) Discharge receptor and piping of sufficient size to accept backwash water and prevent flooding; and
 - (v) Provisions to monitor filter effluent during backwash.
- (18) Owners shall provide disinfection equipment which:
 - (a) Provides a continuous and effective residual of disinfectant in the water;
 - (b) Uses a disinfectant with a residual that is easily monitored;
 - (c) Conforms with NSF standards when liquid or solid feed materials are used;
 - (d) Has a design feed rate which will provide effective disinfection levels when RWCFs are in use;
 - (e) Meets the following conditions if chlorine gas is used:
 - (i) Chlorine rooms shall:
 - (A) Be above ground level;
 - (B) Be constructed so all openings or partitions with adjoining rooms are sealed;
 - (C) Be located with consideration of prevailing winds to dissipate leaked chlorine away from the RWCF;
 - (D) Have door opening outward only and to the out-of-doors.
 - (ii) Mechanical exhaust ventilation of the chlorine room including:
 - (A) Air inlet located as far as possible from fan intake to promote good air circulation patterns;
 - (B) Minimum of one air change per minute in the chlorine room when fan is operating;
 - (C) A remote switch outside the room or a door-activated switch to turn on fan prior to entering;
 - (D) Suction for fan near the floor; and
 - (E) Exhaust for fan and chlorinator vent located to prevent contaminating air intakes or prevent undue hazard for the users of the RWCF.
 - (iii) Gas chlorine systems which:
 - (A) Are vacuum injection type, with vacuum actuated cylinder regulators; and
 - (B) Provide adequate-sized backflow and anti-siphon protection at the ejector.
 - (iv) Breathing protection available in an accessible area for the operator outside of the chlorine room including:
 - (A) Instructions about limitations with chlorine concentrations and concentrations of oxygen if chlorine-type canister masks are used; and
 - (B) Self-contained breathing apparatus designed for use in a chlorine atmosphere as preferred equipment for working with chlorine leaks.
 - (v) Means for automatic shutoff when the recirculation filter pump is off or flow to the pool is interrupted;
 - (vi) Chlorine gas cylinders shall:
 - (A) Be stored only in chlorine rooms; and

(B) Not exceed one hundred fifty pounds tare weight per cylinder; except, wave pools, where one-ton cylinders may be used. Only a single, one-ton cylinder shall be stored on the premise at any time.

(19) Owners applying chemicals other than disinfectant shall provide chemical feed equipment with:

- (a) Adequate size and design to allow routine cleaning and maintenance;
- (b) Materials resistant to action of the chemicals to be used; and
- (c) Means for automatic shut off when the recirculation filter pump is off or flow to the pool is interrupted.

(20) Owners shall have testing equipment to provide means for measuring disinfectant residuals, pH, alkalinity, and any other chemicals used routinely in the RWCF water. In pools where compressed chlorine gas is used, means to detect leaks shall be provided, i.e., use of proper strength ammonia vapor.

(21) Owners shall provide easily accessible change room facilities at all RWCFs with:

- (a) Dressing rooms, showers, toilets, urinals, and sinks;
- (b) Change room design including:
 - (i) Separate facilities for both sexes;
 - (ii) Floors of a nonslip finish with suitable drains;
 - (iii) Junctions between walls and floors coved for ease of cleaning;
 - (iv) Adequate ventilation to prevent build-up of moisture in the facility; and
 - (v) Provisions to minimize cross traffic with nonusers.
- (c) Plumbing fixtures as described in Table 7 of this section.

- (ii) Disposable towels or electric hand dryers.
- (g) Sewage disposed of in a manner approved by the department or local health officer; and
- (h) Hose bibs with vacuum breakers provided at convenient locations.

(22) Owners shall design and maintain lighting at RWCF attractions or change rooms to:

(a) Illuminate indoor attractions, outdoor attractions used after dusk, or change rooms with a minimum lighting intensity maintained thirty inches above any walking surface, pool deck, or pool area of:

- (i) Thirty foot-candles at indoor facilities;
- (ii) Fifteen foot-candles at outdoor facilities; or
- (iii) Twenty foot-candles in change rooms.

(b) Allow lifeguards or attendants to clearly see every part of pool waters and walking surfaces; and

(c) Meet any additional lighting requirements deemed necessary by the department or local health officer.

(23) Owners shall provide first-aid facilities in every RWCF including:

- (a) A twenty-four package first-aid kit per WAC 296-24-065;
- (b) Two or more blankets reserved for emergency use;
- (c) A telephone with a prominently displayed list of emergency medical service response numbers;
- (d) A backboard meeting the specifications of the ARC; and
- (e) Sufficient and suitable area to accommodate persons requiring treatment and necessary first-aid equipment.

(24) Owners shall provide signs at RWCF entrances and change rooms. Any combination of words, pictures, or symbols may be used to convey the following conditions:

- (a) Prohibition of use by persons with communicable diseases;
- (b) Prohibition of use by persons under the influence of alcohol or drugs;
- (c) Requirement for a cleansing shower before entering the attractions;
- (d) Warning that persons refusing to obey the attendants are subject to removal from the premises; and
- (e) Prohibition of food and drink in pool, change room, or on walking surfaces.

(25) If owners allow or make provision for food service: (a) Food and beverage sale and consumption areas shall be separate from pool, change room, and walking surfaces;

- (b) Trash containers shall be provided; and
- (c) No glass containers shall be allowed in the RWCF.

(26) Owners shall prevent users or spectators access to mechanical, electrical, or chemical equipment facilities.

(27) Owners shall provide an operable drinking fountain of the angle jet type design meeting the requirements of the American Standards Association.

[Statutory Authority: RCW 70.90.120. 10-20-131, § 246-262-060, filed 10/5/10, effective 11/5/10; 92-02-020 (Order 226B), § 246-262-060, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-262-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-070, filed 6/22/88.]

TABLE 7
MINIMUM PLUMBING FIXTURE REQUIREMENTS
BASED ON MAXIMUM PEAK PERIOD OCCUPANCY

Type of Fixture	Occupancy/Sex	Number of Fixtures Required Per Occupancy Load	
		Male	Female
1. Toilets	First 600	1/200	1/100
	Portion exceeding 600	1/450	1/300
2. Urinals	First 600	1/200	-
	Portion exceeding 600	1/450	-
3. Showers	First 300	1/100	1/100
	Portion exceeding 300	1/200	1/200
4. Sinks	First 400	1/200	1/200
	Next 350	1/350	1/350
	Portion exceeding 750	1/500	1/500
5. Hose bibs		1 accessible to change rooms	
6. Janitor sink		1 within the RWCF	

- (d) Showers:
 - (i) Delivering water at a temperature range between ninety and one hundred ten degrees Fahrenheit; and
 - (ii) Providing liquid or powdered soap in nonglass dispensers.
- (e) Flush toilets and toilet tissue in dispensers;
- (f) Sinks providing:
 - (i) Tempered or hot and cold running water,
 - (ii) Liquid or powdered soap in nonglass dispensers, and

WAC 246-262-070 Specific design, construction, and equipment. (1) Owners shall provide specific design, con-

struction, and equipment for the various types of RWCF attractions.

(2) Owners and manufacturers shall ensure adherence to recognized design and construction standards including, but not limited to:

(a) ASTM F-24 Standards on Amusement Rides and Devices;

(b) "Suggested Health and Safety Guidelines for Recreational Water Slide Flumes" U.S. Department of Health and Human Services, Centers for Disease Control, Atlanta, Georgia, 30333;

(c) "World Waterpark Association Considerations for Operating Safety" published by the World Waterpark Association, 7474 Village Drive, Prairie Village, Kansas, 66208; and

(d) Department recognized or approved guidelines, criteria, or standards.

(3) Owners shall ensure design and construction for water slides or tubes, inner-tube rides, kiddie flumes, or ramp slides meet the following minimum standards:

(a) Flume or tube entry access points shall have:

(i) Means to control unauthorized entrance;

(ii) Handrails or slip-resistant surfaces provided to assist users; and

(iii) Attendant stations which provide:

(A) User entry spacing control;

(B) Attendant line of sight to the attraction; and

(C) Attendant access to a communication system.

(b) Receiving pools shall have:

(i) Clearances and minimum distances as noted in Figure

3 [4] of this section for tube or flume entrances into pools.

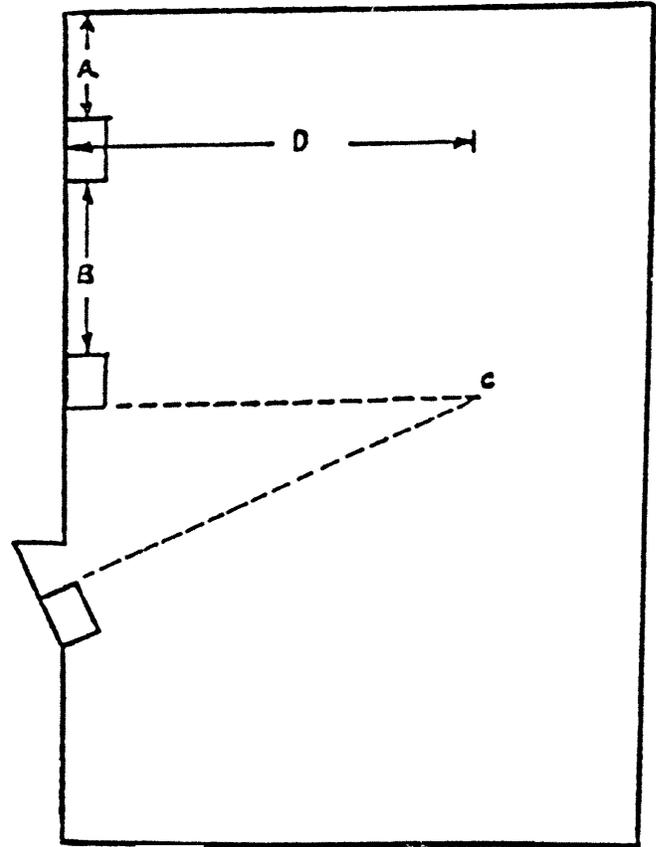


FIGURE 4
MINIMUM CLEARANCES FOR FLUME OR TUBE ENTRY TO RECEIVING POOLS

MINIMUM VALUE	DISTANCE	DESCRIPTION
A	5 feet	Minimum distance from edge of flume to side of pool.
B	6 feet	Minimum distance between sides of parallel flumes.
C	20 feet	Minimum distance between two flumes or tubes that are not parallel shall be so constructed so that the intersecting lines of each closest side does not intersect for a distance of at least twenty feet from the end of each flume.
D	20 feet	Minimum distance where flume terminates to opposite side of pool.

(ii) Flume or tube sliding surface ending below the pool operating water level when users ride unaided or on mats;

(iii) Flume or tube perpendicular for a minimum of ten feet to the wall of entry;

(iv) Handrails, when steps are provided for exiting; and

(v) Attendant and/or lifeguard stations with:

(A) Unobstructed access to users; and

(B) Ready access to communication system for contacting control station attendant and first-aid personnel.

(4) Owners shall design and construct barriers to prevent unauthorized entry or exit from any intermediate pool.

(5) Owners shall ensure design and construction of speed slides meet the following minimum standards:

(a) Entry points conforming with subsection (3)(a) of this section;

(b) Roller- or sled-type slides designed to prevent accidental flipping of the sleds or coasters when entering the water;

(c) Provision of sufficient transition zones for deceleration preventing unsafe user impact; and

(d) Maintenance of critical water operation levels providing proper braking action of the user.

(6) Owners shall ensure design and construction of wave pools meet the following minimum standards:

(a) Walls of wave pools shall be vertical with minimum six inch radius of curvature between wall and pool bottom;

(b) Pool bottom sloped:

(i) Not exceeding one foot of drop in twelve feet of run where pool depths range from zero to three and one-half feet; or

(ii) Not exceeding one foot of drop in nine feet of run where depths range from three and one-half feet to six and one-half feet.

(c) Recessed ladders or step holes with vertical grab bars at depths above three and one-half feet:

(i) For emergency exit only;

(ii) Spaced at intervals of fifty feet or less where pool water depths are greater than three and one-half feet. Pool water depths are measured without wave action.

(d) Deck width of at least ten feet along the shallow end;

(e) A fence or restrictive barrier a minimum of forty-two inches in height and at least two feet out from the pool/deck interface at the side walls of wave pools, with emergency exit openings.

(f) Lifeguard station locations appropriate to prevailing conditions;

(g) A push-button system to shut off the wave-making equipment with:

(i) Shut offs installed on sidewall decks and spaced at intervals no greater than one hundred feet, readily accessible to the lifeguards; and

(ii) Shock hazard protection.

(h) A communication system for use by authorized personnel which is clearly audible to all portions of the pool;

(i) A communication system for interaction between authorized personnel; and

(j) Maximum bathing load (users) not to exceed a value equal to $S/12 + D/68$ where:

(i) "S" equals surface area in square feet where depth is less than three and one-half feet;

(ii) "D" equals surface area in square feet where pool depth is three and one-half feet deep or greater; and

(iii) Pool depths are measured without wave action.

(7) If inner tubes, boogie boards, or surf boards are used, the owner shall ensure the design and operation of the wave pool provides for such activity, including:

(a) The establishment of rules for use;

(b) Operating and emergency procedures; and

(c) Crowd control.

(8) Owners shall ensure design and construction of any wading activity pool meets the following minimum standards. Wading activity pool areas are:

(a) Built with maximum water depth of two feet;

(b) Constructed with pool walls so that distance from deck to water level is six inches or less for at least seventy-five percent of the pool perimeter;

(c) Equipped with floors uniformly sloped to drain with a maximum slope of one foot of drop in twelve feet of run;

(d) Separated by at least a four foot high barrier when distance to any water area greater than four feet in depth is less than ten feet; and

(e) Protected from water areas greater than two feet by providing:

(i) A float line separating the two areas;

(ii) A six inch contrasting color line on pool bottom and side walls at float line; and

(iii) A transition zone with a maximum floor slope not exceeding one foot of drop in twelve feet of run.

(9) Owners shall ensure design and construction of drop slides or drop tubes meet the following minimum standards:

(a) Entry in accordance with subsection (3)(a) of this section;

(b) Receiving pool envelope:

(i) Conforming to CNCA standards noted in WAC 246-262-060 (5)(c)(vi)(A) if the point of exit is less than one-half meter (or twenty inches);

(ii) Conforming to FINA standards noted in WAC 246-262-060 (5)(c)(vi)(B) if the point of exit is one-half meter (or twenty inches) or greater.

(iii) Increasing in size to ensure user safety if warranted by angle of entry or speed of the user.

(c) Sufficient distance between slides or tubes to prevent collisions of users. Parallel exits are recommended.

(d) Direct line of sight and direct communication between entry access point and receiving pool.

(10) Owners shall provide signs for specific RWCF attractions. Words, pictures, or symbols may be used to convey the following as appropriate:

(a) Prohibition of running, standing, kneeling, tumbling, horseplay, or stopping in the flumes or tubes;

(b) Failure to follow directions of attendant or failure to obey posted rules may result in removal from the RWCF;

(c) Prohibition of diving from flume;

(d) Prohibition of multiple user chains if applicable to ride;

(e) Requirement to leave the landing area promptly after exiting;

(f) Recommended minimum or maximum age or height for using this attraction; and

(g) Prohibition of head first sliding if applicable to ride.

(h) Additional information on wave pools including:

(i) Warning that wave pools can be very tiring;

(ii) Warning for small children and poor swimmers to use personal flotation devices in designated areas;

(iii) Requirement for adult supervision for children;

(iv) Prohibition of diving, jumping, or entering from sides of pool; and

(v) Prohibition of using surf boards during periods of general public use.

(11) If the proposed attraction design is not addressed by or exceeds limitations of standards and guidelines specified by this section, owners shall submit:

(a) Justification to the department or local health officer prepared by an engineer; and

(b) Information on the construction, maintenance, and operation of the proposed attraction.

[Statutory Authority: RCW 70.90.120. 10-20-131, § 246-262-070, filed 10/5/10, effective 11/5/10; 92-02-020 (Order 226B), § 246-262-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-262-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-080, filed 6/22/88.]

Chapter 246-271 WAC

PUBLIC SEWAGE

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-271-990 Fees. [Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-271-990, filed 12/27/90, effective 1/31/91.] Repealed by 10-16-108, filed 8/2/10, effective 9/2/10. Statutory Authority: RCW 43.70.110, 43.70.-

250, 43.20B.020, and 2010 c 37. Later promulgation, see chapter 246-272 WAC.

Chapter 246-272 WAC

WASTEWATER AND RECLAIMED WATER USE FEES

WAC

- 246-272-1000 Public sewage fees.
- 246-272-2000 On-site sewage system fees.
- 246-272-3000 Large on-site sewage system fees.
- 246-272-4000 On-site sewage system tanks fees.
- 246-272-5000 Reclaimed water use fees.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 246-272-990 Fees. [Statutory Authority: RCW 43.70.040, 91-02-050 (Order 122), § 246-272-990, filed 12/27/90, effective 1/31/91.] Repealed by 10-16-108, filed 8/2/10, effective 9/2/10. Statutory Authority: RCW 43.70.110, 43.70.-250, 43.20B.020, and 2010 c 37. Later promulgation, see chapter 246-272 WAC.

WAC 246-272-1000 Public sewage fees. This section establishes fees for public sewage as regulated under chapter 246-271 WAC.

(1) The minimum fee for required review of land application of raw sewage or treatment plant effluent shall be two hundred dollars. If review time exceeds four hours, fifty dollars for each additional hour or part of an hour shall be added to the minimum fee.

(2) The minimum fee for required review of comprehensive sewer plans shall be two hundred dollars. If review time exceeds four hours, fifty dollars for each additional hour or part of an hour shall be added to the minimum fee.

[Statutory Authority: RCW 43.70.110, 43.70.250, 43.20B.020, and 2010 c 37. 10-16-108, § 246-272-1000, filed 8/2/10, effective 9/2/10.]

WAC 246-272-2000 On-site sewage system fees. This section establishes fees for on-site sewage systems as regulated under chapter 246-272A WAC.

(1) Fees for proprietary product registration are as follows:

Category	Base Fee	Hourly Fee
Treatment or distribution product registration initial application	\$400.00	\$100.00 per hour if the application requires more than four hours of review time
Annual registration renewal	\$100.00	

(2) The base fee is required at the time of application. Any hourly fees for additional review time must be paid in full before the product will be registered.

[Statutory Authority: RCW 43.70.110, 43.70.250, 43.20B.020, and 2010 c 37. 10-16-108, § 246-272-2000, filed 8/2/10, effective 9/2/10.]

WAC 246-272-3000 Large on-site sewage system fees. This section establishes fees for large on-site sewage systems (LOSS) as regulated under chapter 246-272B WAC.

(1) The following fees apply to LOSS review and inspection.

(a) The owner shall pay a nonrefundable base project review fee of eight hundred dollars at the time the project is submitted. The nonrefundable fee covers up to eight hours of review time.

(b) The owner shall pay one hundred dollars per hour for additional review time over eight hours for new construction LOSS.

(c) The owner shall pay one hundred dollars per hour for LOSS review not included in (a) or (b) of this subsection.

(d) The owner shall pay a flat rate of five hundred dollars for each presite and final inspection.

(2) The owner shall pay all outstanding fees before any department approval is granted.

(3) Operating permit fees consist of a base fee for each LOSS plus a LOSS volume fee as shown below.

Category	Base Fee	LOSS Volume Fee
Operating permit and annual renewal	\$150.00	\$.01 for each gallon of approved daily design flow

(4) For initial operating permits, the owner shall pay the operating permit fee at the time the application is submitted to the department.

(5) For renewal of operating permits, the owner shall pay the operating permit fee at the time the renewal application is submitted to the department.

[Statutory Authority: RCW 43.70.110, 43.70.250, 43.20B.020, and 2010 c 37. 10-16-108, § 246-272-3000, filed 8/2/10, effective 9/2/10.]

WAC 246-272-4000 On-site sewage system tanks fees. This section establishes fees for on-site sewage system tanks as regulated under chapter 246-272C WAC.

(1) Fees for review and approval of design and construction plans for a prefabricated or cast-in-place on-site sewage system tank are as follows:

Category	Base Fee	Hourly Fee
Review and approval.	\$408.00	\$102.00 per hour if the application requires more than four hours of review time.

(2) The base fee is required at the time of application.

(3) All hourly fees for additional review time must be paid in full before any department approval is granted.

[Statutory Authority: RCW 43.70.110, 43.70.250, 43.20B.020, and 2010 c 37. 10-16-108, § 246-272-4000, filed 8/2/10, effective 9/2/10.]

WAC 246-272-5000 Reclaimed water use fees. The fees for review and inspection of reclaimed water use projects will be calculated based on a rate of one hundred two dollars per hour.

[Statutory Authority: RCW 43.70.110, 43.70.250, 43.20B.020, and 2010 c 37. 10-16-108, § 246-272-5000, filed 8/2/10, effective 9/2/10.]

**Chapter 246-272A WAC
ON-SITE SEWAGE SYSTEMS**

[Statutory Authority: RCW 90.46.015, 11-02-011, § 246-274-001, filed 12/28/10, effective 7/31/11.]

**DISPOSITION OF SECTIONS FORMERLY
CODIFIED IN THIS CHAPTER**

246-272A-990 Fees. [Statutory Authority: RCW 43.70.110 and 43.70.-250, 06-20-078, § 246-272A-990, filed 10/2/06, effective 1/1/07. Statutory Authority: RCW 43.20.050, 05-15-119, § 246-272A-990, filed 7/18/05, effective 9/15/05.] Repealed by 10-16-108, filed 8/2/10, effective 9/2/10. Statutory Authority: RCW 43.70.110, 43.70.-250, 43.20B.020, and 2010 c 37. Later promulgation, see chapter 246-272 WAC.

**Chapter 246-272B WAC
LARGE ON-SITE SEWAGE SYSTEM
REGULATIONS**

WAC 246-274-003 Applicability. (1) This chapter applies to greywater irrigation systems with design flows under three thousand five hundred gallons per day.

(2) This chapter does not apply to the reuse of greywater inside buildings regulated under the Uniform Plumbing Code as adopted in chapter 51-56 WAC.

(3) This chapter does not apply to reclaimed water use facilities regulated under chapters 90.46 RCW and 173-219 WAC.

[Statutory Authority: RCW 90.46.015, 11-02-011, § 246-274-003, filed 12/28/10, effective 7/31/11.]

**DISPOSITION OF SECTIONS FORMERLY
CODIFIED IN THIS CHAPTER**

246-272B-990 Fees. [Statutory Authority: RCW 43.70.110 and 43.70.-250, 06-20-078, § 246-272B-990, filed 10/2/06, effective 1/1/07. Statutory Authority: RCW 43.20.050, 03-22-098, § 246-272B-990, filed 11/5/03, effective 12/6/03.] Repealed by 10-16-108, filed 8/2/10, effective 9/2/10. Statutory Authority: RCW 43.70.110, 43.70.-250, 43.20B.020, and 2010 c 37. Later promulgation, see chapter 246-272 WAC.

**Chapter 246-274 WAC
GREYWATER REUSE FOR SUBSURFACE
IRRIGATION**

WAC 246-274-005 Other applicable requirements.

(1) Greywater reuse must comply with all applicable local ordinances and codes, and state statutes and regulations including, but not limited to, the Uniform Plumbing Code, as adopted in chapters 51-56 and 51-57 WAC.

(2) For buildings using an on-site sewage system, the use of a greywater irrigation system does not change the design, capacity, or reserve area requirements, or any other requirement applicable to on-site sewage systems under RCW 43.20.050, chapters 70.118B RCW, or 246-272A, 246-272B, or 246-272C WAC.

(3) The use of a greywater irrigation system does not serve as an alternative to the use of an approved on-site sewage system or connection to an approved public sewer for greywater disposal at any building, including buildings using waterless toilets.

[Statutory Authority: RCW 90.46.015, 11-02-011, § 246-274-005, filed 12/28/10, effective 7/31/11.]

WAC

246-274-001	Purpose—Intent.
246-274-003	Applicability.
246-274-005	Other applicable requirements.
246-274-007	Administration.
246-274-009	Definitions.
246-274-011	Greywater irrigation systems—General requirements.
246-274-100	Tier 1 greywater irrigation systems.
246-274-200	Tier 2 greywater irrigation systems.
246-274-300	Tier 3 greywater irrigation systems.
246-274-400	Greywater reuse treatment technologies—Tier 3 greywater irrigation systems.
246-274-405	Location.
246-274-410	Design requirements—General—Tier 2 and Tier 3 greywater irrigation systems.
246-274-415	Design requirements—Irrigation field components—Tier 2 and Tier 3 greywater irrigation systems.
246-274-420	Soil and site evaluation—Tier 2 and Tier 3 greywater irrigation systems.
246-274-425	Installation permit requirements—Tier 2 and Tier 3 greywater irrigation systems.
246-274-430	Installers—Tier 2 and Tier 3 greywater irrigation systems.
246-274-435	Installation inspection—Tier 2 and Tier 3 greywater irrigation systems.
246-274-440	Operation and maintenance—Tier 2 and Tier 3 greywater irrigation systems.
246-274-445	Failures.
246-274-450	Enforcement.
246-274-455	Hearings.
246-274-460	Waivers.
246-274-465	Effective date.

WAC 246-274-007 Administration. (1) The local board of health and local health officer shall implement this chapter under authority of chapters 70.05, 70.08 and 70.46 RCW, as applicable, no later than three years after the effective date of this chapter. During the period of time that a local board of health does not implement this chapter, the provisions of chapter 246-272A WAC shall apply to greywater reuse for subsurface irrigation in that jurisdiction.

(2) If a local board of health is unable to adjust its resources to implement and enforce this chapter in accordance with subsection (1) of this section, the provisions of chapter 246-272A WAC shall continue to apply to greywater reuse for subsurface irrigation in that jurisdiction.

(3) The local board of health is authorized to establish fees under RCW 70.05.060 and the local health officer is authorized to collect fees under RCW 70.05.070 to implement this chapter.

(4) Nothing in this chapter prohibits the adoption and enforcement of more stringent regulations by a local board of health.

[Statutory Authority: RCW 90.46.015, 11-02-011, § 246-274-007, filed 12/28/10, effective 7/31/11.]

WAC 246-274-001 Purpose—Intent. (1) The purpose of this chapter is to establish requirements that provide building owners with simple, cost-effective options for reusing greywater for subsurface irrigation.

(2) This chapter is intended to encourage water conservation and to protect public health and water quality.

WAC 246-274-009 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Evapotranspiration rate" means the sum total of plant transpiration, evaporation off of the soil surface, and water used for plant growth.

(2) "Failure" means a condition of a greywater system or component that threatens the public health by creating a potential for contact between greywater and the public. Examples of failure include:

- (a) Greywater on the surface of the ground;
- (b) Greywater leaking from a storage tank;
- (c) Inadequately treated greywater reaching ground water or surface water;
- (d) Noncompliance with the installation permit; or
- (e) Other noncompliance with the requirements of this chapter, as determined by the local health officer.

(3) "Green roof" means a roof of a building that is partially or completely covered with soil and vegetation.

(4) "Greywater" means domestic type flows from bathtubs, showers, bathroom sinks, washing machines, dishwashers, and kitchen or utility sinks. Greywater does not include flow from a toilet or urinal.

(a) "Light greywater" means flows from bathtubs, showers, bathroom sinks, washing machines, and laundry-utility sinks.

(b) "Dark greywater" means flows from dishwashers, kitchen and nonlaundry utility sinks alone or in combination with light greywater.

(5) "Greywater irrigation system" or "system" means an integrated system of components located on the property it serves, or on nearby property where it is legally allowed to be used, that conveys greywater from the residence or other building where it originates and provides subsurface irrigation of plants during the growing season.

(6) "Growing season" means the period of time between the last frost of spring and the first frost of autumn, when annual plants die and biennials and perennials cease active growth and become dormant. The growing season may be extended with the use of a greenhouse so long as the plants irrigated within the greenhouse continue active growth.

(7) "Large on-site sewage system" means an on-site sewage system with design flows of between three thousand five hundred gallons per day and one hundred thousand gallons per day.

(8) "Local board of health" means a board created under chapter 70.05, 70.08, or 70.46 RCW.

(9) "Local health officer" means the person appointed under chapter 70.05 RCW as the health officer for the local health department, or appointed under chapter 70.08 RCW as the director of public health of a combined city-county health department, or a representative authorized by and under the direct supervision of the local health officer.

(10) "Mulch" means a protective covering for establishing a vegetative landscape that is spread or left on the ground to reduce evaporation, maintain even soil temperature, reduce erosion, control weeds, or enrich the soil.

(11) "Nonresidential building" means a building that is used for commercial or other nonresidential purposes.

(12) "On-site sewage system" means an integrated system of components located on or nearby the property it serves that conveys, stores, treats, and/or provides subsurface soil treatment and dispersal of sewage. It consists of a collection system, a treatment component or treatment sequence, and a

soil dispersal component. An on-site sewage system also refers to a holding tank sewage system or other sewage system that does not have a soil dispersal component.

(13) "Plant factor" means a number which represents the approximate portion of evapotranspiration used by a plant species.

(14) "Pressure distribution" means a system of small diameter pipes equally distributing greywater.

(15) "Proprietary treatment product" means a greywater treatment technology, method, or material, subject to a patent or trademark that functions to treat greywater generated by residential or nonresidential buildings.

(16) "Public sewer system" means all facilities used in the collection, transmission, storage, treatment, or discharge of any waterborne waste, whether domestic in origin or a combination of domestic, commercial, or industrial wastewater. A public sewer system may also be known as a sanitary sewer system.

(17) "Qualified professional" means an on-site sewage treatment system designer licensed under chapter 18.210 RCW or a professional engineer licensed under chapter 18.43 RCW who is knowledgeable in irrigation system design.

(18) "Residential building" means a building used as a residence including single-family residences and multi-family residences.

(19) "Restrictive layer" means a stratum impeding the vertical movement of water, air, and growth of plant roots, such as hardpan, claypan, fragipan, caliche, some compacted soils, bedrock and unstructured clay soils.

(20) "Single-family residence" means one single-family house that is not used for commercial or other nonresidential purposes.

(21) "Subsurface irrigation" means applying greywater below the surface of the ground directly into the plant root zone.

(22) "Suitable soil" means unsaturated soil above the seasonally high water table and any restrictive layer in which the movement of water, air, and growth of roots is sustained to support healthy plant life and conserve moisture.

(23) "Tier 1 greywater irrigation system" means a light greywater irrigation system with maximum design flows of sixty gallons per day serving a single-family residence. A Tier 1 system serves a single-family residence connected to an approved public sewer system or on-site sewage system.

(24) "Tier 2 greywater irrigation system" means a light greywater irrigation system serving a residential or nonresidential building. A Tier 2 system only serves a building connected to an approved public sewer system or large on-site sewage system, except as provided in WAC 246-274-200 (1)(e).

(25) "Tier 3 greywater irrigation system" means a light or dark greywater irrigation system serving a residential or nonresidential building and using a treatment component. A Tier 3 system only serves a building connected to an approved public sewer system or large on-site sewage system, except as provided in WAC 246-274-300 (3)(e).

(26) "Treatment component" means a technology that treats greywater according to WAC 246-274-400 in preparation for subsurface irrigation of plants.

(27) "Vector" means an animal including, but not limited to, an insect, a rodent, or a bird, which is capable of transmitting an infectious disease from one organism to another.

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-009, filed 12/28/10, effective 7/31/11.]

WAC 246-274-011 Greywater irrigation systems—General requirements. (1) The following conditions and restrictions apply to all tiers of greywater irrigation systems:

(a) The greywater must be used only for subsurface irrigation.

(b) The greywater may be used for subsurface irrigation of plants that produce food but must not come into contact with edible portions of any plant.

(c) The greywater must consist of domestic type flows having the consistency and strength typical of greywater from domestic households.

(d) The greywater may not contain toxic substances, cleaning chemicals or hazardous household products derived from the waste from a water softener, activities such as cleaning car parts, washing greasy or oily rags or clothing, rinsing paint brushes, or disposing of waste solutions from home photo labs or similar hobbyist or home occupation activities, or from home maintenance activities.

(e) The greywater may not contain water used to wash diapers or similarly soiled or infectious materials.

(f) The greywater may not contain biomedical waste as defined in chapter 70.95K RCW.

(g) The greywater may not surface in any way, including through ponding or runoff. It must remain below the surface of the ground so that people and animals do not come into contact with it.

(h) The greywater must be used and contained within the property boundary of the building it originates from or on nearby property where it is legally allowed to be used.

(i) The system may be used only during the growing season.

(j) The system must be located in suitable soil.

(k) The system must be located where the land is stable.

(l) The system may not be located in an environmentally sensitive area, as determined by the local health officer.

(m) The irrigation rates may not be greater than the evapotranspiration rate of the irrigation field.

(n) The system must include a readily accessible diversion valve so the greywater can be directed into the approved public sewer system or on-site sewage system when necessary; for example, when soils are saturated or frozen, or blockage, plugging, or backup of the system occurs, or the maximum allowed gallons per day is reached, or when the building owner chooses not to use the system.

(o) The diversion valve must be visibly labeled.

(p) Pipes and above-ground tanks must be labeled with the words: "CAUTION: NONPOTABLE WATER, DO NOT DRINK."

(q) If mulch is used, it must be permeable enough to allow rapid infiltration of greywater.

(2) The location of the system must meet the minimum horizontal setback requirements established in WAC 246-274-405, Table I.

(3) If the system fails or is suspected of failing, the owner shall immediately divert the greywater to the approved

public sewer system or on-site sewage system serving the building as required under WAC 246-274-445.

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-011, filed 12/28/10, effective 7/31/11.]

WAC 246-274-100 Tier 1 greywater irrigation systems. (1) The following conditions and restrictions apply to each Tier 1 greywater irrigation system:

(a) The greywater must be light greywater.

(b) The total flow of greywater must be sixty gallons per day or less.

(c) The greywater must originate from a single-family residence.

(d) The single-family residence must be served by an approved public sewer system or on-site sewage system.

(e) The greywater must be diverted to the subsurface irrigation system through a single diversion point. Flows from fixtures located close enough to each other to be diverted through a single diversion point may be combined.

(f) The greywater must be delivered through the irrigation system by gravity distribution. Pumps may not be used to convey the greywater.

(g) The greywater may not be stored.

(h) The total minimum irrigation area available to receive the greywater must be adequate based on a calculation of:

(i) The estimated volume of greywater;

(ii) The evapotranspiration rate in inches per week for the geographic area of the state where the landscape or garden is located; and

(iii) The water requirements of the plants, known as a plant factor. A "Greywater System Checklist and Irrigation Area Estimation Tool" is available from the Washington state department of health's web site.

(i) The greywater must be distributed throughout the irrigation area.

(j) The homeowner may direct greywater to separate irrigation fields so long as the total flow of greywater to all fields combined does not exceed sixty gallons per day.

(k) The Tier 1 system must be covered by at least four inches of appropriate material which may include suitable soil or other material such as mulch, humus, or compost. If material other than suitable soil is used, the irrigation field cover must be augmented periodically as needed to maintain adequate cover during the growing season.

(l) The homeowner shall ensure that the Tier 1 system is properly operated and maintained.

(m) The homeowner shall maintain a record of the Tier 1 system that:

(i) Shows the location of the system;

(ii) Identifies the fixture(s) that are the source of the greywater;

(iii) Describes the system design and how it meets the requirements of WAC 246-274-100;

(iv) Describes the system's maintenance requirements; and

(v) Includes the calculation of the total minimum irrigation area required under subsection (h) of this section.

(n) The homeowner shall maintain the record of the system on a completed "Greywater System Checklist and Irrigation Area Estimation Tool."

(2) A homeowner may install and use a maximum of two separate Tier 1 systems, with combined flows of one hundred twenty gallons per day or less, to allow for reuse of greywater originating from two separate diversion points. The total flow of greywater to the irrigation field or fields used by each system must not exceed sixty gallons per day.

(3) The local health officer may require the homeowner to register the Tier 1 greywater system(s) by filing the record, required in subsection (1)(m) of this section, with the local health jurisdiction. He or she may require additional review when two separate systems are installed or if the property is served by an on-site sewage system with design flows of less than three thousand five hundred gallons per day.

(4) The owner shall comply with any more stringent regulations adopted by the local health jurisdiction including design and permitting requirements.

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-100, filed 12/28/10, effective 7/31/11.]

WAC 246-274-200 Tier 2 greywater irrigation systems. (1) The following conditions and restrictions apply to Tier 2 greywater irrigation systems:

- (a) The greywater must be light greywater.
- (b) The total flow of greywater must be less than three thousand five hundred gallons per day.
- (c) The greywater may originate from a residential or nonresidential building.
- (d) The building must be served by an approved public sewer system or large on-site sewage system, except as provided in subsection (e) of this section.
- (e) If the building is served by an approved on-site sewage system with design flows of less than three thousand five hundred gallons per day, the greywater must originate from a single-family residence and the total flow of greywater must not exceed three hundred gallons per day. If the building is something other than a single-family residence, the local health officer may allow the use of a Tier 2 system if he or she determines that applicable requirements can be met.
- (f) Application of the greywater to the plants must be even throughout the irrigation field. This is typically achieved through pressure distribution.
- (g) If the greywater is stored, it may not be stored for more than twenty-four hours.
- (h) Warning signs must be visible at each fixture from which greywater is diverted at a nonresidential building. The signs must notify the employees and the public that water from the fixture is reused for subsurface irrigation of plants and that chemicals and other hazardous materials may not be poured down the drain.
- (i) The owner shall maintain a record of the Tier 2 system that:
 - (i) Shows the location of the system;
 - (ii) Identifies the fixture(s) that are the source of the greywater;
 - (iii) Describes the design of the system and how it meets the requirements of WAC 246-274-410 and 246-274-415;
 - (iv) Identifies the person responsible for designing the system;
 - (v) Describes the maintenance requirements of the system; and

(vi) Includes an estimated calculation of the total irrigation area pursuant to WAC 246-274-415 (1) and (2).

(2) The owner shall obtain a permit, in accordance with WAC 246-274-425, from the local health officer before installing the system, except as provided in WAC 246-274-425 (2)(d).

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-200, filed 12/28/10, effective 7/31/11.]

WAC 246-274-300 Tier 3 greywater irrigation systems. (1) A Tier 3 greywater irrigation system is a system that uses a treatment component.

- (2) A treatment component is required when the system:
 - (a) Reuses dark greywater;
 - (b) Involves storage of greywater for more than twenty-four hours;
 - (c) Irrigates a green roof;
 - (d) Serves a high public exposure area such as a playground or sports field; or
 - (e) Is otherwise deemed by the local health officer to require treatment to protect public health or water quality.

(3) The following conditions and restrictions apply to Tier 3 systems:

- (a) The greywater may be light or dark greywater.
- (b) The total flow of greywater must be less than three thousand five hundred gallons per day.
- (c) The greywater may originate from a residential or nonresidential building.
- (d) The building must be served by an approved public sewer system or large on-site sewage system, except as provided in subsection (e) of this section.
- (e) If the building is served by an approved on-site sewage system with design flows of less than three thousand five hundred gallons per day, the greywater must originate from a single-family residence and the total flow of greywater must not exceed three hundred gallons per day. If the building is something other than a single-family residence, the local health officer may allow the use of a Tier 3 system if he or she determines that applicable requirements can be met.
- (f) Application of the greywater must be even throughout the irrigation field. This is typically achieved through pressure distribution.

(g) Warning signs must be visible at each fixture from which greywater is diverted at a nonresidential building. The signs must notify the employees and the public that water from the fixture is reused for subsurface irrigation of plants and that chemicals and other hazardous materials may not be poured down the drain.

(h) The owner shall maintain a record of the Tier 3 system that:

- (i) Shows the location of the system;
- (ii) Identifies the fixture(s) that are the source of the greywater;
- (iii) Describes the design of the system and how it meets the requirements of WAC 246-274-410 and 246-274-415;
- (iv) Identifies the person responsible for designing the system;
- (v) Describes the maintenance requirements of the system; and
- (vi) Includes an estimated calculation of the total irrigation area pursuant to WAC 246-274-415 (1) and (2).

(4) The building owner shall obtain a permit from the local health officer, in accordance with WAC 246-274-425, before installing the system.

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-300, filed 12/28/10, effective 7/31/11.]

WAC 246-274-400 Greywater reuse treatment technologies—Tier 3 greywater irrigation systems. (1) This section applies to treatment technologies for Tier 3 greywater irrigation systems.

(2) All proprietary greywater treatment products used to treat light greywater shall meet the requirements of NSF/ANSI Standard 350-1, 2011, of the National Sanitation Foundation International (NSF), "Onsite Residential and Commercial Graywater Treatment Systems for Subsurface Discharge."

(3) All proprietary treatment products used to treat dark greywater shall meet the requirements of NSF/ANSI Standard 40, 2009.

(4) All proprietary treatment products shall bear the NSF seal of approval indicating that the product meets the requirements of NSF Standard 350-1 or NSF Standard 40 as applicable.

(5) Public domain treatment technologies may be used to treat greywater if the department has developed recommended standards and guidance for the technologies.

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-400, filed 12/28/10, effective 7/31/11.]

WAC 246-274-405 Location. Tier 1, Tier 2, and Tier 3 greywater irrigation systems shall be designed and installed to meet the minimum horizontal setback requirements specified in Table I.

**Table I
Minimum Horizontal Setbacks**

	From edge of sub-surface irrigation components	From tank and other system components
Building foundations		
Down-gradient ¹ :	10 ft.	N/A
Up-gradient:	2 ft.	N/A
Property or easement line	2 ft.	2 ft.
Pressurized water supply line/public water main	10 ft.	10 ft.
Interceptor/ curtain drains/drainage ditches		
Down-gradient:	30 ft.	N/A
Up-gradient:	10 ft.	N/A
In-ground swimming pool	10 ft.	5 ft.
Spring or surface water measured from the ordinary high-water mark ²	100 ft.	50 ft.
Well or suction line	100 ft.	50 ft.
Public drinking water well	100 ft.	100 ft.
Public drinking water spring measured from the ordinary high-water mark	200 ft.	200 ft.
Decommissioned well (decommissioned in accordance with chapter 173-160 WAC)	10 ft.	N/A
Down-gradient cuts or banks with at least 5 ft. of original, undisturbed soil above a restrictive layer due to a structural or textural change	25 ft.	N/A

	From edge of sub-surface irrigation components	From tank and other system components
Down-gradient cuts or banks with less than 5 ft. of original, undisturbed soil above a restrictive layer due to a structural or textural change	50 ft.	N/A
On-site sewage system primary and reserve areas	10 ft.	N/A

- 1 The item is down-gradient when liquid will flow toward it upon encountering a water table or a restrictive layer. The item is up-gradient when liquid will flow away from it upon encountering a water table or restrictive layer.
- 2 If surface water is used as a public drinking water supply, the greywater system must be located outside of the required source water protection area.

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-405, filed 12/28/10, effective 7/31/11.]

WAC 246-274-410 Design requirements—General—Tier 2 and Tier 3 greywater irrigation systems. (1) Tier 2 and Tier 3 greywater irrigation systems must be designed by a qualified professional, except:

(a) The local health officer may allow a resident owner of a single-family residence, not adjacent to a marine shoreline, to design a system for his or her residence when the system reuses no more than three hundred gallons per day of greywater; or

(b) The local health officer may design the system if he or she performs the soil and site evaluation.

(2) The person designing a Tier 2 or Tier 3 system must use the following criteria when developing the design:

(a) Storage and pump tanks must be:

(i) Constructed of solid, durable materials not subject to excessive corrosion or decay;

(ii) Water-tight;

(iii) Tamper proof and not susceptible to intrusion by humans or vectors;

(iv) Installed below ground on dry, level, well compacted soil or above ground on level, stable footing;

(v) Anchored to prevent overturning;

(vi) Provided with an overflow pipe with a diameter at least equal to that of the inlet pipe diameter that flows by gravity to the approved public sewer system or on-site sewage system with a check valve or backwater valve, as appropriate, that prevents backflow from sewer or septic tank; and

(vii) Provided with a drain pipe and a vent pipe.

(b) The operating capacity must be based on the estimated flows of greywater diverted from the approved public sewer or on-site sewage system.

(i) The total flow available may be estimated using the flow from each fixture multiplied by the number of people using the fixtures. The flow from each fixture is based on design flow of the fixture.

(ii) If the fixture's design flow is unknown, the following standards must be used:

- Laundry: Water conserving washing machine - 8 gallons per person per day
Traditional washing machine - 11 gallons per person per day
Laundry sink - 3 gallons per person per day
- Bathroom: Water conserving sink - 5.4 gallons per person per day

- Water conserving shower - 10 gallons per person per day
- Traditional sink - 6 gallons per person per day
- Traditional shower - 17 gallons per person per day
- Bathtub: 24 gallons per bath
- Kitchen sink: 6 gallons per person per day
- Dishwasher: 1 gallon per person per day

(c) If the building is served by an on-site sewage system with design flows of less than three thousand five hundred gallons per day, the total flow of greywater diverted must not adversely affect the functioning of the on-site sewage system.

(d) The sensitivity of the site where the greywater irrigation system will be installed must be considered.

(i) Examples of sensitive sites include shellfish growing areas, designated swimming areas, designated wellhead protection areas for Group A public water systems, areas in which aquifers used for potable water as designated under the Growth Management Act, chapter 36.70A RCW, are critically impacted by recharge, and other areas identified by the local management plan required in WAC 246-272A-0015, where fecal coliform constituents or other greywater constituents can result in public health or water quality concerns.

(ii) When the greywater irrigation system will be installed in an area that is not covered by a local management plan required in WAC 246-272A-0015, examples of sensitive sites include similar types of areas where greywater constituents can result in public health or water quality concerns.

(e) For greywater irrigation systems conveying greywater from a nonresidential source, documentation must be provided that:

- (i) Shows the greywater consists only of domestic type flows and does not include any other type flows; and
- (ii) Identifies how chemicals and other hazardous materials will be kept out of the greywater.

(3) The person designing the system shall ensure that the owner is provided with the record information required under WAC 246-274-200 (1)(i) and 246-274-300 (3)(h).

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-410, filed 12/28/10, effective 7/31/11.]

WAC 246-274-415 Design requirements—Irrigation field components—Tier 2 and Tier 3 greywater irrigation

systems. Greywater irrigation fields for Tier 2 and Tier 3 systems must be designed to meet the following requirements:

- (1) Calculation of the total irrigation area is based on:
 - (a) The operating capacity of the system; and
 - (b) Irrigation rates that are dependent on the plant factor and evapotranspiration rate.

(2) The total irrigation area shall be determined by using the following equation:

$$\text{Irrigation area (square feet)} = \frac{\text{Greywater volume (gallons per week)}}{\text{Evapotranspiration} \times \text{Plant Factor} \times 0.62}$$

- Where:
- Evapotranspiration (ET) = The monthly average of May through September ET rates in inches divided by four, as determined by the Washington State University, *State of Washington Irrigation Guide*, 1985 (as amended 1990; 1992 for select western Washington crops), or weekly averages based on actual conditions;
 - Plant Factor = 0 to 0.3 for low water use plants; 0.4 to 0.6 for average water use plants; and 0.7 to 1.0 for high water use plants;
 - 0.62 = The conversion factor (from inches of ET to gallons per week)

(a) This formula includes a factor of 1 for irrigation efficiency based on subsurface irrigation evenly distributed.

(b) The Washington State University, *State of Washington Irrigation Guide*, is available from the Washington state department of health's web site.

(c) The person designing the system may demonstrate to the satisfaction of the local health officer that adjustments to the values identified in this subsection are appropriate based on:

- (i) Professional judgment; and
- (ii) Applicable reference materials considering relevant factors such as water requirements of plants, density of plantings, microclimates of the site, irrigation efficiency of the system, and soil conditions.

(3) Irrigation rates must not exceed maximum allowable soil loading rates in Table II based on the finest textured soil in the lower twenty-four inches of suitable soil. The soil loading rate in Table II may be increased up to a factor of 2 for soil types 1-4 and up to a factor of 1.5 for soil types 5 and 6 when a treatment technology that meets the requirements of WAC 246-274-400 is used.

**Table II
Soil Type Description and Maximum Hydraulic Loading Rate**

Soil Type	Soil Textural Classification Description	Loading Rate for Greywater gal./sq. ft./day
1	Gravelly and very gravelly coarse sands, all extremely gravelly soils excluding soil types 5 and 6, all soil types with greater than or equal to 90% rock fragments.	Not suitable without augmentation 1.0 with augmentation
2	Coarse sands.	Not suitable without augmentation 1.0 with augmentation
3	Medium sands, loamy coarse sands, loamy medium sands.	0.8
4	Fine sands, loamy fine sands, sandy loams, loams.	0.6
5	Very fine sands, loamy very fine sands; or silt loams, sandy clay loams, clay loams, and silty clay loams with a moderate structure or strong structure (excluding a platy structure).	0.4
6	Other silt loams, sandy clay loams, clay loams, silty clay loams.	0.2

Soil Type	Soil Textural Classification Description	Loading Rate for Greywater gal./sq. ft./day
7	Sandy clay, clay, silty clay, and strongly cemented firm soils, soil with a moderate or strong platy structure, any soil with a massive structure, any soil with appreciable amounts of expanding clays.	Not suitable

(4) The subsurface irrigation components of the greywater irrigation system must be installed in suitable soil. The suitable soil may consist of original, undisturbed soil or original soil that is augmented.

(5) The subsurface irrigation components of the greywater irrigation system must be installed a minimum of four inches deep and no deeper than twelve inches below the finished grade. The four-inch cover layer must consist of two inches of suitable soil and two inches of mulch.

(6) There must be a minimum of twenty-four inches of suitable soil between the subsurface irrigation components of the greywater irrigation system and any restrictive layer or the highest water table during the growing season.

(7) If the original soil is augmented, the mixture used for augmentation must meet the following criteria to ensure that suitable soil is used:

(a) The mixture must have an organic content that is at least five percent to support plant life and increase soil structure, and no greater than ten percent to prevent excessive decomposition;

(b) The mixture must be a well blended mix of mineral aggregate (soil) and compost where the soil ratio depends on the requirements for the plant species; and

(c) The mineral aggregate must have the following gradation:

Sieve Size	Percent Passing
3/8	100
No. 4	95 - 100
No. 10	75 - 90
No. 40	25 - 40
No. 100	4 - 10
No. 200	2 - 5

(8) If native soil is augmented, the additional soil must be tilled into the native soil a minimum of four inches.

(9) Soil types 1 and 2 must be augmented before use. Soil type 7 is not suitable for subsurface irrigation.

(10) The irrigation field may only be located on slopes of less than thirty percent, or seventeen degrees.

(11) Irrigation scheduling should incorporate the use of adjustment features so that application rates are closely matched with soil and weather conditions.

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-415, filed 12/28/10, effective 7/31/11.]

WAC 246-274-420 Soil and site evaluation—Tier 2 and Tier 3 greywater irrigation systems. (1) A soil and site evaluation is required for Tier 2 and Tier 3 greywater irrigation systems. Only qualified professionals or local health officers may perform soil and site evaluations. Soil scientists may perform soil evaluations.

(2) The local health officer may allow a resident owner of a single-family residence, not adjacent to a marine shoreline, to perform the evaluation for his or her residence when

the system reuses no more than three hundred gallons per day of greywater.

(3) The person evaluating the soil and site shall:

(a) Ensure that the soil types of the site are properly identified, and will provide suitable soil capable of supporting healthy plant life.

(b) Determine texture, structure, compaction, and soil characteristics and classify the soil as in WAC 246-274-415, Table II.

(c) Use the soil names and particle size limits of the United States Department of Agriculture Natural Resources Conservation Service classification system.

(d) Provide a report to the local health officer that includes:

(i) A soil map showing the soils within the project site. If the original, undisturbed soil will be augmented with additional soil, include a description of the additional soil, how it will be tilled into the original soil, and how the resulting soil will meet the requirements of WAC 246-274-415(7);

(ii) The drainage characteristics of the site and those areas immediately adjacent to the site that contain characteristics impacting the design;

(iii) The existence of designated flood plains and other areas identified in the local management plan required in WAC 246-272A-0015; and

(iv) The location of existing features affecting system placement, including the items requiring setback, identified in WAC 246-274-405, Table I, and other features such as:

(A) Surface water and storm water infiltration areas;

(B) Abandoned wells;

(C) Outcrops of bedrock and restrictive layers;

(D) Driveways, parking areas, and other impervious surfaces;

(E) The approved on-site sewage system serving the building, if any; and

(F) Underground utilities.

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-420, filed 12/28/10, effective 7/31/11.]

WAC 246-274-425 Installation permit requirements—Tier 2 and Tier 3 greywater irrigation systems.

(1) Before beginning the construction of a Tier 2 or Tier 3 greywater irrigation system, a person proposing the installation of the system shall provide information to, and obtain a permit to install from, the local health officer. The information provided must include:

(a) The following general information:

(i) Name and address of the property owner;

(ii) Parcel number and if available, the site address;

(iii) Identification of the approved public sewer system or on-site sewage system serving the property;

(iv) Size of the parcel;

(v) Name, signature, and stamp, if applicable, of the person responsible for designing the system;

(vi) Date of application;

(vii) Name and signature of the owner or the owner's authorized agent; and

(viii) Certification by the owner or owner's authorized agent that the greywater will not contain anything prohibited under WAC 246-274-011.

(b) The soil and site evaluation specified under WAC 246-274-420;

(c) A dimensioned site plan of the proposed irrigation field, including:

(i) General topography and slope;

(ii) The location of existing and proposed encumbrances affecting system placement, including legal access documents, if any component of the system is not on the lot where the greywater is generated.

(d) A description of how the design of the system meets the requirements of WAC 246-274-410 and 246-274-415, including location, type, and size of the irrigation system components;

(e) Flow rate in gallons per minute, application rates in inches per hour, and design operating pressure per square inch for each zone;

(f) Source of greywater (fixtures) and the location of the diversion valve; and

(g) Any additional information required by the local health officer.

(2) Local health jurisdiction review.

(a) The local health officer shall:

(i) Issue a permit when the information submitted under subsection (1) of this section meets the requirements contained in this chapter and in applicable local rules; and

(ii) Specify the permit expiration date on the permit.

(b) The local health officer may deny, modify, suspend, or revoke a permit for just cause. Examples include, but are not limited to:

(i) Construction or continued use of a greywater irrigation system that threatens public health or water quality;

(ii) Misrepresentation or concealment of material fact in information submitted to the local health officer; or

(iii) Failure to meet conditions of the permit, this chapter, or any applicable local rules.

(c) The local health officer may stipulate additional requirements for a particular permit if necessary for public health or water quality protection.

(d) The local health officer may reduce permitting requirements, or require registration instead of permitting, when a qualified professional designs a Tier 2 system for a single-family residence and the system reuses no more than three hundred gallons per day of greywater.

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-425, filed 12/28/10, effective 7/31/11.]

WAC 246-274-430 Installers—Tier 2 and Tier 3 greywater irrigation systems. (1) Only a person approved by the local health officer to install greywater irrigation systems may construct and install a Tier 2 or Tier 3 system.

(2) The local health officer may allow the resident owner of a single-family residence, not adjacent to a marine shoreline, to install the Tier 2 or Tier 3 system for his or her residence when the system reuses no more than three hundred gallons per day of greywater.

(3) The installer shall:

(a) Follow the approved design;

(b) Have the approved design in possession during installation;

(c) Make no changes to the approved design without the prior authorization of the person who designed the system and, if a permit is required, the local health officer; and

(d) Be on the site at all times during the excavation and construction of the system.

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-430, filed 12/28/10, effective 7/31/11.]

WAC 246-274-435 Installation inspection—Tier 2 and Tier 3 greywater irrigation systems. (1) For Tier 2 greywater irrigation systems that require an installation permit, and for Tier 3 greywater irrigation systems, the local health officer shall:

(a) Either inspect the system before cover or allow the person who designed the system to perform the inspection before cover if the designer is not also the installer of the system; and

(b) Keep the application submittal on file, with the approved design documents.

(2) The person responsible for the final construction inspection shall assure the system meets the approved design.

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-435, filed 12/28/10, effective 7/31/11.]

WAC 246-274-440 Operation and maintenance—Tier 2 and Tier 3 greywater irrigation systems. (1) The owner of a Tier 2 or Tier 3 greywater irrigation system is responsible for properly operating, monitoring, and maintaining the system as follows:

(a) Obtain approval from the local health officer before altering or expanding the system;

(b) Protect the greywater irrigation system from damage, including damage from surface drainage and direct drains, such as footing or roof drains. The drainage must be directed away from the area where the greywater system is located;

(c) Ensure that the greywater originates from the correct fixtures; and

(d) Provide maintenance and needed repairs to promptly return the system to proper operating condition or promptly divert the greywater to the approved public sewer system or on-site sewage system serving the building until the system is repaired.

(2) At the time of property transfer, the owner must provide to the buyer the record information required under WAC 246-274-200 (1)(i) or 246-274-300 (3)(h) and, if available, maintenance records, in addition to the completed seller disclosure statement in accordance with chapter 64.06 RCW for residential real property transfers.

(3) If the greywater system is abandoned or otherwise permanently removed, the owner shall notify the local health officer in writing.

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-440, filed 12/28/10, effective 7/31/11.]

WAC 246-274-445 Failures. If a Tier 1, Tier 2, or Tier 3 greywater irrigation system fails or a failure is suspected, the owner of the system shall immediately divert the greywa-

ter to the approved public sewer system or on-site sewage system serving the building. No person may use the greywater system until the failure is corrected.

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-445, filed 12/28/10, effective 7/31/11.]

WAC 246-274-450 Enforcement. (1) The local health officer shall enforce these rules and may initiate enforcement actions against the system owner or other person causing or responsible for the violation of these rules. Enforcement actions may include, but are not limited to, requiring a person to stop work on any greywater system, or to divert the greywater to the approved public sewer system or on-site sewage system serving the building, until all permits, approvals, and registrations required by rule or statute are obtained.

(2) Enforcement orders issued under this section shall be in writing and shall include the violation and the corrective action required, and the name, business address, and phone number of an appropriate staff person who may be contacted regarding the order.

(3) Enforcement orders shall be personally served in the manner of service of a summons in a civil action or in a manner showing proof of receipt.

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-450, filed 12/28/10, effective 7/31/11.]

WAC 246-274-455 Hearings. All local boards of health shall establish rules for conducting hearings requested to contest a local health officer's actions under this chapter. If the local board of health determines that the rules established under WAC 246-272A-0440 (1)(b) for conducting hearings to contest a local health officer's actions are adequate for this purpose, those rules may be used.

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-455, filed 12/28/10, effective 7/31/11.]

WAC 246-274-460 Waivers. The local health officer may grant a waiver from specific requirements of this chapter if he or she determines:

(1) That the waiver requested is the minimum deviation from the specific requirements of this chapter that is necessary for the conditions; and

(2) The alternative approach proposed by the person requesting the waiver is consistent with the requirements and intent of these rules.

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-460, filed 12/28/10, effective 7/31/11.]

WAC 246-274-465 Effective date. This chapter shall take effect on July 31, 2011.

[Statutory Authority: RCW 90.46.015. 11-02-011, § 246-274-465, filed 12/28/10, effective 7/31/11.]

**Chapter 246-282 WAC
SANITARY CONTROL OF SHELLFISH**

WAC
246-282-990 Fees.

WAC 246-282-990 Fees. (1) Annual shellfish operation license fees are:

Type of Operation	Annual Fee
Harvester	\$263
Shellstock Shipper	
0 - 49 Acres	\$297
50 or greater Acres	\$476
Scallop Shellstock Shipper	\$297
Shucker-Packer	
Plants with floor space < 2000 sq. ft.	\$542
Plants with floor space 2000 sq. ft. to 5000 sq. ft.	\$656
Plants with floor space > 5000 sq. ft.	\$1,210

(2) The fee for each export certificate is \$10.30.

(3) Annual PSP testing fees for companies harvesting species other than geoduck intertidally (between the extremes of high and low tide) are as follows:

Fee Category

Type of Operation	Number of Harvest Sites	Fee
Harvester	≤ 2	\$173
Harvester	3 or more	\$259
Shellstock Shipper	≤ 2	\$195
0 - 49 acres		
Shellstock Shipper	3 or more	\$292
0 - 49 acres		
Shellstock Shipper	N/A	\$468
50 or greater acres		
Shucker-Packer	≤ 2	\$354
(plants < 2000 ft ²)		
Shucker-Packer	3 or more	\$533
(plants < 2000 ft ²)		
Shucker-Packer	≤ 2	\$429
(plants 2000 - 5000 ft ²)		
Shucker-Packer	3 or more	\$644
(plants 2000 - 5000 ft ²)		
Shucker-Packer	N/A	\$1,189
(plants > 5000 ft ²)		

(a) The number of harvest sites will be the total number of harvest sites on the licensed company's harvest site certificate:

(i) At the time of first licensure; or
(ii) January 1 of each year for companies licensed as harvesters; or

(iii) July 1 of each year for companies licensed as shellstock shippers and shucker packers.

(b) Two or more contiguous parcels with a total acreage of one acre or less is considered one harvest site.

(4) Annual PSP testing fees for companies harvesting geoduck are as follows:

Harvester	Fee
Discovery Bay Shellfish	\$464
Department of natural resources (quota tracts harvested by DNR contract holders)	\$8,507
Jamestown S'Klallam Tribe	\$1,237
Lower Elwha Klallam Tribe	\$4,485
Lummi Nation	\$155
Nisqually Indian Tribe	\$2,011

Harvester	Fee
Port Gamble S'Klallam Tribe	\$4,021
Puyallup Tribe of Indians	\$8,971
Skokomish Indian Tribe	\$155
Squaxin Island Tribe	\$618
Suquamish Tribe	\$21,189
Swinomish Tribe	\$619
Tulalip Tribe	\$5,568

(5) PSP fees must be paid in full to department of health before a commercial shellfish license is issued or renewed.

(6) Refunds for PSP fees will be given only if the applicant withdraws a new or renewal license application prior to the effective date of the new or renewed license.

[Statutory Authority: RCW 43.70.250, 10-19-034, § 246-282-990, filed 9/9/10, effective 10/10/10; 09-19-067, § 246-282-990, filed 9/14/09, effective 10/15/09; 08-13-067, § 246-282-990, filed 6/13/08, effective 7/14/08; 07-17-159, § 246-282-990, filed 8/21/07, effective 9/21/07; 06-15-131, § 246-282-990, filed 7/19/06, effective 8/19/06; 05-17-120, § 246-282-990, filed 8/17/05, effective 9/17/05; 04-15-154, § 246-282-990, filed 7/21/04, effective 8/21/04; 03-18-093, § 246-282-990, filed 9/2/03, effective 10/3/03. Statutory Authority: RCW 43.70.250 and 34.70.250 [43.70.250]. 03-14-037, § 246-282-990, filed 6/23/03, effective 7/24/03. Statutory Authority: RCW 43.70.250 and the 2002 supplemental operating budget. 02-15-094, § 246-282-990, filed 7/16/02, effective 8/16/02. Statutory Authority: RCW 43.70.250, 70.90.150, and 43.20B.250. 01-14-047, § 246-282-990, filed 6/29/01, effective 7/30/01. Statutory Authority: RCW 69.30.030 and 43.20-030. 01-04-054, § 246-282-990, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 43.70.250, 00-02-016, § 246-282-990, filed 12/27/99, effective 1/27/00; 99-12-022, § 246-282-990, filed 5/24/99, effective 6/24/99. Statutory Authority: RCW 43.20B.020 and 69.30.030. 98-12-068, § 246-282-990, filed 6/1/98, effective 7/2/98. Statutory Authority: RCW 43.203.020 [43.20B.020]. 97-12-031, § 246-282-990, filed 5/30/97, effective 6/30/97. Statutory Authority: RCW 43.20B.020 and 69.30.030. 96-16-073, § 246-282-990, filed 8/6/96, effective 10/1/96. Statutory Authority: RCW 43.70.040. 93-17-096 (Order 389), § 246-282-990, filed 8/17/93, effective 9/17/93; 91-02-049 (Order 121), recodified as § 246-282-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 85-12-029 (Order 2236), § 440-44-065, filed 5/31/85; 84-13-006 (Order 2109), § 440-44-065, filed 6/7/84; 83-15-021 (Order 1991), § 440-44-065, filed 7/14/83. Statutory Authority: 1982 c 201. 82-13-011 (Order 1825), § 440-44-065, filed 6/4/82.]

Chapter 246-290 WAC

GROUP A PUBLIC WATER SUPPLIES

WAC

246-290-002	Guidance.
246-290-010	Definitions, abbreviations, and acronyms.
246-290-025	Adoption by reference.
246-290-100	Water system plan.
246-290-107	Place of use expansion.
246-290-130	Source approval.
246-290-135	Source water protection.
246-290-250	Treatment design.
246-290-300	Monitoring requirements.
246-290-320	Follow-up action.
246-290-415	Operations and maintenance.
246-290-416	Sanitary surveys.
246-290-451	Disinfection of drinking water.
246-290-453	Treatment techniques for groundwater systems.
246-290-480	Recordkeeping and reporting.
246-290-485	Recordkeeping and reporting for groundwater systems.
246-290-620	Applicability of surface water treatment requirements.
246-290-630	General requirements.
246-290-634	Follow-up to treatment technique violations.
246-290-640	Determination of GWI sources.
246-290-670	Compliance requirements for existing unfiltered systems installing filtration.
246-290-686	Compliance requirements for unfiltered systems.
246-290-71005	Special public notification requirements.
246-290-72003	Report contents—Source water.
246-290-72012	Regulated contaminants.
246-290-72013	Report contents—Groundwater systems.

246-290-990 Water system evaluation and project review and approval fees.

WAC 246-290-002 Guidance. (1) The department has numerous guidance documents available to help purveyors comply with state and federal rules regarding drinking water. These include documents on the following subjects:

- Compliance;
- Consumer and public education;
- Contaminants;
- Cross-connection control and backflow prevention;
- Emergency response and drinking water security;
- Engineering design and water treatment;
- Financial assistance and state revolving fund (SRF);
- General information;
- Groundwater protection;
- Growth management;
- Operations and maintenance;
- Operator certification;
- Planning and financial viability;
- Regulations;
- Small water systems;
- System approval;
- Water quality monitoring and source protection;
- Water system planning; and
- Water use efficiency.

(2) The department's guidance documents are available at minimal or no cost by contacting the office of drinking water's publication service at 360-236-3100 or 800-521-0323. Individuals can also request the documents via the internet at <http://www.doh.wa.gov/ehp/dw> or through conventional mail at P.O. Box 47822, Olympia, Washington 98504-7822.

(3) Federal guidance documents are available from the Environmental Protection Agency (EPA) for a wide range of topics. These are available from the EPA Office of Ground Water and Drinking Water web site at www.epa.gov/drink. index.cfm.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-002, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-002, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 43.20.050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-002, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.02.050 [43.20.050]. 99-07-021, § 246-290-002, filed 3/9/99, effective 4/9/99.]

WAC 246-290-010 Definitions, abbreviations, and acronyms. The definitions in this section apply throughout this chapter unless the context clearly indicates otherwise.

(1) **"Acute"** means posing an immediate risk to human health.

(2) **"ADD"** means an average day demand.

(3) **"AG"** means an air gap.

(4) **"Alternative filtration technology"** means a filtration process for substantial removal of particulates (generally > 2 log *Giardia lamblia* cysts and ≥ 2-log removal of *Cryptosporidium* oocysts) by other than conventional, direct, diatomaceous earth, or slow sand filtration processes.

(5) **"Analogous treatment system"** means an existing water treatment system that has unit processes and source water quality characteristics that are similar to a proposed treatment system.

(6) **"ANSI"** means the American National Standards Institute.

(7) **"Approved air gap"** means a physical separation between the free-flowing end of a potable water supply pipe-line and the overflow rim of an open or nonpressurized receiving vessel.

To be an air gap approved by the department, the separation must be at least:

(a) Twice the diameter of the supply piping measured vertically from the overflow rim of the receiving vessel, and in no case be less than one inch, when unaffected by vertical surfaces (sidewalls); and

(b) Three times the diameter of the supply piping, if the horizontal distance between the supply pipe and a vertical surface (sidewall) is less than or equal to three times the diameter of the supply pipe, or if the horizontal distance between the supply pipe and intersecting vertical surfaces (sidewalls) is less than or equal to four times the diameter of the supply pipe and in no case less than one and one-half inches.

(8) **"Approved atmospheric vacuum breaker (AVB)"** means an AVB of make, model, and size that is approved by the department. AVBs that appear on the current approved backflow prevention assemblies list developed by the University of Southern California Foundation for Cross-Connection Control and Hydraulic Research or that are listed or approved by other nationally recognized testing agencies (such as IAPMO, ANSI, or UL) acceptable to the authority having jurisdiction are considered approved by the department.

(9) **"Approved backflow preventer"** means an approved air gap, an approved backflow prevention assembly, or an approved AVB. The terms "approved backflow preventer," "approved air gap," or "approved backflow prevention assembly" refer only to those approved backflow preventers relied upon by the purveyor for the protection of the public water system. The requirements of WAC 246-290-490 do not apply to backflow preventers installed for other purposes.

(10) **"Approved backflow prevention assembly"** means an RPBA, RPDA, DCVA, DCDA, PVBA, or SVBA of make, model, and size that is approved by the department. Assemblies that appear on the current approved backflow prevention assemblies list developed by the University of Southern California Foundation for Cross-Connection Control and Hydraulic Research or other entity acceptable to the department are considered approved by the department.

(11) **"As-built drawing"** means the drawing created by an engineer from the collection of the original design plans, including changes made to the design or to the system, that reflects the actual constructed condition of the water system.

(12) **"Assessment source water monitoring"** means an evaluation of groundwater sources that may be at risk for fecal contamination. Assessment source water monitoring involves the collection of source water samples at regular intervals and analysis of those samples for fecal indicators as directed by the department.

(13) **"Authority having jurisdiction"** (formerly known as local administrative authority) means the local official, board, department, or agency authorized to administer and

enforce the provisions of the Uniform Plumbing Code as adopted under chapter 19.27 RCW.

(14) **"Authorized agent"** means any person who:

(a) Makes decisions regarding the operation and management of a public water system whether or not he or she is engaged in the physical operation of the system;

(b) Makes decisions whether to improve, expand, purchase, or sell the system; or

(c) Has discretion over the finances of the system.

(15) **"Authorized consumption"** means the volume of metered and unmetered water used for municipal water supply purposes by consumers, the purveyor, and others authorized to do so by the purveyor, including, but not limited to, fire fighting and training, flushing of mains and sewers, street cleaning, and watering of parks and landscapes. These volumes may be billed or unbilled.

(16) **"AVB"** means an atmospheric vacuum breaker.

(17) **"Average day demand (ADD)"** means the total quantity of water use from all sources of supply as measured or estimated over a calendar year divided by three hundred sixty-five. ADD is typically expressed as gallons per day (gpd) per equivalent residential unit (ERU).

(18) **"AWWA"** means the American Water Works Association.

(19) **"Backflow"** means the undesirable reversal of flow of water or other substances through a cross-connection into the public water system or consumer's potable water system.

(20) **"Backflow assembly tester"** means a person holding a valid BAT certificate issued under chapter 246-292 WAC.

(21) **"Backpressure"** means a pressure (caused by a pump, elevated tank or piping, boiler, or other means) on the consumer's side of the service connection that is greater than the pressure provided by the public water system and which may cause backflow.

(22) **"Backsiphonage"** means backflow due to a reduction in system pressure in the purveyor's distribution system and/or consumer's water system.

(23) **"Bag filter"** means a pressure-driven separation device that removes particulate matter larger than 1 micrometer using an engineered porous filtration media. They are typically constructed of a nonrigid, fabric filtration media housed in a pressure vessel in which the direction of flow is from the inside of the bag to outside.

(24) **"Bank filtration"** means a water treatment process that uses a well to recover surface water that has naturally infiltrated into groundwater through a river bed or bank(s). Infiltration is typically enhanced by the hydraulic gradient imposed by a nearby pumping water supply or other well(s).

(25) **"BAT"** means a backflow assembly tester.

(26) **"Best available technology"** means the best technology, treatment techniques, or other means that EPA finds, after examination for efficacy under field conditions, are available, taking cost into consideration.

(27) **"Blended sample"** means a sample collected from two or more individual sources at a point downstream of the confluence of the individual sources and prior to the first connection.

(28) **"C"** means the residual disinfectant concentration in mg/L at a point before or at the first consumer.

(29) "**Cartridge filter**" means a pressure-driven separation device that removes particulate matter larger than 1 micrometer using an engineered porous filtration media. They are typically constructed as rigid or semi-rigid, self-supporting filter elements housed in pressure vessels in which flow is from the outside of the cartridge to the inside.

(30) "**Category red operating permit**" means an operating permit identified under chapter 246-294 WAC. Placement in this category results in permit issuance with conditions and a determination that the system is inadequate.

(31) "**CCP**" means composite correction program.

(32) "**CCS**" means a cross-connection control specialist.

(33) "**CFR**" means the Code of Federal Regulations.

(34) "**Chemical contaminant treatment facility**" means a treatment facility specifically used for the purpose of removing chemical contaminants.

(35) "**Clarification**" means a treatment process that uses gravity (sedimentation) or dissolved air (flotation) to remove flocculated particles.

(36) "**Closed system**" means any water system or portion of a water system in which water is transferred to a higher pressure zone closed to the atmosphere, such as when no gravity storage is present.

(37) "**Coagulant**" means a chemical used in water treatment to destabilize particulates and accelerate the rate at which they aggregate into larger particles.

(38) "**Coagulation**" means a process using coagulant chemicals and rapid mixing to destabilize colloidal and suspended particles and agglomerate them into flocs.

(39) "**Combination fire protection system**" means a fire sprinkler system that:

(a) Is supplied only by the purveyor's water;

(b) Does not have a fire department pumper connection; and

(c) Is constructed of approved potable water piping and materials that serve both the fire sprinkler system and the consumer's potable water system.

(40) "**Combined distribution system**" means the interconnected distribution system consisting of the distribution systems of wholesale systems and of the consecutive systems that receive finished water.

(41) "**Completely treated water**" means water from a surface water source, or a groundwater source under the direct influence of surface water (GWI) source that receives filtration or disinfection treatment that fully complies with the treatment technique requirements of Part 6 of this chapter as determined by the department.

(42) "**Composite correction program (CCP)**" means a program that consists of two elements - a comprehensive performance evaluation (CPE) and comprehensive technical assistance (CTA).

(43) "**Composite sample**" means a sample in which more than one source is sampled individually by the water system and then composited by a certified laboratory by mixing equal parts of water from each source (up to five different sources) and then analyzed as a single sample.

(44) "**Comprehensive monitoring plan**" means a schedule that describes both the frequency and appropriate locations for sampling of drinking water contaminants as required by state and federal rules.

(45) "**Comprehensive performance evaluation (CPE)**" means a thorough review and analysis of a treatment plant's performance-based capabilities and associated administrative, operation and maintenance practices. It is conducted to identify factors that may be adversely impacting a plant's capability to achieve compliance and emphasizes approaches that can be implemented without significant capital improvements.

The comprehensive performance evaluation must consist of at least the following components:

(a) Assessment of plant performance;

(b) Evaluation of major unit processes;

(c) Identification and prioritization of performance limiting factors;

(d) Assessment of the applicability of comprehensive technical assistance; and

(e) Preparation of a CPE report.

(46) "**Comprehensive technical assistance (CTA)**" means the performance improvement phase that is implemented if the CPE results indicate improved performance potential. The system must identify and systematically address plant-specific factors. The CTA is a combination of using CPE results as a basis for follow-up, implementing process control priority-setting techniques, and maintaining long-term involvement to systematically train staff and administrators.

(47) "**Confirmation**" means to demonstrate the accuracy of results of a sample by analyzing another sample from the same location within a reasonable period of time, generally not to exceed two weeks. Confirmation is when analysis results fall within plus or minus thirty percent of the original sample results.

(48) "**Confluent growth**" means a continuous bacterial growth covering a portion or the entire filtration area of a membrane filter in which bacterial colonies are not discrete.

(49) "**Consecutive system**" means a public water system that receives some or all of its finished water from one or more wholesale systems. Delivery may be through a direct connection or through the distribution system of one or more consecutive systems.

(50) "**Construction completion report**" means a form provided by the department and completed for each specific construction project to document:

(a) Project construction in accordance with this chapter and general standards of engineering practice;

(b) Physical capacity changes; and

(c) Satisfactory test results.

The completed form must be stamped with an engineer's seal, and signed and dated by a professional engineer.

(51) "**Consumer**" means any person receiving water from a public water system from either the meter, or the point where the service line connects with the distribution system if no meter is present. For purposes of cross-connection control, "consumer" means the owner or operator of a water system connected to a public water system through a service connection.

(52) "**Consumer's water system,**" as used in WAC 246-290-490, means any potable or industrial water system that begins at the point of delivery from the public water system and is located on the consumer's premises. The consumer's water system includes all auxiliary sources of supply,

storage, treatment, and distribution facilities, piping, plumbing, and fixtures under the control of the consumer.

(53) "**Contaminant**" means a substance present in drinking water that may adversely affect the health of the consumer or the aesthetic qualities of the water.

(54) "**Contingency plan**" means that portion of the wellhead protection program section of the water system plan or small water system management program that addresses the replacement of the major well(s) or wellfield in the event of loss due to groundwater contamination.

(55) "**Continuous monitoring**" means determining water quality with automatic recording analyzers that operate without interruption twenty-four hours per day.

(56) "**Conventional filtration treatment**" means a series of processes including coagulation, flocculation, clarification, and filtration that together result in substantial particulate removal in compliance with Part 6 of this chapter.

(57) "**Corrective action plan**" means specific written actions and deadlines developed by the water system or the department that the system must follow as a result of either the identification of significant deficiencies during a sanitary survey or the determination of a fecal indicator-positive sample in source water monitoring.

(58) "**Cost-effective**" means the benefits exceed the costs.

(59) "**Council**" means the Washington state building code council under WAC 51-04-015(2).

(60) "**CPE**" means a comprehensive performance evaluation.

(61) "**Critical water supply service area (CWSSA)**" means a geographical area which is characterized by a proliferation of small, inadequate water systems, or by water supply problems which threaten the present or future water quality or reliability of service in a manner that efficient and orderly development may best be achieved through coordinated planning by the water utilities in the area.

(62) "**Cross-connection**" means any actual or potential physical connection between a public water system or the consumer's water system and any source of nonpotable liquid, solid, or gas that could contaminate the potable water supply by backflow.

(63) "**Cross-connection control program**" means the administrative and technical procedures the purveyor implements to protect the public water system from contamination via cross-connections as required in WAC 246-290-490.

(64) "**Cross-connection control specialist**" means a person holding a valid CCS certificate issued under chapter 246-292 WAC.

(65) "**Cross-connection control summary report**" means the annual report that describes the status of the purveyor's cross-connection control program.

(66) "**CT**" or "**CTcalc**" means the product of "residual disinfectant concentration" (C) and the corresponding "disinfectant contact time" (T) i.e., "C" x "T."

(67) "**CT_{99.9}**" means the CT value required for 99.9 percent (3 log) inactivation of *Giardia lamblia* cysts.

(68) "**CTA**" means comprehensive technical assistance.

(69) "**CTreq**" means the CT value a system shall provide to achieve a specific percent inactivation of *Giardia lamblia* cysts or other pathogenic organisms of health concern as directed by the department.

(70) "**Curtailement**" means short-term, infrequent actions by a purveyor and its consumers to reduce their water use during or in anticipation of a water shortage.

(71) "**CWSSA**" means a critical water supply service area.

(72) "**DBPs**" means disinfection byproducts.

(73) "**DCDA**" means a double check detector assembly.

(74) "**DCVA**" means a double check valve assembly.

(75) "**Dead storage**" means the volume of stored water not available to all consumers at the minimum design pressure under WAC 246-290-230 (5) and (6).

(76) "**Demand forecast**" means an estimate of future water system water supply needs assuming historically normal weather conditions and calculated using numerous parameters, including population, historic water use, local land use plans, water rates and their impacts on consumption, employment, projected water use efficiency savings from implementation of a water use efficiency program, and other appropriate factors.

(77) "**Department**" means the Washington state department of health or health officer as identified in a joint plan of operation under WAC 246-290-030(1).

(78) "**Design and construction standards**" means department design guidance and other peer reviewed documents generally accepted by the engineering profession as containing fundamental criteria for design and construction of water facility projects. Design and construction standards are comprised of performance and sizing criteria and reference general construction materials and methods.

(79) "**Diatomaceous earth filtration**" means a filtration process for substantial removal of particulates (> 2 log *Giardia lamblia* cysts) in which:

(a) A precoat cake of graded diatomaceous earth filter media is deposited on a support membrane (septum); and

(b) Water is passed through the cake on the septum while additional filter media, known as body feed, is continuously added to the feed water to maintain the permeability of the filter cake.

(80) "**Direct filtration**" means a series of processes including coagulation, flocculation, and filtration (but excluding sedimentation) that together result in substantial particulate removal in compliance with Part 6 of this chapter.

(81) "**Direct service connection**" means a service hookup to a property that is contiguous to a water distribution main and where additional distribution mains or extensions are not needed to provide service.

(82) "**Disinfectant contact time (T in CT)**" means:

(a) When measuring the first or only C, the time in minutes it takes water to move from the point of disinfectant application to a point where the C is measured; and

(b) For subsequent measurements of C, the time in minutes it takes water to move from one C measurement point to the C measurement point for which the particular T is being calculated.

(83) "**Disinfection**" means the use of chlorine or other agent or process the department approves for killing or inactivating microbiological organisms, including pathogenic and indicator organisms.

(84) "**Disinfection profile**" means a summary of *Giardia lamblia* inactivation through a surface water treatment plant.

(85) **"Distribution coliform sample"** means a sample of water collected from a representative location in the distribution system at or after the first service and analyzed for coliform presence in compliance with this chapter.

(86) **"Distribution-related projects"** means distribution projects such as storage tanks, booster pump facilities, transmission mains, pipe linings, and tank coating. It does not mean source of supply (including interties) or water quality treatment projects.

(87) **"Distribution system"** means all piping components of a public water system that serve to convey water from transmission mains linked to source, storage and treatment facilities to the consumer excluding individual services.

(88) **"Domestic or other nondistribution system plumbing problem,"** means contamination of a system having more than one service connection with the contamination limited to the specific service connection from which the sample was taken.

(89) **"Dual sample set"** means a set of two samples collected at the same time and same location, with one sample analyzed for TTHM and the other sample analyzed for HAA5. Dual sample sets are collected for the purposes of conducting an IDSE under WAC 246-290-300 (6)(b)(i)(F) and determining compliance with the TTHM and HAA5 MCLs under WAC 246-290-310(4).

(90) **"Duplicate (verification) sample"** means a second sample collected at the same time and location as the first sample and used for verification.

(91) **"DVGW"** means Deutsche Vereinigung des Gas und Wasserfaches.

(92) **"Elected governing board"** means the elected officers with ultimate legal responsibility for operational, technical, managerial, and financial decisions for a public water system.

(93) **"Emergency"** means an unforeseen event that causes damage or disrupts normal operations and requires immediate action to protect public health and safety.

(94) **"Emergency source"** means any source that is approved by the department for emergency purposes only, is not used for routine or seasonal water demands, is physically disconnected, and is identified in the purveyor's emergency response plan.

(95) **"Engineering design review report"** means a form provided by the department and completed for a specific distribution-related project to document:

(a) Engineering review of a project report and/or construction documents under the submittal exception process in WAC 246-290-125(3); and

(b) Design in accordance with this chapter and general standards of engineering practice.

(c) The completed form must be stamped with engineer's seal, and signed and dated by a professional engineer.

(96) **"EPA"** means the Environmental Protection Agency.

(97) **"Equalizing storage"** means the volume of storage needed to supplement supply to consumers when the peak hourly demand exceeds the total source pumping capacity.

(98) **"Equivalent residential unit (ERU)"** means a system-specific unit of measure used to express the amount of water consumed by a typical full-time single family residence.

(99) **"ERU"** means an equivalent residential unit.

(100) **"Existing service area"** means a specific area within which direct service or retail service connections to customers of a public water system are currently available.

(101) **"Expanding public water system"** means a public water system installing additions, extensions, changes, or alterations to their existing source, transmission, storage, or distribution facilities that will enable the system to increase in size its existing service area and/or its number of approved service connections. Exceptions:

(a) A system that connects new approved individual retail or direct service connections onto an existing distribution system within an existing service area; or

(b) A distribution system extension in an existing service area identified in a current and approved water system plan or project report.

(102) **"Filter profile"** means a graphical representation of individual filter performance in a direct or conventional surface water filtration plant, based on continuous turbidity measurements or total particle counts versus time for an entire filter run, from startup to backwash inclusively, that includes an assessment of filter performance while another filter is being backwashed.

(103) **"Filtration"** means a process for removal of particulate matter from water by passage through porous media.

(104) **"Financial viability"** means the capability of a water system to obtain sufficient funds to construct, operate, maintain, and manage a public water system, on a continuing basis, in full compliance with federal, state, and local requirements.

(105) **"Finished water"** means water introduced into a public water system's distribution system and is intended for distribution and consumption without further treatment, except as treatment necessary to maintain water quality in the distribution system (e.g., booster disinfection, addition of corrosion control chemicals).

(106) **"Finished water storage facility"** means a water storage structure that is integrated with a water system's distribution network to provide for variable system demands including, but not limited to, daily equalizing storage, standby storage, or fire reserves, or to provide for disinfectant contact time.

(107) **"Fire flow"** means the maximum rate and duration of water flow needed to suppress a fire under WAC 246-293-640 or as required under local fire protection authority standards.

(108) **"Fire suppression storage"** means the volume of stored water available during fire suppression activities to satisfy minimum pressure requirements per WAC 246-290-230.

(109) **"First consumer"** means the first service connection associated with any source (i.e., the point where water is first withdrawn for human consumption, excluding connections where water is delivered to another water system covered by these regulations).

(110) **"Flocculation"** means a process enhancing agglomeration and collection of colloidal and suspended particles into larger, more easily settleable or filterable particles by gentle stirring.

(111) **"Flowing stream"** means a course of running water flowing in a definite channel.

(112) **"Flow-through fire protection system"** means a fire sprinkler system that:

- (a) Is supplied only by the purveyor's water;
- (b) Does not have a fire department pumper connection;
- (c) Is constructed of approved potable water piping and materials to which sprinkler heads are attached; and
- (d) Terminates at a connection to a toilet or other plumbing fixture to prevent stagnant water.

(113) **"Forecasted demand characteristics"** means the factors that may affect a public water system's projected water needs.

(114) **"Future service area"** means a specific area a public water system plans to provide water service. This is determined by a written agreement between purveyors under WAC 246-293-250 or by the purveyor's elected governing board or governing body if not required under WAC 246-293-250.

(115) **"GAC"** means granular activated carbon.

(116) **"GAC10"** means granular activated carbon filter beds with an empty-bed contact time of ten minutes based on average daily flow and a carbon reactivation frequency of every one hundred eighty days, except that the reactivation frequency for GAC10 used as a best available technology for compliance with MCLs under WAC 246-290-310(4) shall be one hundred twenty days.

(117) **"GAC20"** means granular activated carbon filter beds with an empty-bed contact time of twenty minutes based on average daily flow and a carbon reactivation frequency of every two hundred forty days.

(118) **"Governing body"** means the individual or group of individuals with ultimate legal responsibility for operational, technical, managerial, and financial decisions for a public water system.

(119) **"gph"** means gallons per hour.

(120) **"gpm"** means gallons per minute.

(121) **"Grab sample"** means a water quality sample collected at a specific instant in time and analyzed as an individual sample.

(122) **"Groundwater system"** means all public water systems that use groundwater including:

- (a) Consecutive systems receiving finished groundwater;
- or
- (b) Surface water systems with groundwater sources except those systems that combine all sources prior to treatment.

(123) **"Groundwater under the direct influence of surface water (GWI)"** means any water beneath the surface of the ground that the department determines has the following characteristics:

(a) Significant occurrence of insects or other macroorganisms, algae, or large-diameter pathogens such as *Giardia lamblia* or, *Cryptosporidium*; or

(b) Significant and relatively rapid shifts in water characteristics such as turbidity, temperature, conductivity, or pH closely correlating to climatological or surface water conditions where natural conditions cannot prevent the introduction of surface water pathogens into the source at the system's point of withdrawal.

(124) **"Guideline"** means a department document assisting the purveyor in meeting a rule requirement.

(125) **"GWI"** means groundwater under the direct influence of surface water.

(126) **"GWR"** means groundwater rule.

(127) **"HAA5"** means haloacetic acids (five).

(128) **"Health officer"** means the health officer of the city, county, city-county health department or district, or an authorized representative.

(129) **"Heterotrophic Plate Count (HPC)"** means a procedure to measure a class of bacteria that use organic nutrients for growth. The density of these bacteria in drinking water is measured as colony forming units per milliliter and is referred to as the HPC.

(130) **"High health cross-connection hazard"** means a cross-connection involving any substance that could impair the quality of potable water and create an actual public health hazard through injury, poisoning, or spread of disease.

(131) **"HPC"** means heterotrophic plate count.

(132) **"Human consumption"** means the use of water for drinking, bathing or showering, hand washing, food preparation, cooking, or oral hygiene.

(133) **"Hydraulic analysis"** means the study of a water system's distribution main and storage network to determine present or future adequacy for provision of service to consumers within the established design parameters for the system under peak flow conditions, including fire flow. The analysis is used to establish any need for improvements to existing systems or to substantiate adequacy of design for distribution system components such as piping, elevated storage, booster stations or similar facilities used to pump and convey water to consumers.

(134) **"IAPMO"** means the International Association of Plumbing and Mechanical Officials.

(135) **"IDSE"** means an initial distribution system evaluation.

(136) **"Inactivation"** means a process which renders pathogenic microorganisms incapable of producing disease.

(137) **"Inactivation ratio"** means the ratio obtained by dividing CT_{calc} by CT_{req}.

(138) **"Incompletely treated water"** means water from a surface or GWI source that receives filtration and/or disinfection treatment that does not fully comply with the treatment technique requirements of Part 6 of this chapter as determined by the department.

(139) **"In-line filtration"** means a series of processes, including coagulation and filtration (but excluding flocculation and sedimentation) that together result in particulate removal.

(140) **"In-premises protection"** means a method of protecting the health of consumers served by the consumer's potable water system, located within the property lines of the consumer's premises by the installation of an approved air gap or backflow prevention assembly at the point of hazard, which is generally a plumbing fixture.

(141) **"Intertie"** means an interconnection between public water systems permitting the exchange or delivery of water between those systems.

(142) **"kPa"** means kilo pascal (SI units of pressure).

(143) **"Lake or reservoir"** means a natural or man-made basin or hollow on the earth's surface in which water collects or is stored that may or may not have a current or single direction of flow.

(144) "**Legionella**" means a genus of bacteria containing species which cause a type of pneumonia called Legionnaires' Disease.

(145) "**Limited alternative to filtration**" means a process that ensures greater removal and/or inactivation efficiencies of pathogenic organisms than would be achieved by the combination of filtration and chlorine disinfection.

(146) "**Local plans and regulations**" means any comprehensive plan or development regulation adopted under chapter 36.70A RCW or any other applicable comprehensive plan, land use plan, or development regulation adopted by a city, town, or county for the applicable service area.

(147) "**Locational running annual average (LRAA)**" means the average of sample analytical results for samples taken at a particular monitoring location during the previous four calendar quarters.

(148) "**Low cross-connection hazard**" means a cross-connection that could impair the quality of potable water to a degree that does not create a hazard to the public health, but does adversely and unreasonably affect the aesthetic qualities of potable waters for domestic use.

(149) "**LRAA**" means the locational running annual average.

(150) "**Major project**" means all construction projects subject to the State Environmental Policy Act (SEPA) under WAC 246-03-030 (3)(a) and include all surface water source development, all water system storage facilities greater than one-half million gallons, new transmission lines longer than one thousand feet and larger than eight inches in diameter located in new rights of way and major extensions to existing water distribution systems involving use of pipes greater than eight inches in diameter, that are designed to increase the existing service area by more than one square mile.

(151) "**Mandatory curtailment**" means curtailment required by a public water system of specified water uses and consumer classes for a specified period of time.

(152) "**Marginal costs**" means the costs incurred by producing the next increment of supply.

(153) "**Maximum contaminant level (MCL)**" means the maximum permissible level of a contaminant in water the purveyor delivers to any public water system user, measured at the locations identified under WAC 246-290-300, Table 3.

(154) "**Maximum contaminant level violation**" means a confirmed measurement above the MCL and for a duration of time, where applicable, as outlined under WAC 246-290-310.

(155) "**Maximum day demand (MDD)**" means the highest actual or estimated quantity of water that is, or is expected to be, used over a twenty-four hour period, excluding unusual events or emergencies. MDD is typically expressed as gallons per day per ERU (gpd/ERU).

(156) "**MCL**" means the maximum contaminant level.

(157) "**MDD**" means the maximum day demand.

(158) "**Membrane filtration**" means a pressure or vacuum driven separation process in which particulate matter larger than 1 micrometer is rejected by an engineered barrier, primarily through a size-exclusion mechanism, and which has a measurable removal efficiency of a target organism that can be verified through the application of a direct integrity test. This definition includes the common membrane technol-

ogies of microfiltration, ultrafiltration, nanofiltration, and reverse osmosis.

(159) "**mg/L**" means milligrams per liter (1 mg/L = 1 ppm).

(160) "**mL**" means a milliliter.

(161) "**mm**" means a millimeter.

(162) "**Monitoring waiver**" means an action taken by the department under WAC 246-290-300 (4)(g) or (8)(f) to allow a water system to reduce specific monitoring requirements based on a determination of low source vulnerability to contamination.

(163) "**MRDL**" means the maximum residual disinfectant level.

(164) "**MRDLG**" means the maximum residual disinfectant level goal.

(165) "**MTTP**" means maximum total trihalomethane potential.

(166) "**Municipal water supplier**" means an entity that supplies water for municipal water supply purposes.

(167) "**Municipal water supply purposes**" means a beneficial use of water:

(a) For residential purposes through fifteen or more residential service connections or for providing residential use of water for a nonresidential population that is, on average, at least twenty-five people for at least sixty days a year;

(b) For governmental or governmental proprietary purposes by a city, town, public utility, district, county, sewer district, or water district; or

(c) Indirectly for the purposes in (a) or (b) of this definition through the delivery of treated or raw water to a public water system for such use.

(i) If water is beneficially used under a water right for the purposes listed in (a), (b), or (c) of this definition, any other beneficial use of water under the right generally associated with the use of water within a municipality is also for "municipal water supply purposes," including, but not limited to, beneficial use for commercial, industrial, irrigation of parks and open spaces, institutional, landscaping, fire flow, water system maintenance and repair, or related purposes.

(ii) If a governmental entity holds a water right that is for the purposes listed in (a), (b), or (c) of this definition, its use of water or its delivery of water for any other beneficial use generally associated with the use of water within a municipality is also for "municipal water supply purposes," including, but not limited to, beneficial use for commercial, industrial, irrigation of parks and open spaces, institutional, landscaping, fire flow, water system maintenance and repair, or related purposes.

(168) "**Nested storage**" means one component of storage is contained within the component of another.

(169) "**Nonacute**" means posing a possible or less than immediate risk to human health.

(170) "**Nonresident**" means a person having access to drinking water from a public water system, but who lives elsewhere. Examples include travelers, transients, employees, students, etc.

(171) "**Normal operating conditions**" means those conditions associated with the designed, day-to-day provision of potable drinking water that meets regulatory water quality standards and the routine service expectations of the system's consumers at all times, including meeting fire flow

demands. Operation under conditions such as power outages, floods, or unscheduled transmission or distribution disruptions, even if considered in the system design, are considered abnormal.

(172) **"NSF"** means NSF International (formerly known as the National Sanitation Foundation (NSF)).

(173) **"NTNC"** means nontransient noncommunity.

(174) **"NTU"** means a nephelometric turbidity unit.

(175) **"ONORM"** means Österreichisches Normungsinstitut.

(176) **"Operational storage"** means the volume of distribution storage associated with source or booster pump normal cycling times under normal operating conditions and is additive to the equalizing and standby storage components, and to fire flow storage if this storage component exists for any given tank.

(177) **"PAA"** means a project approval application.

(178) **"pCi/L"** means picocuries per liter.

(179) **"Peak hourly demand (PHD)"** means the maximum rate of water use, excluding fire flow, that can be expected to occur within a defined service area over a continuous sixty minute time period. PHD is typically expressed in gallons per minute (gpm).

(180) **"Peak hourly flow"** means, for the purpose of CT calculations, the greatest volume of water passing through the system during any one hour in a day.

(181) **"Performance criteria"** means the level at which a system shall operate in order to maintain system reliability compliance, in accordance with WAC 246-290-420, and to meet consumers' reasonable expectations.

(182) **"Permanent residence"** means any dwelling that is, or could reasonably be expected to be, occupied on a continuous basis.

(183) **"Permanent source"** means a public water system supply source that is used regularly each year, and based on expected operational requirements of the system, will be used more than three consecutive months in any twelve-month period. For seasonal water systems that are in operation for less than three consecutive months per year, their sources shall also be considered to be permanent.

(184) **"PHD"** means peak hourly demand.

(185) **"Plant intake"** means the works or structures at the head of a conduit through which water is diverted from a source (e.g., river or lake) into the treatment plant.

(186) **"Point of disinfectant application"** means the point where the disinfectant is added, and where water downstream of that point is not subject to contamination by untreated surface water.

(187) **"Population served"** means the number of persons, resident and nonresident, having immediate access to drinking water from a public water system, whether or not persons have actually consumed water from that system. The number of nonresidents shall be the average number of persons having immediate access to drinking water on days access was provided during that month. In the absence of specific population data, the number of residents shall be computed by multiplying the number of active services by two and one-half.

(188) **"Potable"** means water suitable for drinking by the public.

(189) **"Potential GWI"** means a source identified by the department as possibly under the influence of surface water, and includes, but is not limited to, all wells with a screened interval fifty feet or less from the ground surface at the well-head and located within two hundred feet of a surface water, and all Ranney wells, infiltration galleries, and springs.

(190) **"ppm"** means parts per million (1 ppm = 1 mg/L).

(191) **"Premises isolation"** means a method of protecting a public water system by installation of approved air gaps or approved backflow prevention assemblies at or near the service connection or alternative location acceptable to the purveyor to isolate the consumer's water system from the purveyor's distribution system.

(192) **"Presedimentation"** means a preliminary treatment process used to remove gravel, sand, and other particulate material from the source water through settling before the water enters the primary clarification and filtration processes in a treatment plant.

(193) **"Pressure filter"** means an enclosed vessel containing properly sized and graded granular media through which water is forced under greater than atmospheric pressure.

(194) **"Primary disinfection"** means a treatment process for achieving inactivation of *Giardia lamblia* cysts, viruses, or other pathogenic organisms of public health concern to comply with the treatment technique requirements of Part 6 of this chapter.

(195) **"Primary standards"** means standards based on chronic, nonacute, or acute human health effects.

(196) **"Primary turbidity standard"** means an accurately prepared formazin solution or commercially prepared polymer solution of known turbidity (prepared in accordance with "standard methods") that is used to calibrate bench model and continuous turbidimeters (instruments used to measure turbidity).

(197) **"Project approval application (PAA)"** means a department form documenting ownership of water system, design engineer for the project, and type of project.

(198) **"Protected groundwater source"** means a groundwater source the purveyor shows to the department's satisfaction as protected from potential sources of contamination on the basis of hydrogeologic data and/or satisfactory water quality history.

(199) **"psi"** means pounds per square inch.

(200) **"Public forum"** means a meeting open to the general public that allows for their participation.

(201) **"Public water system"** is defined and referenced under WAC 246-290-020.

(202) **"Purchased source"** means water a purveyor purchases from a public water system not under the control of the purveyor for distribution to the purveyor's consumers.

(203) **"Purveyor"** means an agency, subdivision of the state, municipal corporation, firm, company, mutual or cooperative association, institution, partnership, or person or other entity owning or operating a public water system. Purveyor also means the authorized agents of these entities.

(204) **"PVBA"** means a pressure vacuum breaker assembly.

(205) **"RAA"** means the running annual average.

(206) **"Reclaimed water"** means effluent derived in any part from sewage from a wastewater treatment system that

has been adequately and reliably treated, so that as a result of that treatment, it is suitable for beneficial use or a controlled use that would not otherwise occur, and it is no longer considered wastewater.

(207) "**Record drawings**" means the drawings bearing the seal and signature of a professional engineer that reflect the modifications made to construction documents, documenting actual constructed conditions of the water system facilities.

(208) "**Recreational tract**" means an area that is clearly defined for each occupant, but has no permanent structures with internal plumbing, and the area has been declared in the covenants or on the recorded plat in order to be eligible for reduced design considerations.

(209) "**Regional public water supplier**" means a water system that provides drinking water to one, or more, other public water systems.

(210) "**Regularly**" means four hours or more per day for four days or more per week.

(211) "**Removal credit**" means the level (expressed as a percent or log) of *Giardia* and virus removal the department grants a system's filtration process.

(212) "**Repeat sample**" means a sample collected to confirm the results of a previous analysis.

(213) "**Resident**" means an individual living in a dwelling unit served by a public water system.

(214) "**Residual disinfectant concentration**" means the analytical level of a disinfectant, measured in milligrams per liter, that remains in water following the application (dosing) of the disinfectant after some period of contact time.

(215) "**Retail service area**" means the specific area defined by the municipal water supplier where the municipal water supplier has a duty to provide service to all new service connections. This area must include the municipal water supplier's existing service area and may also include areas where future water service is planned if the requirements of RCW 43.20.260 are met.

(216) "**RPBA**" means reduced pressure backflow assembly.

(217) "**RPDA**" means reduced pressure detector assembly.

(218) "**SAL**" means state advisory level.

(219) "**Same farm**" means a parcel of land or series of parcels that are connected by covenants and devoted to the production of livestock or agricultural commodities for commercial purposes and does not qualify as a **Group A** public water system.

(220) "**Sanitary survey**" means a review, inspection, and assessment of a public water system, by the department or department designee, to determine the adequacy of the system and its operation for producing and distributing safe and reliable drinking water. Each survey includes, but is not limited to, an evaluation of the following components:

- (a) Source;
- (b) Treatment;
- (c) Distribution system;
- (d) Finished water storage;
- (e) Pump, pump facilities, and controls;
- (f) Monitoring, reporting, and data verification;
- (g) System management and operation; and
- (h) Operator compliance.

(221) "**Satellite system management agency (SMA)**" means a person or entity that is approved by the department to own or operate public water systems on a regional or county-wide basis without the necessity for a physical connection between the systems.

(222) "**SCA**" means a sanitary control area.

(223) "**SDWA**" means the Safe Drinking Water Act.

(224) "**Seasonal source**" means a public water system source used on a regular basis, that is not a permanent or emergency source.

(225) "**Secondary standards**" means standards based on factors other than health effects.

(226) "**SEPA**" means the State Environmental Policy Act.

(227) "**Service area**" means the specific area or areas a water system currently serves or plans to provide water service. This may be comprised of the existing service area, retail service area, future service area, and include areas where water is provided to other public water systems.

(228) "**Service connection**" means a connection to a public water system designed to provide potable water to a single family residence, or other residential or nonresidential population. When the connection provides water to a residential population without clearly defined single family residences, the following formulas shall be used in determining the number of services to be included as residential connections on the WFI form:

(a) Divide the average population served each day by two and one-half; or

(b) Using actual water use data, calculate the total ERUs represented by the service connection in accordance with department design guidance.

(c) In no case shall the calculated number of services be less than one.

(229) "**Severe health cross-connection hazard**" means a cross-connection which could impair the quality of potable water and create an immediate, severe public health hazard through poisoning or spread of disease by contaminants from radioactive material processing plants, nuclear reactors, or wastewater treatment plants.

(230) "**Simple disinfection**" means any form of disinfection that requires minimal operational control in order to maintain the disinfection at proper functional levels, and that does not pose safety concerns that would require special care, equipment, or expertise. Examples include hypochlorination, UV-light, contactor chlorination, or any other form of disinfection practice that is safe to use and easy to routinely operate and maintain.

(231) "**Slow sand filtration**" means a process involving passage of source water through a bed of sand at low velocity (generally less than 0.10 gpm/ft²) that results in substantial particulate removal (> 2 log *Giardia lamblia* cysts) by physical and biological mechanisms.

(232) "**SMA**" means a satellite system management agency.

(233) "**SOC**" means a synthetic organic chemical.

(234) "**Societal perspective**" means:

A point of view that includes a broad spectrum of public benefits, including, but not limited to:

- (a) Enhanced system reliability;

(b) Savings that result from delaying, deferring, or minimizing capital costs; and

(c) Environmental benefits such as increased water in streams, improvements in aquifer recharge and other environmental factors.

(235) "**Source meter**" means a meter that measures total output of a water source over specific time periods.

(236) "**Source water**" means untreated water that is not subject to recontamination by surface runoff and:

(a) For unfiltered systems, enters the system immediately before the first point of disinfectant application; and

(b) For filtered systems, enters immediately before the first treatment unit of a water treatment facility.

(237) "**SPI**" means a special purpose investigation.

(238) "**Special purpose investigation (SPI)**" means on-site inspection of a public water system by the department or designee to address a potential public health concern, regulatory violation, or consumer complaint.

(239) "**Special purpose sample**" means a sample collected for reasons other than the monitoring compliance specified in this chapter.

(240) "**Spring**" means a source of water where an aquifer comes in contact with the ground surface.

(241) "**SRF**" means the state revolving fund.

(242) "**SSNC**" means state significant noncomplier.

(243) "**Standard methods**" means the book, titled *Standard Methods for the Examination of Water and Waste Water*, jointly published by the American Public Health Association, American Water Works Association (AWWA), and Water Pollution Control Federation. This book is available through public libraries or may be ordered from AWWA, 6666 West Quincy Avenue, Denver, Colorado 80235. The edition to be used is that specified by EPA for the relevant drinking water parameter in 40 CFR Part 141.

(244) "**Standby storage**" means the volume of stored water available for use during a loss of source capacity, power, or similar short-term emergency.

(245) "**State advisory level (SAL)**" means a level established by the department and state board of health for a contaminant without an existing MCL. The SAL represents a level that when exceeded, indicates the need for further assessment to determine if the chemical is an actual or potential threat to human health.

(246) "**State board of health**" and "**board**" means the board created by RCW 43.20.030.

(247) "**State building code**" means the codes adopted by and referenced in chapter 19.27 RCW; the state energy code; and any other codes so designated by the Washington state legislature as adopted and amended by the council.

(248) "**State revolving fund (SRF)**" means the revolving loan program financed by the state and federal governments and managed by the state for the purpose of assisting water systems to meet their capital needs associated with complying with the federal Safe Drinking Water Act under chapter 246-296 WAC.

(249) "**State significant noncomplier (SSNC)**" means a system that is violating or has violated department rules, and the violations may create, or have created an imminent or a significant risk to human health.

The violations include, but are not limited to:

(a) Repeated violations of monitoring requirements;

(b) Failure to address an exceedance of permissible levels of regulated contaminants;

(c) Failure to comply with treatment technique standards or requirements;

(d) Failure to comply with waterworks operator certification requirements; or

(e) Failure to submit to a sanitary survey.

(250) "**Subpart H System**" see definition for "**surface water system.**"

(251) "**Surface water**" means a body of water open to the atmosphere and subject to surface runoff.

(252) "**Surface water system**" means a public water system that uses in whole, or in part, source water from a surface supply, or GWI supply. This includes systems that operate surface water treatment facilities, and systems that purchase "completely treated water" (as defined in this subsection). A "surface water system" is also referred to as a "Subpart H System" in some federal regulatory language adopted by reference and the two terms are considered equivalent for the purposes of this chapter.

(253) "**Susceptibility assessment**" means the completed Susceptibility Assessment Survey Form developed by the department to evaluate the hydrologic setting of the water source and assess its contribution to the source's overall susceptibility to contamination from surface activities.

(254) "**SUVA**" means specific ultraviolet absorption.

(255) "**SVBA**" means spill resistant vacuum breaker assembly.

(256) "**SWTR**" means the surface water treatment rule.

(257) "**Synthetic organic chemical (SOC)**" means a manufactured carbon-based chemical.

(258) "**System capacity**" means the system's operational, technical, managerial, and financial capability to achieve and maintain compliance with all relevant local, state, and federal plans and regulations.

(259) "**System physical capacity**" means the maximum number of service connections or equivalent residential units (ERUs) that the system can serve when considering the limitation of each system component such as source, treatment, storage, transmission, or distribution, individually and in combination with each other.

(260) "**T**" means disinfectant contact time in minutes.

(261) "**Time-of-travel**" means the time required for groundwater to move through the water bearing zone from a specific point to a well.

(262) "**TNC**" means transient noncommunity.

(263) "**TNTC**" means too numerous to count.

(264) "**TOC**" means total organic carbon.

(265) "**Too numerous to count (TNTC)**" means the total number of bacterial colonies exceeds 200 on a 47-mm diameter membrane filter used for coliform detection.

(266) "**Tracer study**" means a field study conducted to determine the disinfectant contact time, T, provided by a water system component, such as a clearwell or storage reservoir, used for *Giardia lamblia* cyst and virus inactivation. The study involves introducing a tracer chemical at the inlet of the contact basin and measuring the resulting outlet tracer concentration as a function of time.

(267) "**Transmission line**" means pipes used to convey water from source, storage, or treatment facilities to points of distribution or distribution mains, and from source facilities

to treatment or storage facilities. This also can include transmission mains connecting one section of distribution system to another section of distribution system as long as this transmission main is clearly defined on the plans and no service connections are allowed along the transmission main.

(268) **"Treatment technique requirement"** means a department-established requirement for a public water system to provide treatment, such as filtration or disinfection, as defined by specific design, operating, and monitoring requirements. A "treatment technique requirement" is established in lieu of a primary MCL when monitoring for the contaminant is not economically or technologically feasible.

(269) **"Triggered source water monitoring"** means collection of groundwater source samples as a result of a total coliform-positive routine sample in the distribution system under WAC 246-290-300(3).

(270) **"Trihalomethane (THM)"** means one of a family of organic compounds, named as derivatives of methane, where three of the four hydrogen atoms in methane are each substituted by a halogen atom in the molecular structure. THMs may occur when chlorine, a halogen, is added to water containing organic material and are generally found in water samples as disinfection byproducts.

(271) **"TTHM"** means total trihalomethane.

(272) **"Turbidity event"** means a single day or series of consecutive days, not to exceed fourteen, when one or more turbidity measurement each day exceeds 5 NTU.

(273) **"Two-stage lime softening"** means a process in which chemical addition and hardness precipitation occur in each of two distinct unit clarification processes in series prior to filtration.

(274) **"T10"** means the time it takes ten percent of the water passing through a system contact tank intended for use in the inactivation of *Giardia lamblia* cysts, viruses, and other microorganisms of public health concern, as determined from a tracer study conducted at peak hourly flow or from published engineering reports or guidance documents for similarly configured tanks.

(275) **"ug/L"** means micrograms per liter.

(276) **"UL"** means the Underwriters Laboratories, Inc.

(277) **"umhos/cm"** means micromhos per centimeter.

(278) **"Unapproved auxiliary water supply"** means a water supply (other than the purveyor's water supply) on or available to the consumer's premises that is either not approved for human consumption by the health agency having jurisdiction or is not otherwise acceptable to the purveyor.

(279) **"Uncovered finished water storage facility"** means a tank, reservoir, or other facility used to store water, which will undergo no further treatment to reduce microbial pathogens except residual disinfection and is directly open to the atmosphere without a suitable water-tight roof or cover.

(280) **"Uniform Plumbing Code (UPC)"** means the code adopted under RCW 19.27.031(4) and implemented under chapter 51-56 WAC. This code establishes statewide minimum plumbing standards applicable within the property lines of the consumer's premises.

(281) **"UPC"** means the Uniform Plumbing Code.

(282) **"Used water"** means water which has left the control of the purveyor.

(283) **"UTC"** means the utilities and transportation commission.

(284) **"Verification"** means to demonstrate the results of a sample to be precise by analyzing a duplicate sample. Verification occurs when analysis results fall within plus or minus thirty percent of the original sample.

(285) **"Virus"** means a virus of fecal origin which is infectious to humans and transmitted through water.

(286) **"VOC"** means a volatile organic chemical.

(287) **"Volatile organic chemical (VOC)"** means a manufactured carbon-based chemical that vaporizes quickly at standard pressure and temperature.

(288) **"Voluntary curtailment"** means a curtailment of water use requested, but not required of consumers.

(289) **"WAC"** means the Washington Administrative Code.

(290) **"Waterborne disease outbreak"** means the significant occurrence of acute infectious illness, epidemiologically associated with drinking water from a public water system, as determined by the appropriate local health agency or the department.

(291) **"Water demand efficiency"** means minimizing water use by the public water system's consumers through purveyor sponsored activities that may include, but are not limited to distributing water saving devices, providing rebates or incentives to promote water efficient technologies or by providing water audits to homes, businesses, or landscapes.

(292) **"Water facilities inventory (WFI) form"** means the department form summarizing each public water system's characteristics.

(293) **"Water right"** means a permit, claim, or other authorization, on record with or accepted by the department of ecology, authorizing the beneficial use of water in accordance with all applicable state laws.

(294) **"Water right self-assessment"** means an evaluation of the legal ability of a water system to use water for existing or proposed usages in conformance with state water right laws. The assessment may be done by a water system, a purveyor, the department of ecology, or any combination thereof.

(295) **"Watershed"** means the region or area that:

(a) Ultimately drains into a surface water source diverted for drinking water supply; and

(b) Affects the physical, chemical, microbiological, and radiological quality of the source.

(296) **"Water shortage"** means a situation during which the water supplies of a system cannot meet normal water demands for the system, including peak periods.

(297) **"Water shortage response plan"** means a plan outlining policies and activities to be implemented to reduce water use on a short-term basis during or in anticipation of a water shortage.

(298) **"Water supply characteristics"** means the factors related to a public water system's source of water supply that may affect its availability and suitability to provide for both short-term and long-term needs.

Factors include, but are not limited to:

(a) Source location;

(b) Name of any body of water and water resource inventory area from which water is diverted or withdrawn;

- (c) Production capacity;
- (d) The source's natural variability;
- (e) The system's water rights for the source;
- (f) Other legal demands on the source such as water rights for other uses;
- (g) Conditions established to protect species listed under the Endangered Species Act in 50 CFR 17.11;
- (h) Instream flow restrictions established under Title 173 WAC; and
- (i) Any conditions established by watershed plans approved under chapter 90.82 RCW and RCW 90.54.040(1) or salmon recovery plans under chapter 77.85 RCW.

(299) **"Water supply efficiency"** means increasing a public water system's transmission, storage and delivery potential through activities that may include, but are not limited to:

- (a) System-wide water audits;
- (b) Documenting authorized uses;
- (c) Conducting leak surveys; and
- (d) Repairs on:
 - (i) Meters;
 - (ii) Lines;
 - (iii) Storage facilities; and
 - (iv) Valves.

(300) **"Water use efficiency (WUE)"** means increasing water supply efficiency and water demand efficiency to minimize water withdrawals and water use.

(301) **"Water use efficiency program"** means policies and activities focusing on increasing water supply efficiency and water demand efficiency to minimize water withdrawals and water use.

(302) **"Well field"** means a group of wells one purveyor owns or controls that:

(a) Draw from the same aquifer or aquifers as determined by comparable inorganic chemical analysis and comparable static water level and top of the open interval elevations; and

(b) Discharge water through a common pipe and the common pipe shall allow for collection of a single sample before the first distribution system connection.

(303) **"Wellhead protection area (WHPA)"** means the portion of a well's, wellfield's or spring's zone of contribution defined using WHPA criteria established by the department.

(304) **"WFI"** means a water facilities inventory form.

(305) **"Wholesale system"** means a public water system that treats source water as necessary to produce finished water and then delivers some or all of that finished water to another public water system. Delivery may be through a direct connection or through the distribution system of one or more consecutive systems.

(306) **"WHPA"** means a wellhead protection area.

(307) **"WUE"** means water use efficiency.

(308) **"Zone of contribution"** means the area surrounding a pumping well or spring that encompasses all areas or features that supply groundwater recharge to the well or spring.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-010, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 43.20.050. 09-21-045, § 246-290-010, filed 10/13/09, effective 1/4/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-010, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 70.119A.-180. 07-02-025B, § 246-290-010, filed 12/22/06, effective 1/22/07. Statu-

tory Authority: RCW 43.20.050 and 70.119A.080. 04-04-056, § 246-290-010, filed 1/30/04, effective 3/1/04. Statutory Authority: RCW 43.20.050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-010, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.02.050 [43.20.050]. 99-07-021, § 246-290-010, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 94-14-001, § 246-290-010, filed 6/22/94, effective 7/23/94; 93-08-011 (Order 352B), § 246-290-010, filed 3/25/93, effective 4/25/93; 92-04-070 (Order 241B), § 246-290-010, filed 2/4/92, effective 3/6/92. Statutory Authority: Chapter 43.20 RCW. 91-07-031 (Order 150B), § 246-290-010, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-010, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-015, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-015, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-015, filed 9/8/83.]

WAC 246-290-025 Adoption by reference. The following sections and subsections of Title 40 Code of Federal Regulations (CFR) Part 141 National Primary Drinking Water Regulations revised as of July 1, 2009, and including all amendments and modifications thereto effective as of the date of adoption of this chapter are adopted by reference:

141.2 Definitions. Only those definitions listed as follows:

- Action level;
 - Corrosion inhibitor;
 - Effective corrosion inhibitor residual;
 - Enhanced coagulation;
 - Enhanced softening;
 - Haloacetic acids (five) (HAA5);
 - First draw sample;
 - Large water system;
 - Lead service line;
 - Maximum residual disinfectant level (MRDL);
 - Maximum residual disinfectant level goal (MRDLG);
 - Medium-size water system;
 - Optimal corrosion control treatment;
 - Service line sample;
 - Single family structure;
 - Small water system;
 - Specific ultraviolet absorption (SUVA); and
 - Total Organic Carbon (TOC).
- | | |
|------------------------------|--|
| 141.12 | Maximum contaminant levels for organic chemicals. |
| 141.13 | Maximum contaminant levels for turbidity. |
| 141.21 | Coliform monitoring. |
| 141.22 | Turbidity sampling and analytical requirements. |
| 141.23(a) - excluding (i)(2) | 141.23(j), Inorganic chemical sampling. |
| 141.23(m) - | 141.23(o) |
| 141.24(a) - | 141.24(d), Organic chemicals other than total trihalomethanes. |
| 141.24 (f)(1) - | 141.24 (f)(15), |
| 141.24 (f)(18), | 141.24 (f)(19), |
| 141.24 (f)(21), | 141.24 (f)(22) |
| 141.24 (g)(1) - | 141.24 (g)(9), |
| 141.24 (g)(12) - | 141.24 (g)(14), |
| 141.24 (h)(1) - | 141.24 (h)(11), |
| 141.24 (h)(14) - | 141.24 (h)(17) |
| 141.24 (h)(20) | |

141.25(a),	141.25 (c) - (d), Analytical methods for radioactivity.	141.201,	General public notification requirements, excluding
141.26	Monitoring frequency and compliance for radioactivity in community water systems.	(3)(ii) of Table 1	
141.31(d)	Reporting of public notices and compliance certifications.	141.202,	Tier 1 Public Notice - Form, manner, and frequency of notice.
141.33(e)	Record maintenance of public notices and certifications.	excluding (3) of Table 1	
141.40	Monitoring requirements for unregulated contaminants.	141.203	Tier 2 Public Notice - Form, manner, and frequency of notice.
141.61	Maximum contaminant levels for organic contaminants.	141.204	Tier 3 Public Notice - Form, manner, and frequency of notice.
141.62,	Maximum contaminant levels for inorganic	141.205	Content of the public notice.
excluding (b)	chemical and physical contaminants.	141.206	Notice to new billing units or new customers.
141.64	Maximum contaminant levels and Best Available Technologies (BATs) for disinfection byproducts.	141.207	Special notice of the availability of unregulated contaminant monitoring results.
141.65(c)	Best Available Technologies (BATs) for Maximum Residual Disinfectant Levels.	141.208	Special notice for exceedances of the SMCL for fluoride.
141.66	Maximum contaminant levels for radionuclides.	141.211	Special notice for <i>Cryptosporidium</i> monitoring failure.
Control of Lead and Copper		Appendix A -	NPDWR violations and situations requiring PN
141.80	General requirements.	Appendix B -	Standard health effects language for PN
141.81	Applicability of corrosion control treatment steps to small, medium-size and large water systems.	Appendix C -	List of acronyms used in PN regulation
141.82(a) -	141.82(h) Description of corrosion control treatment requirements.	141.400	General requirements and applicability.
141.83	Source water treatment requirements.	141.402(c)	Groundwater source microbial monitoring and analytical methods.
141.84	Lead service line replacement requirements.	141.403	Treatment technique requirements for groundwater systems.
141.85	Public education and supplemental monitoring requirements.	(b)(3)(i) through (iii)	
141.86 (a)	Monitoring requirements for lead and copper in tap water.	Subpart T -	Enhanced Filtration and Disinfection - Systems Serving Fewer Than 10,000 People
- (f)		141.530 -	Disinfection profile and benchmark.
141.87	Monitoring requirements for water quality parameters.	141.544	
141.88	Monitoring requirements for lead and copper in source water.	141.563	Follow-up actions required.
141.89	Analytical methods for lead and copper testing.	141.570,	Reporting requirements.
141.90,	Reporting requirements.	excluding (c)	
excluding (a)(4)		Subpart U and V -	Initial Distribution System Evaluations and Stage 2 Disinfection Byproducts Requirements.
141.91	Recordkeeping requirements.	141.600 -	Initial distribution system evaluations.
Disinfectants and Disinfection Byproducts (D/DBP)		141.605	
141.130	General requirements.	141.620 -	Stage 2 Disinfection Byproducts Requirements.
141.131	Analytical requirements.	141.629	
141.132	Monitoring requirements.	Subpart W -	Enhanced Treatment for <i>Cryptosporidium</i>
141.133	Compliance.	141.700-722	Enhanced Treatment for <i>Cryptosporidium</i>
141.134	Reporting and recordkeeping.	Part 143 -	National Secondary Drinking Water Regulations
141.135	Treatment technique for control of disinfection byproduct precursors.	143.1	Purpose.
Subpart O - Consumer Confidence Reports		143.2	Definitions.
141.153 (h)(6)	Contents of the reports.	143.3	Secondary maximum contaminant levels.
Enhanced Filtration - Reporting and Recordkeeping		143.4	Monitoring.
141.175(b)	Individual filter reporting and follow-up action requirements for systems treating surface water with conventional, direct, or in-line filtration and serving at least 10,000 people.		
Subpart Q - Public Notification			

Copies of the incorporated sections and subsections of Title 40 CFR are available from the Department of Health, P.O. Box 47822, Olympia, Washington 98504-7822, or by calling the department's drinking water hotline at 800-521-0323.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-025, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 43.20.050. 09-21-045, § 246-290-025, filed 10/13/09, effective 1/4/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-025, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 43.20.050 and 70.119A.080. 04-04-056, § 246-290-025, filed 1/30/04, effective 3/1/04. Statutory Authority: RCW 43.20.050 (2) and (3) and RCW 70.119A.080.

03-08-037, § 246-290-025, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.02.050 [43.20.050]. 99-07-021, § 246-290-025, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 94-14-001, § 246-290-025, filed 6/22/94, effective 7/23/94.]

WAC 246-290-100 Water system plan. (1) The purpose of this section is to establish a uniform process for purveyors to:

(a) Demonstrate the system's operational, technical, managerial, and financial capability to achieve and maintain compliance with relevant local, state, and federal plans and regulations;

(b) Demonstrate how the system will address present and future needs in a manner consistent with other relevant plans and local, state, and federal laws, including applicable land use plans;

(c) Establish eligibility for funding under chapter 246-296 WAC.

(2) Purveyors of the following categories of community public water systems shall submit a water system plan for review and approval by the department:

(a) Systems having one thousand or more services;

(b) Systems required to develop water system plans under the Public Water System Coordination Act of 1977 (chapter 70.116 RCW);

(c) Any system experiencing problems related to planning, operation, and/or management as determined by the department;

(d) All new systems;

(e) Any expanding system; and

(f) Any system proposing to use the document submittal exception process in WAC 246-290-125.

(3) The purveyor shall work with the department to establish the level of detail for a water system plan. In general, the scope and detail of the plan will be related to size, complexity, water supply characteristics, forecasted demand characteristics, past performance, and use of the water system. Project reports may be combined with a water system plan.

(4) In order to demonstrate system capacity, the water system plan shall address the following elements, as a minimum, for a period of at least twenty years into the future:

(a) Description of the water system, including:

(i) Ownership and management, including the current names, addresses, and telephone numbers of the owners, operators, and emergency contact persons for the system;

(ii) System history and background;

(iii) Related plans, such as coordinated water system plans, abbreviated coordinated water system plans, local land use plans, groundwater management plans, and basin plans;

(iv) Service area maps, characteristics, agreements, and policies. Water systems must include their existing service area and future service area. Municipal water suppliers must define their retail service area and meet the requirements under WAC 246-290-106. Municipal water suppliers must identify where their water rights place of use will be expanded to their service area if the requirements under WAC 246-290-107 have been met; and

(v) Satellite management, if applicable.

(b) Basic planning data, including:

(i) Current population, service connections, water use, and equivalent residential units; and

(ii) Sufficient water production and consumption data to identify trends including the following elements:

(A) Monthly and annual production totals for each source, including water purchased from another public water system;

(B) Annual usage totals for each customer class as determined by the purveyor;

(C) Annual usage totals for water supplied to other public water systems; and

(D) For systems serving one thousand or more total connections, a description of the seasonal variations in consumption patterns of each customer class defined by the purveyor.

(iii) Designated land use, zoning, future population, and water demand for a consecutive six-year and twenty-year planning period within the water system's service area.

(c) Demand forecasts, developed under WAC 246-290-221, for a consecutive six-year and twenty-year planning period. These shall show future use with and without savings expected from the system's water use efficiency program.

(d) For systems serving one thousand or more total connections, a demand forecast projecting demand if the measures deemed cost-effective per WAC 246-290-810 were implemented.

(e) System analysis, including:

(i) System design standards;

(ii) Water quality analysis;

(iii) System inventory description and analysis; and

(iv) Summary of system deficiencies.

(f) Water resource analysis, including:

(i) A water use efficiency program. Municipal water suppliers must meet the requirements in WAC 246-290-810;

(ii) Source of supply analysis, which includes:

(A) An evaluation of water supply alternatives if additional water rights will be pursued within twenty years; and

(B) A narrative description of the system's water supply characteristics and the foreseeable effect from current and future use on the water quantity and quality of any body of water from which its water is diverted or withdrawn based on existing data and studies;

(ii) A water shortage response plan as a component of the reliability and emergency response requirements under WAC 246-290-420;

(iv) Water right self-assessment;

(v) Water supply reliability analysis;

(vi) Interties; and

(vii) For systems serving one thousand or more total connections, an evaluation of opportunities for the use of reclaimed water, where they exist, as defined in RCW 90.46.010(4).

(g) Source water protection under WAC 246-290-135.

(h) Operation and maintenance program under WAC 246-290-415 and 246-290-654(5), as applicable.

(i) Improvement program, including a six-year capital improvement schedule.

(j) Financial program, including demonstration of financial viability by providing:

(i) A summary of past income and expenses;

(ii) A one-year balanced operational budget for systems serving one thousand or more connections or a six-year bal-

anced operational budget for systems serving less than one thousand connections;

(iii) A plan for collecting the revenue necessary to maintain cash flow stability and to fund the capital improvement program and emergency improvements; and

(iv) An evaluation that has considered:

(A) The affordability of water rates; and

(B) The feasibility of adopting and implementing a rate structure that encourages water demand efficiency.

(k) Other documents, such as:

(i) Documentation of SEPA compliance;

(ii) Agreements; and

(iii) Comments from each local government with jurisdiction and adjacent utilities.

(5) Purveyors intending to implement the project report and construction document submittal exceptions authorized under WAC 246-290-125 must include:

(a) Standard construction specifications for distribution mains; and/or

(b) Design and construction standards for distribution-related projects, including:

(i) Description of project report and construction document internal review procedures, including engineering design review and construction completion reporting requirements;

(ii) Construction-related policies and requirements for external parties, including consumers and developers;

(iii) Performance and sizing criteria; and

(iv) General reference to construction materials and methods.

(6) The department, at its discretion, may require reports from purveyors identifying the progress in developing their water system plans.

(7) Purveyors shall transmit water system plans to adjacent utilities and each local government with jurisdiction, to assess consistency with ongoing and adopted planning efforts.

(8) Prior to department approval of a water system plan or a water system plan update, the purveyor shall:

(a) Hold an informational meeting for the water system consumers and notify consumers in a way that is appropriate to the size of the water system; and

(b) Obtain the approval of the water system plan from the purveyor's governing body or elected governing board.

(9) Department approval of a water system plan shall be in effect for six years from the date of written approval unless:

(a) Major projects subject to SEPA as defined in WAC 246-03-030 (3)(a) are proposed that are not addressed in the plan;

(b) Changes occur in the basic planning data significantly affecting system improvements identified; or

(c) The department requests an updated plan or plan amendment.

(10) The purveyor shall update the plan and obtain department approval at least every six years. If the system no longer meets the conditions of subsection (2) of this section, the purveyor shall as directed by the department, either:

(a) Submit a water system plan amendment for review and approval with the scope to be determined by the department; or

(b) Meet the requirements under WAC 246-290-105.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-100, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-100, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 70.119A.180. 07-02-025B, § 246-290-100, filed 12/22/06, effective 1/22/07. Statutory Authority: RCW 43.20.050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-100, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.02.050 [43.20.-050]. 99-07-021, § 246-290-100, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 94-14-001, § 246-290-100, filed 6/22/94, effective 7/23/94; 93-08-011 (Order 352B), § 246-290-100, filed 3/25/93, effective 4/25/93; 91-02-051 (Order 124B), recodified as § 246-290-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-065, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-065, filed 9/8/83.]

WAC 246-290-107 Place of use expansion. The place of use of a surface or groundwater right may be expanded to include any portion of the approved service area that was not previously within the place of use for the water right when documented in an approved planning or engineering document under chapter 43.20 RCW or in accordance with procedures adopted under chapter 70.116 RCW. This occurs as an effect of the department's approval of a service area identified in a water system plan, water system plan amendment, small water system management program, engineering document, or as an effect of the local legislative authority's approval of a service area as part of a coordinated water system plan.

(1) The following conditions must be met:

(a) The municipal water supplier is in compliance with the terms of the water system plan or small water system management program, including those regarding water use efficiency.

(b) The alteration of the place of use is not inconsistent regarding an area added to the place of use with any local plans and regulations.

(c) The alteration of the place of use is not inconsistent regarding an area added to the place of use with any watershed plan approved under chapter 90.82 RCW or a comprehensive watershed plan approved under RCW 90.54.040(1) after September 3, 2003, if such a watershed plan has been approved for the area.

(2) As part of the planning or engineering document, municipal water suppliers must:

(a) Identify the portions of the service area where the place of use will be expanded.

(b) Document that subsection (1)(a) and (c) of this section are met.

(c) Meet the requirements of WAC 246-290-108 for the portions of the service area where the place of use will be expanded.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-107, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-107, filed 1/14/08, effective 2/14/08.]

WAC 246-290-130 Source approval. (1) Every purveyor shall obtain drinking water from the highest quality source feasible. No new source, previously unapproved source, or modification of an existing source shall be used as a public water supply without department approval. No intake or other connection shall be maintained between a

public water system and a source of water not approved by the department.

(2) Before initiating source development or modification, the purveyor shall contact the department to identify submittal requirements.

(3) Any party seeking source approval shall provide the department sufficient documentation, in a project report, construction documents, or in supplemental documents, that the source:

(a) Is reasonable and feasible for the type and size of the system;

(b) May legally be used in conformance with state water rights laws;

(c) Supplies water that is physically and reliably available in the necessary quantities, as shown in:

(i) A hydrogeologic assessment of the proposed source;

(ii) A general description of the watershed, spring, and/or aquifer recharge area affecting the quantity or quality of flow, which includes seasonal variation and upstream water uses that may significantly affect the proposed source;

(iii) For groundwater and spring sources, well source development data that are available from a pump test at the maximum design rate and duration, or are available from other sources of information, that establish pump settings (depth) in the well and demonstrate adequacy of water quantity to meet design criteria while not leading to water quality problems;

(iv) For groundwater and spring sources, installation of a source meter or other equivalent device that reliably measures volume of flow into the system;

(d) Is, or is not, a GWI under WAC 246-290-640, and meets or can meet the applicable requirements for GWI sources as described in that section including treatment;

(e) Adequately provides for source protection, as shown in:

(i) For surface water and GWI sources, the watershed control program identified under WAC 246-290-135 and Part 6 of this chapter;

(ii) For wells, a preliminary department susceptibility assessment or equivalent information, and preliminary WHPA delineation and contaminant inventory, under the requirements for sanitary control and wellhead protection under WAC 246-290-135;

(f) Is designed and constructed in conformance with this chapter, and relevant requirements of chapter 173-160 WAC (department of ecology well construction standards);

(g) Meets water quality standards under WAC 246-290-310, as shown in an initial water quality analysis that includes, at a minimum, the following:

(i) Bacteriological;

(ii) Complete inorganic chemical and physical except that the MCL for arsenic under WAC 246-290-310 does not apply to TNC systems;

(iii) Complete VOC;

(iv) Radionuclides, if source approval is requested for a community system;

(v) SOC, except where waived or not required under WAC 246-290-310; and

(vi) Any other information required by the department relevant to the circumstances of the particular source.

Sources that otherwise would not meet water quality standards may be approved if treatment is provided.

(4) The required documentation under subsection (3) of this section shall include, at a minimum:

(a) A water right self-assessment;

(b) A map showing the project location and vicinity;

(c) A map depicting topography, distances to the surface water intake, well or spring from existing property lines, buildings, potential sources of contamination, ditches, drainage patterns, and any other natural or man-made features affecting the quality or quantity of water;

(d) The dimensions, location, and legal documentation of the SCA under WAC 246-290-135;

(e) A copy of the on-site inspection form completed by the department or local health department representative;

(f) A copy of the water well report including the unique well identification tag number, depth to open interval or top of screened interval, overall depth of well from the top of the casing, vertical elevation, and location (both plat location and latitude/longitude); and

(g) Documentation of source meter installation. The purveyor may utilize other documents, such as a water system plan, susceptibility assessment, wellhead protection program, project report, or construction documents, to provide the documentation and information to the department, provided that the documents are current, and the purveyor indicates the location in the document of the relevant information.

(5) If treatment of a source is necessary to meet water quality standards, the purveyor may be required to meet the provisions of WAC 246-290-250 and Part 6 of this chapter, if applicable, prior to or as a condition of approval.

(6) An intertie must be adequately described in a written agreement between the purveyor and the supplier of the water, and otherwise meet the requirements of WAC 246-290-132.

(7) The purveyor shall not construct facilities for source development and use without prior approval of the department pursuant to the provisions of WAC 246-290-120.

(8) The purveyor may request a conditional source approval, such as one that sets limits on use or requires interim treatment, if further analysis of the quality of the source is required before final approval.

(9) For sources or supplies of water used by bottled water or ice plants to produce bottled water or ice:

(a) If the bottled water or ice plant is a Group A community water system and the plant uses the system's source for the water that is bottled or made into ice, the source and supply used for the bottled water and ice shall meet the applicable Group A requirements;

(b) If the bottled water or ice plant uses its own source for the water that is bottled or made into ice, and the plant is not a Group A community water system, the owner or operator shall obtain source approval from the department, and the source water shall meet the ongoing source water quality monitoring requirements for a Group A community system;

(c) If the bottled water or ice plant purchases the water for bottling or making ice from another source or supply, the water shall meet the minimum requirements for a Group A community water system, and the owner or operator of the plant shall ensure that the water meets the requirements;

(d) The source or supply for the water that is bottled or made into ice shall be protected from contamination prior to the bottling or ice making process; and

(e) In addition to the requirements imposed under this subsection, the processing of bottled water shall be subject to regulation by the state department of agriculture and the United States Food and Drug Administration.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-130, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-130, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 43.20.050 and 70.119A.080. 04-04-056, § 246-290-130, filed 1/30/04, effective 3/1/04. Statutory Authority: RCW 43.02.050 [43.20.050]. 99-07-021, § 246-290-130, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 94-14-001, § 246-290-130, filed 6/22/94, effective 7/23/94; 93-08-011 (Order 352B), § 246-290-130, filed 3/25/93, effective 4/25/93. Statutory Authority: Chapter 43.20 RCW. 91-07-031 (Order 150B), § 246-290-130, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-130, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-097, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-097, filed 2/17/88.]

WAC 246-290-135 Source water protection. (1) The department may require monitoring and controls in addition to those specified in this section if the department determines a potential risk exists to the water quality of a source.

(2) SCA.

(a) The purveyor shall maintain an SCA around all sources for the purpose of protecting them from existing and potential sources of contamination.

(b) For wells and springs, the minimum SCA shall have a radius of one hundred feet (thirty meters) and two hundred feet (sixty meters) respectively, unless engineering justification demonstrates that a smaller area can provide an adequate level of source water protection. The justification shall address geological and hydrological data, well construction details, mitigation measures, and other relevant factors necessary to assure adequate sanitary control.

(c) The department may require a larger SCA than specified in (b) of this subsection, or additional mitigation measures if land use, geological, or hydrological data support the decision. It shall be the purveyor's responsibility to obtain the protection needed.

(d) The purveyor shall prohibit the construction, storage, disposal, or application of any source of contamination within the SCA without the permission of the purveyor.

(e) The SCA shall be owned by the purveyor in fee simple, or the purveyor shall have the right to exercise complete sanitary control of the land through other legal provisions.

(f) A purveyor, owning all or part of the SCA in fee simple or having possession and control, shall send to the department copies of legal documentation, such as a duly recorded declaration of covenant, restricting the use of the land. This legal documentation shall state:

(i) Constructing, storing, disposing, or applying any source of contamination is prohibited without the permission of the purveyor; and

(ii) If any change in ownership of the system or SCA is considered, all affected parties shall be informed of these requirements.

(g) Where portions of the control area are in the possession and control of another, the purveyor shall obtain a duly

recorded restrictive covenant which shall run with the land, restricting the use of the land in accordance with this chapter and provide the department with copies of the appropriate documentation.

(3) Wellhead protection.

(a) Purveyors of water systems using groundwater or spring sources shall develop and implement a wellhead protection program.

(b) The wellhead protection program shall be part of the water system plan required under WAC 246-290-100 or the small water system management program required under WAC 246-290-105.

(c) The purveyor's wellhead protection program shall contain, at a minimum, the following elements:

(i) A completed susceptibility assessment or equivalent information;

(ii) WHPA delineation for each well, wellfield, or spring with the six month, one, five and ten year time of travel boundaries marked, or boundaries established using alternate criteria approved by the department in those settings where groundwater time of travel is not a reasonable delineation criteria. WHPA delineations shall be done in accordance with recognized methods such as those described in the following sources:

(A) Department guidance on wellhead protection; or

(B) EPA guidance for delineation of wellhead protection areas;

(iii) An inventory, including identification of site locations and owners/operators, of all known and potential groundwater contamination sources located within the defined WHPA(s) having the potential to contaminate the source water of the well(s) or spring(s). This list shall be updated every two years;

(iv) Documentation of purveyor's notification to all owners/operators of known or potential sources of groundwater contamination listed in (c)(B)(iii) of this subsection;

(v) Documentation of purveyor's notification to regulatory agencies and local governments of the boundaries of the WHPA(s) and the findings of the WHPA inventory;

(vi) A contingency plan to ensure consumers have an adequate supply of potable water in the event that contamination results in the temporary or permanent loss of the principal source of supply (major well(s) or wellfield); and

(vii) Documentation of coordination with local emergency incident responders (including police, fire and health departments), including notification of WHPA boundaries, results of susceptibility assessment, inventory findings, and contingency plan.

(4) Watershed control program.

(a) Purveyors of water systems using surface water or GWI sources shall develop and implement a watershed control program under Part 6 of chapter 246-290 WAC as applicable.

(b) The watershed control program shall be part of the water system plan required in WAC 246-290-100 or the small water system management program required in WAC 246-290-105.

(c) The purveyor's watershed control program shall contain, at a minimum, the following elements:

(i) Watershed description and inventory, including location, hydrology, land ownership and activities that may adversely affect source water quality;

(ii) An inventory of all potential surface water contamination sources and activities, including identification of site locations and owner/operators, located within the watershed and having the significant potential to contaminate the source water quality;

(iii) Watershed control measures, including documentation of ownership and relevant written agreements, and monitoring of activities and water quality;

(iv) System operation, including emergency provisions; and

(v) Documentation of water quality trends.

(d) The purveyor shall submit the watershed control program to the department for approval. Following department approval, the purveyor shall implement the watershed control program as approved.

(e) Purveyors of systems using unfiltered surface or GWI sources and meeting the criteria to remain unfiltered as specified in WAC 246-290-690 shall submit an annual report to the department that summarizes the effectiveness of the watershed control program. Refer to WAC 246-290-690 for further information about this report.

(f) The purveyor shall update the watershed control program at least every six years, or more frequently if required by the department.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-135, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-135, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 43.02.050 [43.20.050]. 99-07-021, § 246-290-135, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 94-14-001, § 246-290-135, filed 6/22/94, effective 7/23/94; 93-08-011 (Order 352B), § 246-290-135, filed 3/25/93, effective 4/25/93.]

WAC 246-290-250 Treatment design. (1) Treatment systems or devices shall be piloted and designed to ensure finished water quality conforms to water quality standards established in WAC 246-290-310.

(2) Treatment systems or devices for surface water or GWI sources shall be designed in accordance with the provisions of Part 6 of this chapter and the applicable provisions herein.

(3) Predesign studies, including pilot studies as appropriate, shall be required for proposed surface water and GWI sources and those groundwater sources requiring treatment. The goal of the predesign study shall be to establish the most effective method, considering economics, to produce satisfactory finished water quality meeting the requirements of this chapter and complying with the treatment technique requirements in Part 6 of chapter 246-290 WAC. The predesign study shall be included as part of the project report under WAC 246-290-110. Refer to WAC 246-290-676 for requirements relating specifically to the filtration facility pilot study. The purveyor shall not establish nor maintain a bypass to divert water around any feature of a treatment process, except by written permission of the department.

(4) All well and spring sources not determined to be GWI's shall have continuous disinfection that meets the requirements of WAC 246-290-451. The department may modify the requirement for disinfection for public water systems that demonstrate the well or spring sources (not con-

firmed as GWI's) have satisfactory bacteriological histories at the source and have SCAs in accordance with WAC 246-290-135.

(5) Purveyors shall use appropriate treatment technologies, such as those outlined in department guidance on water treatment, and shall address water treatment facilities in their water system plans pursuant to WAC 246-290-100.

(6) Project reports for the design of treatment facilities shall meet the requirements of WAC 246-290-110.

(7) Construction specifications for treatment facilities shall meet the requirements of WAC 246-290-120.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-250, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 43.02.050 [43.20.050]. 99-07-021, § 246-290-250, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-250, filed 3/25/93, effective 4/25/93; 91-02-051 (Order 124B), recodified as § 246-290-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-155, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-155, filed 9/8/83.]

WAC 246-290-300 Monitoring requirements. (1) General.

(a) The monitoring requirements specified in this section are minimums. The department may require additional monitoring when:

(i) Contamination is present or suspected in the water system;

(ii) A groundwater source is determined to be a potential GWI;

(iii) The degree of source protection is not satisfactory;

(iv) Additional monitoring is needed to verify source vulnerability for a requested monitoring waiver;

(v) Under other circumstances as identified in a department order; or

(vi) Additional monitoring is needed to evaluate continuing effectiveness of a treatment process where problems with the treatment process may exist.

(b) Special purpose samples collected by the purveyor shall not count toward fulfillment of the monitoring requirements of this chapter unless the quality of data and method of sampling and analysis are acceptable to the department.

(c) The purveyor shall ensure samples required by this chapter are collected, transported, and submitted for analysis according to EPA-approved methods. The analyses shall be performed by a laboratory accredited by the state. Qualified water utility, accredited laboratory, health department personnel, and other parties approved by the department may conduct measurements for pH, temperature, residual disinfectant concentration, alkalinity, bromide, chlorite, TOC, SUVA, turbidity, calcium, conductivity, orthophosphate, and silica as required by this chapter, provided, these measurements are made according to EPA approved methods.

(d) Compliance samples required by this chapter shall be taken at locations listed in Table 3 of this section.

(e) Purveyors failing to comply with a monitoring requirement shall notify:

(i) The department under WAC 246-290-480; and

(ii) The owner or operator of any consecutive system served and the appropriate water system users under 40 CFR 141.201 and Part 7, Subpart A of this chapter.

(2) Selling and receiving water.

(a) Source monitoring. Purveyors, with the exception of those that "wheel" water to their consumers (i.e., sell water that has passed through another purchasing purveyor's distribution system), shall conduct source monitoring under this chapter for the sources under their control. The level of monitoring shall satisfy the monitoring requirements associated with the total population served by the source.

(b) Distribution system monitoring. The purveyor of a system that receives and distributes water shall perform distribution-related monitoring requirements. Monitoring shall include, but not be limited to, the following:

(i) Collect coliform samples under subsection (3) of this section;

(ii) Collect disinfection byproduct samples as required by subsection (6) of this section;

(iii) Perform the distribution system residual disinfectant concentration monitoring under subsection (6) of this section, and as required under WAC 246-290-451 or 246-290-694. Systems with fewer than one hundred connections shall measure residual disinfectant concentration at the same time and location that a routine or repeat coliform sample is collected, unless the department determines that more frequent monitoring is necessary to protect public health;

(iv) Perform lead and copper monitoring required under 40 CFR 141.86, 141.87, and 141.88;

(v) Perform the distribution system monitoring under 40 CFR 141.23(b) for asbestos if applicable;

(vi) Other monitoring as required by the department.

(c) Reduced monitoring for regional programs. The receiving purveyor may receive reductions in the coliform, lead and copper, disinfection byproduct (including THMs and HAA5) and distribution system disinfectant residual concentration monitoring requirements, provided the receiving system:

(i) Purchases water from a purveyor that has a department-approved regional monitoring program;

(ii) Has a written agreement with the supplying system or regional water supplier that is acceptable to the department, and which identifies the responsibilities of both the supplying and receiving system(s) with regards to monitoring, reporting and maintenance of the distribution system; and

(iii) Has at least one compliance monitoring location for disinfection byproducts, if applicable.

(d) Periodic review of regional programs. The department may periodically review the sampling records of public water systems participating in a department-approved monitoring program to determine if continued reduced monitoring is appropriate. If the department determines a change in the monitoring requirements of the receiving system is appropriate:

(i) The department shall notify the purveyor of the change in monitoring requirements; and

(ii) The purveyor shall conduct monitoring as directed by the department.

(3) Bacteriological.

(a) The purveyor shall be responsible for collection and submittal of coliform samples from representative points throughout the distribution system. Samples shall be collected after the first service and at regular time intervals each month the system provides water to consumers. Samples

shall be collected that represent normal system operating conditions.

(i) Systems providing disinfection treatment shall measure the residual disinfectant concentration within the distribution system at the same time and location of routine and repeat samples.

(ii) Systems providing disinfection treatment shall assure that disinfectant residual concentrations are measured and recorded on all coliform sample report forms submitted for compliance purposes.

(b) Coliform monitoring plan.

(i) The purveyor shall prepare a written coliform monitoring plan and base routine monitoring upon the plan. The plan shall include coliform sample collection sites and a sampling schedule.

(ii) The purveyor shall:

(A) Keep the coliform monitoring plan on file with the system and make it available to the department for inspection upon request;

(B) Revise or expand the plan at any time the plan no longer ensures representative monitoring of the system, or as directed by the department; and

(C) Submit the plan to the department for review and approval when requested and as part of the water system plan required under WAC 246-290-100.

(c) Monitoring frequency. The number of required routine coliform samples is based on total population served.

(i) Purveyors of **community** systems shall collect and submit for analysis no less than the number of routine samples listed in Table 1 during each calendar month of operation;

(ii) Unless directed otherwise by the department, purveyors of **noncommunity** systems shall collect and submit for analysis no less than the number of samples required in Table 1, and no less than required under 40 CFR 141.21. Each month's population shall be based on the average daily population and shall include all residents and nonresidents served during that month. During months when the average daily population served is less than twenty-five, routine sample collection is not required when:

(A) Using only protected groundwater sources;

(B) No coliform were detected in samples during the previous month; and

(C) One routine sample has been collected and submitted for analysis during one of the previous two months.

(iii) Purveyors of systems serving both a resident and a nonresident population shall base their minimum sampling requirement on the total of monthly populations served, both resident and nonresident as determined by the department, but no less than the minimum required in Table 1; and

(iv) Purveyors of systems with a nonresident population lasting two weeks or less during a month shall sample as directed by the department. Sampling shall be initiated at least two weeks prior to the time service is provided to consumers.

(v) Purveyors of TNC systems shall not be required to collect routine samples in months where the population served is zero or the system has notified the department of an unscheduled closure.

(d) Invalid samples. When a routine or repeat coliform sample is determined invalid under WAC 246-290-320 (2)(d), the purveyor shall:

(i) Not include the sample in the determination of monitoring compliance; and

(ii) Take follow-up action as defined in WAC 246-290-320 (2)(d).

(e) Assessment source water monitoring. If directed by the department, a groundwater system must conduct assessment source water monitoring which may include, but is not limited to, collection of at least one representative groundwater source sample each month the source provides groundwater to the public, for a minimum of twelve months.

(i) Sampling must be conducted as follows:

(A) Source samples must be collected at a location prior to any treatment. If the water system's configuration does not allow sampling at the source itself, the department may approve an alternative source sampling location representative of the source water quality.

(B) Source samples must be at least 100 mL in size and must be analyzed for *E. coli* using one of the analytical methods under 40 CFR 141.402(c).

(ii) A groundwater system may use a triggered source water sample collected under WAC 246-290-320 (2)(g) to meet the requirements for assessment source water monitoring.

(iii) Groundwater systems with an *E. coli* positive assessment source water sample that is not invalidated under WAC 246-290-320 (2)(g)(vii), and consecutive systems receiving water from this source must:

(A) Provide Tier 1 public notice under Part 7, Subpart A of this chapter and special notification under WAC 246-290-71005 (4) and (5); and

(B) Take corrective action as required under WAC 246-290-453(1).

(iv) The purveyor of a groundwater system that fails to conduct assessment source water monitoring as directed by the department shall provide Tier 2 public notice under Part 7, Subpart A of this chapter.

(f) The purveyor using a surface water or GWI source shall collect representative source water samples for bacteriological density analysis under WAC 246-290-664 and 246-290-694 as applicable.

TABLE 1

MINIMUM MONTHLY ROUTINE COLIFORM SAMPLING REQUIREMENTS

Population Served ¹	Minimum Number of Routine Samples/Calendar Month	
	When NO samples with a coliform presence were collected during the previous month	When ANY samples with a coliform presence were collected during the previous month
During Month		
1 - 1,000	1*	5
1,001 - 2,500	2*	5
2,501 - 3,300	3*	5
3,301 - 4,100	4*	5

Population Served ¹	Minimum Number of Routine Samples/Calendar Month	
	When NO samples with a coliform presence were collected during the previous month	When ANY samples with a coliform presence were collected during the previous month
During Month		
4,101 - 4,900	5	5
4,901 - 5,800	6	6
5,801 - 6,700	7	7
6,701 - 7,600	8	8
7,601 - 8,500	9	9
8,501 - 12,900	10	10
12,901 - 17,200	15	15
17,201 - 21,500	20	20
21,501 - 25,000	25	25
25,001 - 33,000	30	30
33,001 - 41,000	40	40
41,001 - 50,000	50	50
50,001 - 59,000	60	60
59,001 - 70,000	70	70
70,001 - 83,000	80	80
83,001 - 96,000	90	90
96,001 - 130,000	100	100
130,001 - 220,000	120	120
220,001 - 320,000	150	150
320,001 - 450,000	180	180
450,001 - 600,000	210	210
600,001 - 780,000	240	240
780,001 - 970,000	270	270
970,001 - 1,230,000 ³	300	300

¹ Does not include the population of a consecutive system that purchases water. The sampling requirement for consecutive systems is a separate determination based upon the population of that system.

² Noncommunity systems using only protected groundwater sources and serving less than 25 individuals, may collect and submit for analysis, one sample every three months.

³ Systems serving populations larger than 1,230,000 shall contact the department for the minimum number of samples required per month.

*In addition to the provisions of subsection (1)(a) of this section, if a system of this size cannot show evidence of having been subject to a sanitary survey on file with the department, or has been determined to be at risk to bacteriological concerns following a survey, the minimum number of samples required per month may be increased by the department after additional consideration of factors such as monitoring history, compliance record, operational problems, and water quality concerns for the system.

(4) Inorganic chemical and physical.

(a) A complete inorganic chemical and physical analysis shall consist of the primary and secondary chemical and physical substances.

(i) Primary chemical and physical substances are antimony, arsenic, asbestos, barium, beryllium, cadmium, chromium, cyanide, fluoride, mercury, nickel, nitrate (as N), nitrite (as N), selenium, sodium, thallium, and for unfiltered surface water, turbidity. (Except that the MCL for arsenic under WAC 246-290-310 does not apply to TNC systems.)

(ii) Secondary chemical and physical substances are chloride, color, hardness, iron, manganese, specific conductivity, silver, sulfate, total dissolved solids*, and zinc.

* Required only when specific conductivity exceeds seven hundred micromhos/centimeter.

(b) Purveyors shall monitor for all primary and secondary chemical and physical substances identified in Table 4 and Table 5. Samples shall be collected in accordance with the monitoring requirements referenced in 40 CFR 141.23 introductory text, 141.23(a) through 141.23(j), excluding (i)(2), and 40 CFR 143.4, except for composite samples for systems serving less than three thousand three hundred one persons. For these systems, compositing among different systems may be allowed if the systems are owned or operated by a department-approved satellite management agency.

(c) Samples required by this subsection shall be taken at designated locations under 40 CFR 141.23(a) through 141.23(j), excluding (i)(2), and 40 CFR 143.4, and Table 3 herein.

(i) Wellfield samples shall be allowed from department designated wellfields; and

(ii) Under 40 CFR 141.23 (a)(3), alternate sampling locations may be used if approved by the department. The process for determining these alternate sites is described in department guidance. Purveyors of community and NTNC systems may ask the department to approve an alternate sampling location for multiple sources within a single system that are blended prior to entry to the distribution system. Alternate sampling plans shall address the following:

- (A) Source vulnerability;
- (B) Individual source characteristics;
- (C) Previous water quality information;
- (D) Status of monitoring waiver applications; and
- (E) Other information deemed necessary by the department.

(d) Composite samples:

(i) Under 40 CFR 141.23 (a)(4), purveyors may ask the certified lab to composite samples representing as many as five individual samples from within one system. Sampling procedures and protocols are outlined in department guidance; and

(ii) For systems serving a population of less than three thousand three hundred one, the department may approve composite sampling between systems when those systems are part of an approved satellite management agency.

(e) When the purveyor provides treatment for one or more inorganic chemical or physical contaminants, the department may require the purveyor to sample before and after treatment. The department shall notify the purveyor if and when this additional source sampling is required.

(f) Inorganic monitoring plans.

(i) Purveyors of community and NTNC systems shall prepare an inorganic chemical monitoring plan and base routine monitoring on the plan.

(ii) The purveyor shall:

(A) Keep the monitoring plan on file with the system and make it available to the department for inspection upon request;

(B) Revise or expand the plan at any time the plan no longer reflects the monitoring requirements, procedures or sampling locations, or as directed by the department; and

(C) Submit the plan to the department for review and approval when requested and as part of the water system plan required under WAC 246-290-100.

(g) Monitoring waivers.

(i) Purveyors may request in writing, a monitoring waiver from the department for any nonnitrate/nitrite inorganic chemical and physical monitoring requirements identified in this chapter.

(ii) Purveyors requesting a monitoring waiver shall comply with applicable subsections of 40 CFR 141.23 (b)(3), and 141.23 (c)(3).

(iii) Purveyors shall update and resubmit requests for waiver renewals as applicable during each compliance cycle or period or more frequently as directed by the department.

(iv) Failure to provide complete and accurate information in the waiver application shall be grounds for denial of the monitoring waiver.

(h) The department may require the purveyor to repeat sample for confirmation of results.

(i) Purveyors with emergency and seasonal sources shall monitor those sources when they are in use.

(5) Lead and copper. Monitoring for lead and copper shall be conducted in accordance with 40 CFR 141.86 (a) - (f), 141.87, and 141.88.

(6) Disinfection byproducts (DBP), disinfectant residuals, and disinfection byproduct precursors (DBPP). Purveyors of community and NTNC systems providing water treated with chemical disinfectants and TNC systems using chlorine dioxide shall monitor as follows:

(a) General requirements.

(i) Systems shall collect samples during normal operating conditions.

(ii) All monitoring shall be conducted in accordance with the analytical requirements in 40 CFR 141.131.

(iii) Systems may consider multiple wells drawing from a single aquifer as one treatment plant for determining the minimum number of TTHM and HAA5 samples required, with department approval in accordance with department guidance.

(iv) Systems required to monitor under this subsection shall prepare and implement a monitoring plan in accordance with 40 CFR 141.132(f) or 40 CFR 141.622, as applicable.

(A) Community and NTNC surface water and GWI systems that deliver water that has been treated with a disinfectant other than ultraviolet light and serve more than three thousand three hundred people shall submit a monitoring plan to the department.

(B) The department may require submittal of a monitoring plan from systems not specified in subsection (6)(a)(iv)(A) of this section, and may require revision of any monitoring plan.

(C) Failure to monitor for TTHM, HAA5, or bromate will be treated as a violation for the entire period covered by the annual average where compliance is based on a running annual average of monthly or quarterly samples or averages.

(D) Failure to monitor for chlorine and chloramine residuals will be treated as a violation for the entire period covered by the annual average where compliance is based on a run-

ning annual average of monthly or quarterly samples or averages and the systems' failure to monitor makes it impossible to determine compliance with the MRDLs.

(b) Disinfection byproducts - **Community** and **NTNC** systems only.

(i) TTHMs and HAA5.

(A) Systems shall monitor for TTHM and HAA5 in accordance with 40 CFR 141.132 (b)(1)(i) until the dates set in Table 2. On and after the dates set in Table 2, the systems shall monitor in accordance with 40 CFR 141.620, 141.621, and 141.622.

Table 2

Population Served	Routine Monitoring Start Date ¹
100,000 or more	April 1, 2012
50,000 - 99,999	October 1, 2012
10,000 - 49,999	October 1, 2013
Less than 10,000	October 1, 2013 ² October 1, 2014 ³

¹ Systems that have nonemergency interties with other systems must comply with the dates associated with the largest system in their combined distribution system.

² Surface water and GWI systems that did not have to do *Cryptosporidium* monitoring under 40 CFR 141.701 (a)(4).

³ Surface water and GWI systems that also did *Cryptosporidium* monitoring under 40 CFR 141.701 (a)(4).

(B) With department approval, systems may reduce monitoring in accordance with 40 CFR 141.132 (b)(1)(ii) and (iii), or 40 CFR 141.623, as applicable.

(C) Systems on department-approved reduced monitoring schedules may be required to return to routine monitoring, or initiate increased monitoring in accordance with 40 CFR 141.132 (b)(1)(iv), 40 CFR 141.625, or 40 CFR 141.627, as applicable.

(D) The department may return systems on increased monitoring to routine monitoring if, after one year, annual average results for TTHMs and HAA5 are less than or equal to 0.060 mg/L and 0.045 mg/L, respectively, or monitoring results are consistently below the MCLs indicating that increased monitoring is no longer necessary. After the dates set in Table 2, systems must meet requirements of 40 CFR 141.628 and 40 CFR 141.625(c) to return to routine monitoring.

(E) After the dates set in Table 2, systems must calculate operational evaluation levels each calendar quarter and take action, as needed, in accordance with 40 CFR 141.626.

(F) NTNC systems serving ten thousand or more people and community systems must comply with the provisions of 40 CFR Subpart U - Initial Distribution System Evaluation at:

40 CFR 141.600	General requirements.
40 CFR 141.601	Standard monitoring.
40 CFR 141.602	System specific studies.
40 CFR 141.603	40/30 certification.
40 CFR 141.604	Very small system waivers.
40 CFR 141.605	Subpart V compliance monitoring location recommendations.

(ii) Chlorite - Only systems that use **chlorine dioxide**.

(A) Systems using chlorine dioxide shall conduct daily and monthly monitoring in accordance with 40 CFR 141.132 (b)(2)(i) and additional chlorite monitoring in accordance with 40 CFR 141.132 (b)(2)(ii).

(B) With department approval, monthly monitoring may be reduced in accordance with 40 CFR 141.132 (b)(2)(iii)(B). Daily monitoring at entry to distribution required by 40 CFR 141.132 (b)(2)(i)(A) may not be reduced.

(iii) Bromate - Only systems that use **ozone**.

(A) Systems using ozone for disinfection or oxidation must conduct bromate monitoring in accordance with 40 CFR 141.132 (b)(3)(i).

(B) With department approval, monthly bromate monitoring may be reduced to once per quarter in accordance with 40 CFR 141.132 (b)(3)(ii)(B).

(c) Disinfectant residuals.

(i) Chlorine and chloramines. Systems that deliver water continuously treated with chlorine or chloramines, including consecutive systems, shall monitor and record the residual disinfectant level in the distribution system under WAC 246-290-300 (2)(b), 246-290-451(7), 246-290-664(6), or 246-290-694(8), but in no case less than as required by 40 CFR 141.74 (b)(6), 40 CFR 141.74 (c)(3), 40 CFR 141.132(c), or 40 CFR 141.624.

(ii) Chlorine dioxide. Community, NTNC, or TNC systems that use chlorine dioxide shall monitor in accordance with 40 CFR 141.132 (c)(2) and record results.

(d) Disinfection byproducts precursors.

Community and NTNC surface water or GWI systems that use conventional filtration with sedimentation as defined in WAC 246-290-660(3) shall monitor under 40 CFR 141.132(d), and meet the requirements of 40 CFR 141.135.

(7) Organic chemicals.

(a) Purveyors of community and NTNC water systems shall comply with monitoring requirements under 40 CFR 141.24 (a) - (d), 141.24 (f)(1) - (f)(15), 141.24 (f)(18) - (19), 141.24 (f)(21), 141.24 (g)(1) - (9), 141.24 (g)(12) - (14), 141.24 (h)(1) - (11), and 141.24 (h)(14) - (17).

(b) Sampling locations shall be as defined in 40 CFR 141.24(f), 141.24(g), and 141.24(h).

(i) Wellfield samples shall be allowed from department designated wellfields; and

(ii) Under 40 CFR 141.24 (f)(3) and 141.24 (h)(3), alternate sampling locations may be allowed if approved by the department. These alternate locations are described in department guidance. Purveyors may ask the department to approve an alternate sampling location for multiple sources within a single system that are blended prior to entry to the distribution system. The alternate sampling location shall consider the following:

(A) Source vulnerability;

(B) An updated organic monitoring plan showing location of all sources with current and proposed sampling locations;

(C) Individual source characteristics;

(D) Previous water quality information;

(E) Status of monitoring waiver applications; and

(F) Other information deemed necessary by the department.

- (c) Composite samples:
 - (i) Purveyors may ask the certified lab to composite samples representing as many as five individual samples from within one system. Sampling procedures and protocols are outlined in department guidance;
 - (ii) For systems serving a population of less than three thousand three hundred one, the department may approve composite sampling between systems when those systems are part of an approved satellite management agency.
- (d) The department may require the purveyor to sample both before and after treatment for one or more organic contaminants. The department shall notify the purveyor if and when this additional source sampling is required.
- (e) Organic chemical monitoring plans.
 - (i) Purveyors of community and NTNC systems shall prepare an organic chemical monitoring plan and base routine monitoring on the plan.
 - (ii) The purveyor shall:
 - (A) Keep the monitoring plan on file with the system and make it available to the department for inspection upon request;
 - (B) Revise or expand the plan at any time the plan no longer reflects the monitoring requirements, procedures or sampling locations, or as directed by the department; and
 - (C) Submit the plan to the department for review and approval when requested and as part of the water system plan required under WAC 246-290-100.
- (f) Monitoring waivers.
 - (i) Purveyors may request in writing, a monitoring waiver from the department for any organic monitoring requirement except those relating to unregulated VOCs;
 - (ii) Purveyors requesting a monitoring waiver shall comply with 40 CFR 141.24 (f)(7), 141.24 (f)(10), 141.24 (h)(6), and 141.24 (h)(7);
 - (iii) Purveyors shall update and resubmit requests for waiver renewals as directed by the department; and
 - (iv) Failure to provide complete and accurate information in the waiver application shall be grounds for denial of the monitoring waiver.
- (g) Purveyors with emergency and seasonal sources shall monitor those sources under the applicable requirements of this section when they are actively providing water to consumers.
- (8) Radionuclides. Monitoring for radionuclides shall be conducted under 40 CFR 141.26.
- (9) *Cryptosporidium* and *E. coli* source monitoring. Purveyors with surface water or GWI sources shall monitor the sources in accordance with 40 CFR 141.701 and 702.
- (10) Other substances.

On the basis of public health concerns, the department may require the purveyor to monitor for additional substances.

Sample Type	Sample Location
<i>Cryptosporidium</i> and <i>E. coli</i> (Source Water) - WAC 246-290-630(16)	Under 40 CFR 141.703.
Complete Inorganic Chemical & Physical	From a point representative of the source, after treatment, and prior to entry to the distribution system.
Lead/Copper	From the distribution system at targeted sample tap locations.
Nitrate/Nitrite	From a point representative of the source, after treatment, and prior to entry to the distribution system.
Disinfection Byproducts - TTHMs and HAA5 - WAC 246-290-300(6)	Under 40 CFR 141.132 (b)(1) (Subpart L of the CFR).
Disinfection Byproducts - TTHMs and HAA5 - WAC 246-290-300(6)	Under 40 CFR 141.600 - 629 (IDSE and LRAA in Subparts U and V of the CFR).
Disinfection Byproducts - Chlorite (Systems adding chlorine dioxide)	Under 40 CFR 141.132 (b)(2).
Disinfection Byproducts - Bromate (Systems adding ozone)	Under 40 CFR 141.132 (b)(3).
Disinfectant Residuals - Chlorine and Chloramines	Under 40 CFR 141.132 (c)(1).
Disinfectant Residuals - Chlorine dioxide	Under 40 CFR 141.132 (c)(2).
Disinfection Precursors - Total Organic Carbon (TOC)	Under 40 CFR 141.132(d).
Disinfection Precursors - Bromide (Systems using ozone)	From the source before treatment.
Radionuclides	From a point representative of the source, after treatment and prior to entry to distribution system.
Organic Chemicals (VOCs & SOCs)	From a point representative of the source, after treatment and prior to entry to distribution system.
Other Substances (unregulated chemicals)	From a point representative of the source, after treatment, and prior to entry to the distribution system, or as directed by the department.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-300, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 43.20.-050. 09-21-045, § 246-290-300, filed 10/13/09, effective 1/4/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-300, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 43.20.050 and 70.119A.080. 04-04-056, § 246-290-300, filed 1/30/04, effective 3/1/04. Statutory Authority: RCW 43.20.050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-300, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.02.050 [43.20.050]. 99-07-021, § 246-290-300, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 94-14-001, § 246-290-300, filed 6/22/94, effective 7/23/94; 93-08-011 (Order 352B), § 246-290-300, filed 3/25/93, effective 4/25/93; 92-04-070 (Order 241B), § 246-290-300, filed 2/4/92, effective 3/6/92. Statutory Authority: Chapter 43.20 RCW. 91-07-031 (Order 150B), § 246-290-300, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-300, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-165, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-165, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-165, filed 9/8/83.]

TABLE 3
MONITORING LOCATION

Sample Type	Sample Location
Asbestos	One sample from distribution system or if required by department, from the source.
Bacteriological	From representative points throughout distribution system.

WAC 246-290-320 Follow-up action. (1) General.

(a) When an MCL or MRDL violation or exceedance occurs, the purveyor shall take follow-up action as described in this section.

(b) When a primary standard violation occurs, the purveyor shall:

(i) Notify the department under WAC 246-290-480;

(ii) Notify the consumers served by the system and the owner or operator of any consecutive system served in accordance with 40 CFR 141.201 through 208, and Part 7, Subpart A of this chapter;

(iii) Determine the cause of the contamination; and

(iv) Take action as directed by the department.

(c) When a secondary standard violation occurs, the purveyor shall notify the department and take action as directed by the department.

(d) The department may require additional sampling for confirmation of results.

(2) Bacteriological.

(a) When coliform bacteria are present in any sample and the sample is not invalidated under (d) of this subsection, the purveyor shall ensure the following actions are taken:

(i) The sample is analyzed for fecal coliform or *E. coli*. When a sample with a coliform presence is not analyzed for *E. coli* or fecal coliforms, the sample shall be considered as having a fecal coliform presence for MCL compliance purposes;

(ii) Repeat samples are collected in accordance with (b) of this subsection;

(iii) Triggered source water monitoring is conducted in accordance with (g) of this subsection unless the department determines and documents in writing that the total coliform positive sample collected was caused by a distribution system deficiency;

(iv) The department is notified in accordance with WAC 246-290-480; and

(v) The cause of the coliform presence is determined and corrected.

(b) Repeat samples.

(i) The purveyor shall collect repeat samples in order to confirm the original sample results and to determine the cause of the coliform presence. Additional treatment, such as batch or shock chlorination, shall not be instituted prior to the collection of repeat samples unless prior authorization by the department is given. Following collection of repeat samples, and before the analytical results are known, there may be a need to provide interim precautionary treatment or other means to insure public health protection. The purveyor shall contact the department to determine the best interim approach in this situation.

(ii) The purveyor shall collect and submit for analysis a set of repeat samples for every sample in which the presence of coliforms is detected. A set of repeat coliform samples consists of:

(A) Four repeat samples for systems collecting one routine coliform sample each month; or

(B) Three repeat samples for all systems collecting more than one routine coliform sample each month.

(iii) The purveyor shall collect repeat sample sets according to Table 7;

(iv) The purveyor shall collect one set of repeat samples for each sample with a coliform presence. All samples in a set of repeat samples shall be collected on the same day and submitted for analysis within twenty-four hours after notification by the laboratory of a coliform presence, or as directed by the department.

(v) When repeat samples have coliform presence, the purveyor shall:

(A) Contact the department and collect a minimum of one additional set of repeat samples as directed by the department; or

(B) Collect one additional set of repeat samples for each sample where coliform presence was detected.

(vi) The purveyor of a system providing water to consumers via a single service shall collect repeat samples from the same location as the sample with a coliform presence. The set of repeat samples shall be collected:

(A) On the same collection date;

(B) Over consecutive days with one sample collected each day until the required samples in the set of repeat samples are collected; or

(C) As directed by the department.

(vii) If a sample with a coliform presence was collected from the first two or last two active services, the purveyor shall monitor as directed by the department;

(viii) The purveyor may change a previously submitted routine sample to a sample in a set of repeat samples when the purveyor:

(A) Collects the sample within five active adjacent service connections of the location from which the initial sample with a coliform presence was collected;

(B) Collects the sample after the initial sample with a coliform presence was submitted for analysis;

(C) Collects the sample on the same day as other samples in the set of repeat samples, except under (b)(iv) of this subsection; and

(D) Requests and receives approval from the department for the change.

(ix) The department may determine that sets of repeat samples specified under this subsection are not necessary during a month when a nonacute coliform MCL violation is determined for the system.

**Table 7
REPEAT SAMPLE REQUIREMENTS**

# OF ROUTINE SAMPLES COLLECTED EACH MONTH	# OF SAMPLES IN A SET OF REPEAT SAMPLES	LOCATIONS FOR REPEAT SAMPLES (COLLECT AT LEAST ONE SAMPLE PER SITE)
1	4	<ul style="list-style-type: none"> ◆ Site of previous sample with a coliform presence ◆ Within 5 active services upstream of site of sample with a coliform presence ◆ Within 5 active services downstream of site of sample with a coliform presence ◆ At any other active service or from a location most susceptible to contamination (i.e., well or reservoir)

# OF ROUTINE SAMPLES COLLECTED EACH MONTH	# OF SAMPLES IN A SET OF REPEAT SAMPLES	LOCATIONS FOR REPEAT SAMPLES (COLLECT AT LEAST ONE SAMPLE PER SITE)
more than 1	3	<ul style="list-style-type: none"> ◆ Site of previous sample with a coliform presence ◆ Within 5 active services upstream of site of sample with a coliform presence ◆ Within 5 active services downstream of site of sample with a coliform presence

(c) Monitoring frequency following a coliform presence. Systems having one or more coliform presence samples that were not invalidated during the previous month shall collect and submit for analysis the minimum number of samples shown in the last column of Table 2.

(i) The purveyor may obtain a reduction in the monitoring frequency requirement when one or more samples with a coliform presence were collected during the previous month, if the purveyor proves to the satisfaction of the department;

(A) The cause of the sample with a coliform presence; and

(B) The problem is corrected before the end of the next month the system provides water to the public.

(ii) If the monitoring frequency requirement is reduced, the purveyor shall collect and submit at least the minimum number of samples required when no samples with a coliform presence were collected during the previous month.

(d) Invalid samples. Routine and repeat coliform samples may be determined to be invalid under any of the following conditions:

(i) A certified laboratory determines that the sample results show:

(A) Multiple tube technique cultures that are turbid without appropriate gas production;

(B) Presence-absence technique cultures that are turbid in the absence of an acid reaction;

(C) Occurrence of confluent growth patterns or growth of TNTC (too numerous to count) colonies without a surface sheen using a membrane filter analytic technique;

(ii) The analyzing laboratory determines there is excess debris in the sample.

(iii) The analyzing laboratory establishes that improper sample collection or analysis occurred;

(iv) The department determines that a nondistribution system problem has occurred as indicated by:

(A) All samples in the set of repeat samples collected at the same location, including households, as the original coliform presence sample also are coliform presence; and

(B) All other samples from different locations (households, etc.) in the set of repeat samples are free of coliform.

(v) The department determines a coliform presence result is due to a circumstance or condition that does not reflect water quality in the distribution system.

(e) Follow-up action when an invalid sample is determined. The purveyor shall take the following action when a coliform sample is determined to be invalid:

(i) Collect and submit for analysis an additional coliform sample from the same location as each invalid sample within twenty-four hours of notification of the invalid sample; or

(ii) In the event that it is determined that the invalid sample resulted from circumstances or conditions not reflective of distribution system water quality, collect a set of samples in accordance with Table 7; and

(iii) Collect and submit for analysis samples as directed by the department.

(f) Invalidated samples shall not be included in determination of the sample collection requirement for compliance with this chapter.

(g) Triggered source water monitoring.

(i) All groundwater systems with their own groundwater source(s) must conduct triggered source water monitoring unless the following conditions exist:

(A) The system has submitted a project report and received approval that it provides at least 4-log treatment of viruses (using inactivation, removal, or a department approved combination of 4-log virus inactivation and removal) before or at the first customer for each groundwater source; and

(B) The system is conducting compliance monitoring under WAC 246-290-453(2).

(ii) Any groundwater source sample required under this subsection must be collected at the source prior to any treatment unless otherwise approved by the department.

(iii) Any source sample collected under this subsection must be at least 100 mL in size and must be analyzed for *E. coli* using one of the analytical methods under 40 CFR 141.402(c).

(iv) Groundwater systems must collect at least one sample from each groundwater source in use at the time a routine sample collected under WAC 246-290-300(3) is total coliform-positive and not invalidated under (d) of this subsection. These source samples must be collected within twenty-four hours of notification of the total coliform-positive sample. The following exceptions apply:

(A) The twenty-four hour time limit may be extended if granted by the department and will be determined on a case-by-case basis. If an extension is granted, the system must sample by the deadline set by the department.

(B) Systems with more than one groundwater source may meet the requirements of (g)(iv) of this subsection by sampling a representative groundwater source or sources. The system must have an approved triggered source water monitoring plan that identifies one or more groundwater sources that are representative of each monitoring site in the system's coliform monitoring plan under WAC 246-290-300(3)(b). This plan must be approved by the department before representative sampling will be allowed.

(C) Groundwater systems serving one thousand people or fewer may use a repeat sample collected from a groundwater source to meet the requirements of (b) and (g)(iv) of this subsection. If the repeat sample collected from the groundwater source is *E. coli* positive, the system must comply with (g)(v) of this subsection.

(v) Groundwater systems with an *E. coli* positive source water sample that is not invalidated under (g)(vii) of this subsection, must:

(A) Provide Tier 1 public notice under Part 7, Subpart A of this chapter and special notification under WAC 246-290-71005 (4) and (5);

(B) If directed by the department, take corrective action as required under WAC 246-290-453(1); and

(C) Systems that are not directed by the department to take corrective action must collect five additional samples from the same source within twenty-four hours of being notified of the *E. coli* positive source water sample. If any of the five additional samples are *E. coli* positive, the system must take corrective action under WAC 246-290-453(1).

(vi) Any consecutive groundwater system that has a total coliform-positive routine sample collected under WAC 246-290-300(3) and not invalidated under (d) of this subsection, must notify each wholesale system it receives water from within twenty-four hours of being notified of the total coliform-positive sample and comply with (g) of this subsection.

(A) A wholesale groundwater system that receives notice from a consecutive system under (g)(vi) of this subsection must conduct triggered source water monitoring under (g) of this subsection unless the department determines and documents in writing that the total coliform-positive sample collected was caused by a distribution system deficiency in the consecutive system.

(B) If the wholesale groundwater system source sample is *E. coli* positive, the wholesale system must notify all consecutive systems served by that groundwater source within twenty-four hours of being notified of the results and must meet the requirements of (g)(v) of this subsection.

(C) Any consecutive groundwater system receiving water from a source with an *E. coli* positive sample must notify all their consumers as required under (g)(v)(A) of this subsection.

(vii) An *E. coli* positive groundwater source sample may be invalidated only if the following conditions apply:

(A) The system provides the department with written notice from the laboratory that improper sample analysis occurred; or

(B) The department determines and documents in writing that there is substantial evidence that the *E. coli* positive groundwater sample is not related to source water quality.

(viii) If the department invalidates an *E. coli* positive groundwater source sample, the system must collect another source water sample within twenty-four hours of being notified by the department of its invalidation decision and have it analyzed using the same analytical method. The department may extend the twenty-four hour time limit under (g)(iv)(A) of this subsection.

(ix) Groundwater systems that fail to meet any of the monitoring requirements of (g) of this subsection must conduct Tier 2 public notification under Part 7, Subpart A of this chapter.

(3) Inorganic chemical and physical follow-up monitoring shall be conducted in accordance with the following:

(a) For nonnitrate/nitrite primary inorganic chemicals, 40 CFR 141.23 (a)(4), 141.23 (b)(8), 141.23 (c)(7), 141.23 (c)(9), 141.23 (f)(1), 141.23(g), 141.23(m) and 141.23(n);

(b) For nitrate, 40 CFR 141.23 (a)(4), 141.23 (d)(2), 141.23 (d)(3), 141.23 (f)(2), 141.23(g), 141.23(m), 141.23(n), and 141.23(o);

(c) For nitrite, 40 CFR 141.23 (a)(4), 141.23 (e)(3), 141.23 (f)(2), and 141.23(g); or

(d) The purveyor of any public water system providing service that has secondary inorganic MCL exceedances shall

take follow-up action as required by the department. Follow-up action shall be commensurate with the degree of consumer acceptance of the water quality and their willingness to bear the costs of meeting the secondary standard. For new community water systems and new nontransient noncommunity water systems without active consumers, treatment for secondary contaminant MCL exceedances will be required.

(4) Lead and copper follow-up monitoring shall be conducted in accordance with 40 CFR 141.85(d), 141.86 (d)(2), 141.86 (d)(3), 141.87(d) and 141.88(b) through 141.88(d).

(5) Turbidity.

Purveyors monitoring turbidity in accordance with Part 6 of this chapter shall provide follow-up under WAC 246-290-634.

(6) Organic chemicals. Follow-up monitoring shall be conducted in accordance with the following:

(a) For VOCs, 40 CFR 141.24 (f)(11) through 141.24 (f)(15), and 141.24 (f)(22); or

(b) For SOCs, 40 CFR 141.24(b), 141.24(c) and 141.24 (h)(7) through 141.24 (h)(11), and 141.24 (h)(20).

(7) Radionuclide follow-up monitoring shall be conducted under 40 CFR 141.26 (a)(2)(iv), 141.26 (a)(3)(ii) through (v), 141.26 (a)(4), 141.26 (b)(6), and 141.26 (c)(5).

(8) The department shall determine the purveyor's follow-up action when a substance not included in this chapter is detected.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-320, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-320, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 43.20.050 and 70.119A.080. 04-04-056, § 246-290-320, filed 1/30/04, effective 3/1/04. Statutory Authority: RCW 43.20.050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-320, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.02.050 [43.20.050]. 99-07-021, § 246-290-320, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 94-14-001, § 246-290-320, filed 6/22/94, effective 7/23/94; 93-08-011 (Order 352B), § 246-290-320, filed 3/25/93, effective 4/25/93; 92-04-070 (Order 241B), § 246-290-320, filed 2/4/92, effective 3/6/92. Statutory Authority: Chapter 43.20 RCW. 91-07-031 (Order 150B), § 246-290-320, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-320, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-185, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-185, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-185, filed 9/8/83.]

WAC 246-290-415 Operations and maintenance. (1)

The purveyor shall ensure that the system is operated in accordance with the operations and maintenance program as established in the approved water system plan required under WAC 246-290-100 or the small water system management program under WAC 246-290-105.

(2) The operations and maintenance program shall include the following elements as applicable:

(a) Water system management and personnel;

(b) Operator certification;

(c) Comprehensive monitoring plan for all contaminants under WAC 246-290-300;

(d) Emergency response program;

(e) Cross-connection control program; and

(f) Maintenance of service reliability in accordance with WAC 246-290-420.

(3) The purveyor shall ensure that the system is operated in accordance with good operations procedures such as those

available in texts, handbooks, and manuals available from the following sources:

(a) American Water Works Association (AWWA), 6666 West Quincy Avenue, Denver, Colorado 80235;

(b) American Society of Civil Engineers (ASCE), 345 East 47th Street, New York, New York 10017-2398;

(c) Ontario Ministry of the Environment, 135 St. Clair Avenue West, Toronto, Ontario M4V1B5, Canada;

(d) The Chlorine Institute, 2001 "L" Street NW, Washington, D.C. 20036;

(e) California State University, 600 "J" Street, Sacramento, California 95819;

(f) Health Research Inc., Health Education Services Division, P.O. Box 7126, Albany, New York 12224; and

(g) Any other standards acceptable to the department.

(4) The purveyor shall not establish or maintain a bypass to divert water around any feature of a treatment process, except by written approval from the department.

(5) The purveyor shall take preventive or corrective action as directed by the department when results of an inspection conducted by the department indicate conditions which are currently or may become a detriment to system operation.

(6) The purveyor of a system using surface water or GWI shall meet operational requirements specified in Part 6 of this chapter.

(7) The purveyor shall have a certified operator if required under chapter 70.119 RCW and chapter 246-292 WAC.

(8) The purveyor shall at all times employ reasonable security measures to assure the raw water intake facilities, water treatment processes, water storage facilities, and the distribution system are protected from possible damage or compromise by unauthorized persons, animals, vegetation, or similar intruding agents. Such measures include elements such as locks on hatches, fencing of facilities, screening of reservoir vents or openings, and other recommendations as may be found in the current edition of the *Recommended Standards for Water Works, A Committee Report of the Great Lakes - Upper Mississippi River Board of State Public Health and Environmental Managers*.

(9) All purveyors utilizing groundwater wells shall monitor well levels from ground level to the static water level on a seasonal basis, including low demand and high demand periods, to document the continuing availability of the source to meet projected, long-term demands. Purveyors shall maintain this data and provide it to the department upon request.

(10) All operation and maintenance practices shall conform to Part 5 of this chapter.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-415, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 43.02.-050 [43.20.050]. 99-07-021, § 246-290-415, filed 3/9/99, effective 4/9/99.]

WAC 246-290-416 Sanitary surveys. (1) All public water systems shall submit to a sanitary survey conducted by the department, or the department's designee, based upon the following schedule:

(a) For community water systems, every three years. In accordance with 40 CFR 141.21 (d)(3), community water systems may qualify to be surveyed every five years if the system meets the following criteria:

(i) Provides at least 4-log treatment of viruses (using inactivation, removal, or a department-approved combination of 4-log inactivation and removal) before or at the first customer for all its groundwater sources; or

(ii) Has no total coliform MCL violations since the last sanitary survey;

(iii) Has no more than one total coliform monitoring violation since the last sanitary survey; and

(iv) Has no unresolved significant deficiencies from the current sanitary survey.

(b) For transient noncommunity and nontransient noncommunity water systems, every five years.

(c) For community water systems that use a surface water or GWI source, every three years. Sanitary surveys may be reduced to every five years upon written approval from the department.

(d) The department may schedule a sanitary survey or increase the frequency of surveys if it determines a public health threat exists or is suspected.

(2) All public water system purveyors shall be responsible for:

(a) Ensuring cooperation in scheduling sanitary surveys with the department, or its designee;

(b) At the department's request, provide any existing information that will enable the department to conduct a sanitary survey;

(c) Ensuring the unrestricted availability of all facilities and records at the time of a sanitary survey or special purpose investigation; and

(d) Taking preventive or corrective action as directed by the department when results of a sanitary survey indicate conditions which are currently or may become a detriment to system operation or public health.

(3) All public water systems that use a surface water or GWI source shall, within forty-five days following receipt of a sanitary survey report that identifies significant deficiencies, identify in writing to the department how the system will correct the deficiencies and propose a schedule to complete the corrections. The department may modify the schedule if necessary to protect the health of water system users.

(4) A groundwater system with significant deficiencies must meet the treatment technique requirements of WAC 246-290-453(1) and the special notification requirements under WAC 246-290-71005 (4) and (5) except where the department determines that the significant deficiency is in a portion of the distribution system that is served solely by surface water or GWI.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-416, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 43.20.-050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-416, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.02.050 [43.20.050]. 99-07-021, § 246-290-416, filed 3/9/99, effective 4/9/99.]

WAC 246-290-451 Disinfection of drinking water. (1) No portion of a public water system containing potable water shall be put into service, nor shall service be resumed until the facility has been effectively disinfected.

(a) In cases of new construction, drinking water shall not be furnished to the consumer until satisfactory bacteriological samples have been analyzed by a laboratory certified by the state; and

(b) In cases of existing water mains, when the integrity of the main is lost resulting in a significant loss of pressure that places the main at risk to cross-connection contamination, the purveyor shall use standard industry practices such as flushing, disinfection, and/or bacteriological sampling to ensure adequate and safe water quality prior to the return of the line to service;

(c) If a cross-connection is confirmed, the purveyor shall satisfy the reporting requirements as described under WAC 246-290-490(8).

(2) The procedure used for disinfection shall conform to standards published by the American Water Works Association, or other industry standards acceptable to the department.

(3) The purveyor of a system using surface water or GWI shall meet disinfection requirements specified in Part 6 of this chapter.

(4) The purveyor of a system using groundwater shall meet the requirements under subsection (6) of this section if required by the department to disinfect for any of the following reasons:

(a) Determination that the groundwater source is in hydraulic connection to surface water under WAC 246-290-640(4);

(b) A history of unsatisfactory source coliform sampling; or

(c) A microbiological contaminant threat within the sanitary control area as defined in WAC 246-290-135.

(5) The purveyor of a groundwater system that is required to disinfect as a result of becoming a SSNC due to repeated total coliform MCL or major repeat violations shall meet the requirements under subsection (7) of this section.

(6) If disinfection is required under subsection (4) of this section, the following requirements must be met:

(a) Provide a minimum contact time at or before the first customer of:

(i) Thirty minutes if 0.2 mg/L free chlorine residual is maintained;

(ii) Ten minutes if 0.6 mg/L free chlorine residual is maintained; or

(iii) Any combination of free chlorine residual concentration (C), measured in mg/L and contact time (T), measured in minutes, that result in a CT product (C x T) of greater than or equal to six; and

(b) Maintain a detectable residual disinfectant concentration in all active parts of the distribution system, measured as total chlorine, free chlorine, combined chlorine, or chlorine dioxide.

(c) The department may require the purveyor to provide longer contact times, higher chlorine residuals, or additional treatment to protect the health of consumers served by the water system.

(d) To demonstrate the required level of treatment is maintained, the purveyor shall:

(i) Monitor the residual disinfectant concentration at the point of entry to the distribution system, or at a department-approved location, at least once every Monday through Friday (except holidays) that water is supplied;

(ii) Calculate the daily CT value at or before the first customer; and

(iii) Submit monthly groundwater treatment reports to the department using a department-approved form by the tenth day of the following month.

(e) All analyses required in this subsection shall be conducted in accordance with EPA standard methods.

(f) The purveyor may be required to monitor the residual disinfectant concentration each calendar day water is supplied to the distribution system if the department considers treatment operation is unreliable.

(g) The department may require the use of continuous residual analyzers and recorders to assure adequate monitoring of residual concentrations.

(7) If disinfection is required under subsection (5) of this section, or a chemical disinfectant is added to a groundwater source for any other reason, the following requirements must be met:

(a) Monitor residual disinfectant concentration at representative points throughout the distribution system once each day, excluding weekends and holidays, and at the same time and location of routine and repeat coliform sample collection. Frequency of disinfection residual monitoring may be reduced upon written request to the department if it can be shown that disinfection residuals can be maintained on a reliable basis without the provision of daily monitoring.

(b) Maintain a detectable residual disinfectant concentration in all active parts of the distribution system, measured as total chlorine, free chlorine, combined chlorine, or chlorine dioxide. Water in the distribution system with an HPC level less than or equal to 500 organisms/mL is considered to have a detectable residual disinfectant concentration.

(c) The department may require the purveyor to provide higher chlorine residuals, or additional treatment to protect the health of consumers served by the water system.

(d) All analyses required in this subsection shall be conducted in accordance with EPA standard methods.

(e) The department may require the use of continuous residual analyzers and recorders to assure adequate monitoring of residual concentrations.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-451, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 43.20-050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-451, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.02.050 [43.20.050]. 99-07-021, § 246-290-451, filed 3/9/99, effective 4/9/99.]

WAC 246-290-453 Treatment techniques for groundwater systems.

(1) Groundwater systems with significant deficiencies identified under WAC 246-290-416, or source fecal contamination as determined under WAC 246-290-320 (2)(g)(v)(C) or 246-290-300 (3)(e), or as directed by the department under WAC 246-290-320 (2)(g)(v)(B) must:

(a) Take one or more of the following corrective actions:

(i) Correct all significant deficiencies;

(ii) Provide an alternate source of water;

(iii) Eliminate the source of contamination; or

(iv) Provide treatment that reliably achieves at least 4-log treatment of viruses (using inactivation, removal, or a department-approved combination of 4-log virus inactivation and removal) before or at the first customer for the groundwater source.

(b) Consult with the department regarding appropriate corrective action within thirty days unless otherwise directed by the department to implement a specific corrective action.

(c) Complete corrective action as directed by the department or be in compliance with an approved corrective action plan within one hundred twenty days (or earlier if directed by the department) of receiving written notice from the department of a significant deficiency or source fecal contamination under this subsection. Any modifications of a corrective action plan must be approved by the department.

(2) When treatment is installed to provide at least 4-log treatment of viruses under subsection (1)(a)(iv) of this section, compliance monitoring must be conducted as follows:

(a) For chemical disinfection, conduct compliance monitoring under 40 CFR 141.403 (b)(3)(i).

(i) For groundwater systems serving greater than three thousand three hundred people, conduct compliance monitoring under 40 CFR 141.403 (b)(3)(i)(A).

(ii) For groundwater systems serving three thousand three hundred or fewer people, conduct compliance monitoring under 40 CFR 141.403 (b)(3)(i)(B).

(b) For membrane filtration, conduct compliance monitoring under 40 CFR 141.403 (b)(3)(ii).

(c) For alternative treatment, conduct compliance monitoring under 40 CFR 141.403 (b)(3)(iii).

(d) For new sources, conduct compliance monitoring under 40 CFR 141.403 (b)(2)(i) and (ii).

(3) A groundwater system may discontinue 4-log treatment of viruses installed under subsection (1)(a)(iv) of this section or WAC 246-290-451(4) if the department determines and documents in writing that 4-log treatment of viruses is no longer necessary for that groundwater source. A system that discontinues 4-log treatment of viruses is subject to the triggered source water monitoring requirements under WAC 246-290-320 (2)(g).

(4) Failure to meet the compliance monitoring requirements under subsection (2) of this section is a monitoring violation and requires Tier 3 public notification under Part 7, Subpart A of this chapter.

(5) Failure to provide 4-log treatment of viruses under subsection (1)(a)(iv) of this section is a treatment technique violation if the failure is not corrected within four hours of the time the purveyor determines that at least 4-log treatment of viruses is not maintained and requires Tier 2 public notification under Part 7, Subpart A of this chapter.

(6) Failure to complete corrective action as directed by the department or be in compliance with an approved corrective action plan within one hundred twenty days (or earlier if directed by the department) of receiving notice from the department of a significant deficiency or an *E. coli* positive groundwater sample that is not invalidated under WAC 246-290-320 (2)(g)(vii) is a treatment technique violation and requires Tier 2 public notification under Part 7, Subpart A of this chapter.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-453, filed 9/29/10, effective 11/1/10.]

WAC 246-290-480 Recordkeeping and reporting. (1) Records. The purveyor shall keep the following records of operation and water quality analyses:

(a) Bacteriological and turbidity analysis results shall be kept for five years. Chemical analysis results shall be kept for as long as the system is in operation. Records of source meter readings shall be kept for ten years. Other records of operation and analyses required by the department shall be kept for three years. All records shall bear the signature of the operator in responsible charge of the water system or his or her representative. Systems shall keep these records available for inspection by the department and shall send the records to the department if requested. Actual laboratory reports may be kept or data may be transferred to tabular summaries, provided the following information is included:

(i) The date, place, and time of sampling, and the name of the person collecting the sample;

(ii) Identification of the sample type (routine distribution system sample, repeat sample, source or finished water sample, or other special purpose sample);

(iii) Date of analysis;

(iv) Laboratory and person responsible for performing analysis;

(v) The analytical method used; and

(vi) The results of the analysis.

(b) Records of action taken by the system to correct violations of primary drinking water standards. For each violation, records of actions taken to correct the violation, and copies of public notifications shall be kept for no less than ten years after the last corrective action taken.

(c) Copies of any written reports, summaries, or communications relating to sanitary surveys or SPIs of the system conducted by system personnel, by a consultant or by any local, state, or federal agency, shall be kept for ten years after completion of the sanitary survey or SPI involved.

(d) Copies of project reports, construction documents and related drawings, inspection reports and approvals shall be kept for the life of the facility.

(e) Where applicable, records of the following shall be kept for a minimum of three years:

(i) Chlorine residual;

(ii) Fluoride level;

(iii) Water treatment plant performance including, but not limited to:

(A) Type of chemicals used and quantity;

(B) Amount of water treated;

(C) Results of analyses; and

(iv) Other information as specified by the department.

(f) The purveyor shall retain copies of public notices made under Part 7, Subpart A of this chapter and certifications made to the department under 40 CFR 141.33(e) for a period of at least three years after issuance.

(g) Purveyors using conventional, direct, or in-line filtration that recycle spent filter backwash water, thickener supernatant, or liquids from dewatering processes within their treatment plant shall, beginning no later than June 8, 2004, collect and retain on file the following information for review and evaluation by the department:

(i) A copy of the recycle notification and information submitted to the department under WAC 246-290-660 (4)(a)(i).

(ii) A list of all recycle flows and the frequency with which they are returned.

(iii) Average and maximum backwash flow rate through the filters and the average and maximum duration of the filter backwash process in minutes.

(iv) Typical filter run length and a written summary of how filter run length is determined.

(v) The type of treatment provided for the recycle flow.

(vi) Data on the physical dimensions of the equalization and/or treatment units, typical and maximum hydraulic loading rates, type of treatment chemicals used and average dose and frequency of use, and frequency at which solids are removed, if applicable.

(h) Purveyors required to conduct disinfection profiling and benchmarking under 40 CFR 141.530 through 141.544 shall retain the results on file indefinitely.

(i) Copies of monitoring plans developed under this chapter shall be kept for the same period of time as the records of analyses taken under the plan are required to be kept under (a) of this subsection.

(j) Purveyors using surface water or GWI sources must keep the records required by 40 CFR 141.722.

(2) Reporting.

(a) Unless otherwise specified in this chapter, the purveyor shall report to the department within forty-eight hours the failure to comply with any national primary drinking water regulation (including failure to comply with any monitoring requirements) as set forth in this chapter. For violations assigned to Tier 1 in WAC 246-290-71001, the department must be notified as soon as possible, but no later than twenty-four hours after the violation is known.

(b) The purveyor shall submit to the department reports required by this chapter, including tests, measurements, and analytic reports. Monthly reports are due before the tenth day of the following month, unless otherwise specified in this chapter.

(c) The purveyor shall submit to the department copies of any written summaries or communications relating to the status of monitoring waivers during each monitoring cycle or as directed by the department.

(d) Source meter readings shall be made available to the department.

(e) Water facilities inventory form (WFI).

(i) Purveyors of **community** and **NTNC** systems shall submit an annual WFI update to the department;

(ii) Purveyors of **TNC** systems shall submit an updated WFI to the department as requested;

(iii) Purveyors shall submit an updated WFI to the department within thirty days of any change in name, category, ownership, or responsibility for management of the water system, or addition of source or storage facilities; and

(iv) At a minimum the completed WFI shall provide the current names, addresses, and telephone numbers of the owners, operators, and emergency contact persons for the system.

(f) Bacteriological. The purveyor shall notify the department of the presence of:

(i) Coliform in a sample, within ten days of notification by the laboratory; and

(ii) Fecal coliform or *E. coli* in a sample, by the end of the business day in which the purveyor is notified by the laboratory. If the purveyor is notified of the results after normal close of business, then the purveyor shall notify the department before the end of the next business day.

(g) Systems monitoring for disinfection byproducts under WAC 246-290-300(6) shall report information to the department as specified in (a) and (b) of this subsection, and 40 CFR 141.134(b).

(h) Systems monitoring for disinfectant residuals under WAC 246-290-300(6) shall report information to the department as specified in (a) and (b) of this subsection, and 40 CFR 141.134(c).

(i) Systems required to monitor for disinfection byproduct precursor removal under WAC 246-290-300(6) shall report information to the department as specified in (a) and (b) of this subsection, and 40 CFR 141.134(d).

(j) Systems required to monitor for disinfection byproducts under WAC 246-290-300(6) shall report information to the department as specified in (a) and (b) of this subsection, and 40 CFR 141.600 - 629.

(k) Systems subject to the enhanced treatment requirements for *Cryptosporidium* under WAC 246-290-630(4) shall report information to the department as specified in 40 CFR 141.706 and 141.721.

(l) Systems that use acrylamide and epichlorohydrin in the treatment of drinking water, must certify annually in writing to the department that the combination (or product) of dose and monomer level does not exceed the levels specified in (l)(i) and (ii) of this subsection. Certifications shall reference maximum use levels established by an ANSI-accredited listing organization approved by the department.

(i) Acrylamide = 0.05 percent dosed at 1 ppm (or equivalent); and

(ii) Epichlorohydrin = 0.01 percent dosed at 20 ppm (or equivalent).

(m) Use of products that exceed the specified levels constitutes a treatment technique violation and the public must be notified under the public notice requirements under Part 7, Subpart A of this chapter.

(n) Systems shall submit to the department, in accordance with 40 CFR 141.31(d), a certification that the system has complied with the public notification regulations (Part 7, Subpart A of this chapter) when a public notification is required. Along with the certification, the system shall submit a representative copy of each type of notice.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-480, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 43.20.050. 09-21-045, § 246-290-480, filed 10/13/09, effective 1/4/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-480, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 70.119A.180. 07-02-025B, § 246-290-480, filed 12/22/06, effective 1/22/07. Statutory Authority: RCW 43.20.050 and 70.119A.080. 04-04-056, § 246-290-480, filed 1/30/04, effective 3/1/04. Statutory Authority: RCW 43.20.050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-480, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.02.050 [43.20.050]. 99-07-021, § 246-290-480, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 94-14-001, § 246-290-480, filed 6/22/94, effective 7/23/94; 93-08-011 (Order 352B), § 246-290-480, filed 3/25/93, effective 4/25/93; 92-04-070 (Order 241B), § 246-290-480, filed 2/4/92, effective 3/6/92; 91-02-051 (Order 124B), recodified as § 246-290-480, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-265, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-265, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-265, filed 9/8/83.]

WAC 246-290-485 Recordkeeping and reporting for groundwater systems. (1) Records. In addition to the

requirements of WAC 246-290-480, the purveyor shall keep the following records:

(a) Records of corrective actions. For each action, records shall be kept for at least ten years.

(b) Records of public notification as required under WAC 246-290-71005 (4) and (5) and shall be kept for at least three years.

(c) Records of invalidation of groundwater source samples under WAC 246-290-320 (2)(g)(vii), and shall be kept for at least five years.

(d) For consecutive systems, records of notification to the wholesale system of total-coliform positive routine samples that are not invalidated under WAC 246-290-320 (2)(d), and shall be kept for at least five years.

(e) For all systems that are required to perform compliance monitoring under WAC 246-290-453:

(i) Records of department-specified minimum disinfectant residual, and shall be kept for at least ten years.

(ii) Records of the lowest residual disinfectant concentration, and the date and duration of any failure to maintain the department-prescribed minimum residual disinfectant concentration for a period of more than four hours, and shall be kept for at least five years.

(iii) Records of department-specified compliance requirements for membrane filtration and of department-specified parameters for department-approved alternative treatment, and shall be kept for at least five years.

(iv) Records of the date and duration of any failure to meet the membrane operating, membrane integrity, or alternative treatment operating requirements for more than four hours, and shall be kept for at least five years.

(2) Reporting. In addition to the requirements of WAC 246-290-480:

(a) Systems conducting compliance monitoring under WAC 246-290-453(2) must notify the department any time the system fails to meet department-specified requirements as soon as possible, but no later than the next business day, for the following requirements:

(i) Minimum residual disinfectant concentration;

(ii) Membrane operating criteria or membrane integrity; and

(iii) Alternative treatment operating criteria, if operation in accordance with the criteria or requirements is not restored within four hours.

(b) The system must notify the department within thirty days of completing corrective action under WAC 246-290-453(1).

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-485, filed 9/29/10, effective 11/1/10.]

WAC 246-290-620 Applicability of surface water treatment requirements. (1) The requirements of Part 6 of this chapter apply to water systems that:

(a) Use surface sources or groundwater sources under the direct influence of surface water (GWI); or

(b) Purchase surface or GWI water from an approved public water system or other entity acceptable to the department.

(2) The requirements of Part 6 of this chapter do not apply to water systems that use unfiltered surface or GWI sources as emergency sources, provided the source is physi-

cally disconnected from the system at all times until it is needed, and the purveyor meets the following conditions:

(a) Has a department-approved emergency response plan; and

(b) Provides disinfection treatment that meets the requirements under WAC 246-290-662 (2)(d).

(3) The requirements of WAC 246-290-640 apply to **Group A** systems that use sources potentially under the influence of surface water as determined by the department.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-620, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 43.02.-050 [43.20.050]. 99-07-021, § 246-290-620, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-620, filed 3/25/93, effective 4/25/93.]

WAC 246-290-630 General requirements. (1) The purveyor shall ensure that treatment is provided for surface and GWI sources consistent with the treatment technique requirements specified in Part 6 of chapter 246-290 WAC.

(2) The purveyor shall install and properly operate water treatment processes to ensure at least:

(a) 99.9 percent (3 log) removal and/or inactivation of *Giardia lamblia* cysts;

(b) 99.99 percent (4 log) removal and/or inactivation of viruses; and

(c) 99 percent (2 log) removal of *Cryptosporidium* oocysts if required to filter.

(3) The purveyor shall ensure that the requirements of subsection (2) of this section are met between a point where the source water is not subject to contamination by untreated surface water and a point at or before the first consumer.

(4) The department may require higher levels of removal and/or inactivation of *Giardia lamblia* cysts, *Cryptosporidium* oocysts, and viruses than specified in subsection (2) of this section if deemed necessary to protect the health of consumers served by the system.

(5) The purveyor shall ensure that personnel operating a system subject to Part 6 of chapter 246-290 WAC meet the requirements under chapter 70.119 RCW and chapter 246-292 WAC.

(6) The purveyor of a **Group A community** system serving water from a surface or GWI source to the public before January 1, 1991, shall comply with applicable minimum treatment requirements. The purveyor shall meet either:

(a) The filtration and disinfection requirements under WAC 246-290-660 and 246-290-662 respectively;

(b) The criteria to remain unfiltered under WAC 246-290-690 and the disinfection requirements under WAC 246-290-692; or

(c) The criteria to provide a limited alternative to filtration under WAC 246-290-691 and the disinfection requirements under WAC 246-290-692.

(7) The purveyor of a **Group A noncommunity** system serving water from a surface or GWI source, shall meet either:

(a) The filtration and disinfection requirements under WAC 246-290-660 and 246-290-662, respectively; or

(b) The criteria to provide a limited alternative to filtration under WAC 246-290-691 and the disinfection requirements under WAC 246-290-692.

(8) The purveyor of a **Group A** system first serving water from a surface or GWI source to the public after December 31, 1990, shall meet either:

(a) The filtration and disinfection requirements under WAC 246-290-660 and 246-290-662, respectively; or

(b) The criteria to provide a limited alternative to filtration under WAC 246-290-691 and the disinfection requirements under WAC 246-290-692.

(9) The purveyor of a system required to install filtration may choose to provide a limited alternative to filtration or abandon the surface or GWI source as a permanent or seasonal source and develop an alternate, department-approved source. Purveyors that develop alternate groundwater sources or purchase water from a department-approved public water system using a groundwater source shall no longer be subject to Part 6 of chapter 246-290 WAC, once the alternate source is approved by the department and is on line.

(10) A purveyor that chooses to provide a limited alternative to filtration shall submit an application to the department that contains the information necessary to determine whether the source can meet the criteria.

(11) If a limited alternative to filtration is provided, then the purveyor shall install and properly operate treatment processes to ensure greater removal and/or inactivation efficiencies of *Giardia lamblia* cysts, viruses, or other pathogenic organisms of public health concern (including *Cryptosporidium* oocysts) than would be achieved by the combination of filtration and chlorine disinfection.

(12) Systems that were required to develop a disinfection profile under 40 CFR 141.172 shall provide that profile and a calculated disinfection benchmark, as described in 40 CFR 141.172 (c)(2) and (3), along with other project information specified in WAC 246-290-110, when proposing any change to the disinfection treatment system. The proposal for change shall include an analysis of how the proposed change will affect the current level of disinfection. The profile must also be available for inspection during routine sanitary surveys conducted under WAC 246-290-416.

(13) Community and nontransient noncommunity systems serving less than ten thousand persons must meet the disinfection profiling and benchmarking provisions required under 40 CFR 141.530 through 141.544.

(14) Systems required to develop a disinfection profile under 40 CFR 141.530 shall provide that profile and a calculated disinfection benchmark, as described in 40 CFR 141.543 along with other project information specified in WAC 246-290-110, when proposing any change to the disinfection treatment system. The proposal for change shall include an analysis of how the proposed change will affect the current level of disinfection. The profile must also be available for inspection during routine sanitary surveys conducted under WAC 246-290-416.

(15) A system using conventional, direct, or in-line filtration that must arrange for the conduct of a CPE, under 40 CFR 141.175 (b)(4) or 40 CFR 141.563, may be required to arrange for CTA. The department will determine the need for CTA on a case-by-case basis.

(16) Water systems subject to the requirements of Part 6 of this chapter must also comply with the enhanced treatment requirements for *Cryptosporidium* under 40 CFR Subpart W.

The requirements are in addition to the requirements of Part 6 of this chapter and include:

(a) General requirements under 40 CFR 141.700;

(b) Source monitoring requirements under 40 CFR 141.701-707;

(c) Disinfection profiling and benchmarking requirements under 40 CFR 141.708-709;

(d) Treatment technique requirements under 40 CFR 141.710-714;

(e) Requirements for microbial toolbox components under 40 CFR 141.715-720; and

(f) Reporting and recordkeeping requirements under 40 CFR 141.721-722.

(17) Water systems using UV reactors to obtain treatment credit for *Cryptosporidium* removal must:

(a) Validate the reactors using the validation testing procedures specified under 40 CFR 141.720 (d)(2); or

(b) Validate the reactor under Austrian ONORM Standards or German DVGW Standards.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-630, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-630, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 43.20.050 and 70.119A.080. 04-04-056, § 246-290-630, filed 1/30/04, effective 3/1/04. Statutory Authority: RCW 43.20.050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-630, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.20.050. 99-07-021 and 99-10-076, § 246-290-630, filed 3/9/99 and 5/4/99, effective 4/9/99 and 6/4/99; 93-08-011 (Order 352B), § 246-290-630, filed 3/25/93, effective 4/25/93.]

WAC 246-290-634 Follow-up to treatment technique violations. When a treatment technique violation occurs, the purveyor:

(1) Shall report to the department in accordance with:

(a) WAC 246-290-666 for purveyors providing filtration or required to filter;

(b) WAC 246-290-674 for purveyors installing filtration; or

(c) WAC 246-290-696 for purveyors meeting the criteria to remain unfiltered or providing a limited alternative to filtration;

(2) Shall notify the public in accordance with Part 7, Subpart A of this chapter;

(3) Shall determine the cause of the violation;

(4) Shall take action as directed by the department which may include conducting a CCP. A CCP may include both a CPE and CTA;

(5) Shall identify and systematically address plant-specific factors identified in the CPE during the CTA, if required; and

(6) May be subject to enforcement under WAC 246-290-050.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-634, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 43.20.050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-634, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.20.050 [43.20.050]. 99-07-021, § 246-290-634, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-634, filed 3/25/93, effective 4/25/93.]

WAC 246-290-640 Determination of GWI sources.

(1) Until the department has made a source GWI determination, the purveyor shall monitor in accordance with the

requirements for groundwater sources in WAC 246-290-300 or as directed by the department and provide follow-up in accordance with WAC 246-290-320.

(2) The purveyor, after being notified by the department that one or more of the system sources have been classified as potential GWI, may elect to seek approval from the department to modify the potential GWI source to mitigate surface water influences prior to compliance with subsection (3) of this section, and if so, shall:

(a) Complete a project report, for departmental approval, that describes the proposed source-related modifications, including the schedule for their completion and an explanation of why the source should be reclassified upon completion of the source modifications; and

(b) Demonstrate compliance, if directed by the department, with the requirements of subsection (3) of this section upon completion of the source-related modifications.

(3) The purveyor using a source identified as a potential GWI shall provide to the department all information necessary to determine whether the source is under direct surface water influence. Information shall include, but not be limited to:

(a) Site-specific source water quality data, including temperature, conductivity, or other appropriate parameters as determined by the department;

(b) Documentation of source construction characteristics;

(c) Documentation of hydrogeology;

(d) Distance to surface water; and

(e) Water quality results from nearby surface water(s), including temperature, conductivity, and/or other appropriate parameters as determined by the department.

(4) Upon a determination by the department that one or more potential GWI source(s) being used are in hydraulic connection to a surface water, the purveyor shall:

(a) Secure the services of a professional engineer to direct further evaluation and actions regarding the source;

(b) Provide disinfection treatment of the source in accordance with WAC 246-290-451; and

(c) Provide microscopic particulate analyses (MPA) results for review by the department based upon a sampling plan approved by the department.

(5) A purveyor notified by the department that one or more GWI sources are in use shall:

(a) Within ninety days of notification submit a project report to the department that includes an implementation schedule for compliance with the treatment techniques specified in Part 6 of this chapter;

(b) Notify consumers served by the system; and

(c) Comply with the applicable requirements of WAC 246-290-670.

(6) After completion of the requirements in subsection (3) of this section, the purveyor may modify a GWI source to mitigate direct surface influence. In such cases, the purveyor shall:

(a) Include in a project report, for submittal to the department for approval, a description of the proposed approaches and schedule for source modification; and

(b) Comply again with subsection (3) of this section upon completion of source modifications to be considered for source reclassification.

(7) The department may reevaluate a groundwater source for direct surface influence, if conditions impacting source classification have changed.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-640, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 43.02.-050 [43.20.050], 99-07-021, § 246-290-640, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-640, filed 3/25/93, effective 4/25/93.]

WAC 246-290-670 Compliance requirements for existing unfiltered systems installing filtration. (1) The purveyor of an existing unfiltered system shall:

(a) Install filtration within eighteen months after department notification; and

(b) Be subject to the interim compliance requirements as determined by the department and in conformance with 40 CFR 141.13 and WAC 246-290-632.

(2) The purveyor under an enforcement action or compliance agreement that is dated prior to the effective date of Part 6 of chapter 246-290 WAC, shall adhere to the compliance schedule for installation of filtration established in the departmental order or bilateral compliance agreement in lieu of the dates specified in subsection (1) of this section.

(3) The purveyor required to install filtration shall submit an action plan and schedule to the department for review and approval. The plan shall:

(a) Be submitted within ninety days of departmental notification; and

(b) Document the purveyor's plan and implementation schedule to comply with one of the following:

(i) Subparts A and B of Part 6 of chapter 246-290 WAC, if continuing to use the surface or GWI source as a permanent source and installing filtration;

(ii) Subparts A and D of Part 6 of chapter 246-290 WAC, if abandoning the surface or GWI source and purchasing completely treated water from a department-approved public water system using surface or GWI water; or

(iii) All other applicable sections of this chapter, if abandoning the surface or GWI source and developing an alternate department-approved groundwater source.

(4) Between written departmental notification of the filtration requirement and installation of filtration, the purveyor shall meet:

(a) The interim disinfection requirements under WAC 246-290-672 or as otherwise directed by the department;

(b) The interim monitoring and reporting requirements under WAC 246-290-674; and

(c) All other applicable requirements of this chapter.

(5) The purveyor installing filtration shall ensure that when completed, the final treatment processes, consisting of filtration and disinfection, will comply with the requirements under WAC 246-290-660 and 246-290-662, respectively.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-670, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 43.02.-050 [43.20.050], 99-07-021, § 246-290-670, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 94-14-001, § 246-290-670, filed 6/22/94, effective 7/23/94; 93-08-011 (Order 352B), § 246-290-670, filed 3/25/93, effective 4/25/93.]

WAC 246-290-686 Compliance requirements for unfiltered systems. (1) The purveyor using an unfiltered surface or GWI source shall comply with:

- (a) Subparts A and D of Part 6 of chapter 246-290 WAC; and
- (b) All other applicable sections of this chapter.
- (2) The purveyor purchasing water from a system using a surface or GWI source shall comply with:
 - (a) The applicable requirements of Subpart A of Part 6 of chapter 246-290 WAC;
 - (b) The disinfection, monitoring and reporting requirements under WAC 246-290-692 (5)(b), 246-290-694 (8)(b) and 246-290-696(4) respectively when purchasing completely treated surface or GWI water; or
 - (c) The treatment technique, monitoring and reporting requirements as directed by the department when the purveyor is purchasing incompletely treated surface or GWI water.
- (3) The purveyor using an unfiltered GWI source shall be subject to the effective dates, compliance requirements, and violations specified in Table 12.

**Table 12
COMPLIANCE REQUIREMENTS FOR
SYSTEMS USING UNFILTERED GWI SOURCES**

REQUIREMENTS BECOME EFFECTIVE	APPLICABLE PART 6 REQUIREMENTS	VIOLATION TYPE	
		Turbidity MCL	Treatment Technique
Six months after GWI determination	Only Analytical, Monitoring and Reporting Requirements (WAC 246-290-638, 246-290-694 and 246-290-696 respectively)	Refer to 40 CFR 141.13 and 141.22	Not in effect yet
Eighteen months after GWI determination	Subparts A and D	No longer in effect	In effect as defined in WAC 246-290-632

- (4) Purveyors of **community** systems using surface water sources had the option to remain unfiltered if they demonstrated compliance with the department's criteria to remain unfiltered by December 30, 1991.
- (5) A purveyor that served water to the public before January 1, 1991, using a GWI source may have that source remain unfiltered, if, within eighteen months of GWI determination, the purveyor complies with Part 6 of this chapter and, the source water quality and site-specific conditions under WAC 246-290-690 or 246-290-691 as demonstrated through monitoring conducted in accordance with WAC 246-290-694.
- (6) The purveyor with sources that are approved to remain unfiltered shall comply with the source water quality and site-specific conditions under WAC 246-290-690 or 246-290-691 as demonstrated through monitoring conducted in accordance with WAC 246-290-694.
- (7) The purveyor shall install filtration when the system fails to meet one or more of the source water quality and site-specific conditions under WAC 246-290-690 and 246-290-691, or the department determines that installation of filtration is necessary to protect the health of consumers served by the water system.
- (8) The purveyor, in response to a written notification by the department, shall install filtration within eighteen months.
- (9) The purveyor may comply with the requirements to install filtration by:

- (a) Constructing a water treatment facility that is designed, operated, and maintained in accordance with Subparts A, B, and C of Part 6 of this chapter;
- (b) Satisfying the source water quality and site-specific criteria specified in WAC 246-290-691 and constructing treatment facilities that are designed, operated, and maintained to provide a limited alternative to filtration in accordance with WAC 246-290-692; or
- (c) Abandoning the surface water or GWI source, and:
 - (i) Developing an alternate, department-approved groundwater source; or
 - (ii) Purchasing completely treated water from a department-approved public water system.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-686, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 43.02.050 [43.20.050]. 99-07-021, § 246-290-686, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 43.20.050. 94-14-001, § 246-290-686, filed 6/22/94, effective 7/23/94; 93-08-011 (Order 352B), § 246-290-686, filed 3/25/93, effective 4/25/93.]

WAC 246-290-71005 Special public notification requirements.

- (1) The purveyor of community or NTNC water systems required to monitor under 40 CFR 141.40 shall notify the water system users of the availability of the results of monitoring for unregulated contaminants no later than twelve months after the monitoring results are known. The form and manner of the public notice to the water system users shall be in accordance with 40 CFR 141.204 (c), (d)(1), and (d)(3). The notice must also identify a person and provide the telephone number to contact for information on the monitoring results.
- (2) The purveyor of a community water system that exceeds the fluoride secondary MCL of 2.0 mg/L but does not exceed the fluoride primary MCL of 4.0 mg/L shall provide notice, in accordance with the form, manner, timing, distribution, and content requirements of 40 CFR 141.208.
- (3) The purveyor of a water system using surface water or GWI sources that repeatedly fails to monitor for *Cryptosporidium* or determine the bin classification or mean *Cryptosporidium* level, must notify the public under 40 CFR 141.211.
- (4) The purveyor of a community groundwater system that receives notice from the department of a significant deficiency or an *E. coli* positive groundwater source sample that is not invalidated by the department, must notify the public under WAC 246-290-72013.
- (5) The purveyor of a noncommunity groundwater system with a significant deficiency that has not been corrected within twelve months of being notified or earlier if directed must notify the public under WAC 246-290-72013. The system must continue to notify the public annually until the significant deficiency is corrected. The information must include:
- (a) The nature of the significant deficiency and the date it was identified by the department;
 - (b) A department-approved plan and schedule for correcting the significant deficiency including interim measures, progress to date, and which interim measures have been completed;
 - (c) In communities with a large proportion of non-English speaking consumers, the notice must contain information

in the appropriate language(s) regarding the importance of the notice or contain a telephone number or address where the consumers may contact the system to obtain a translated copy of the notice or assistance with the appropriate language; and

(d) If directed by the department, a system with significant deficiencies that have been corrected must inform its customers of the significant deficiencies, how the deficiencies were corrected, and the date(s) of correction under (a) through (c) of this subsection.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-71005, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-71005, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 43.20.050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-71005, filed 3/27/03, effective 4/27/03.]

WAC 246-290-72003 Report contents—Source water. Information on the source of the water delivered:

(1) Each report must identify the source(s) of the water delivered by the community water system by providing information on:

(a) The type of the water, for example, surface water, groundwater, spring water, or purchased water; and

(b) The commonly used name (if any) and location of the body (or bodies) of water.

(2) If a source water assessment has been completed, the report must notify consumers of the availability of this information and the means to obtain it. In addition, systems are encouraged to highlight in the report significant sources of contamination in the source water area if they have readily available information.

(3) Where a system has received a source water assessment from the department, the report must include a brief summary of the system's susceptibility to potential sources of contamination, using language provided by the department or written by the purveyor.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-72003, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 43.20.050. 00-15-080, § 246-290-72003, filed 7/19/00, effective 8/19/00.]

WAC 246-290-72012 Regulated contaminants.

Contaminant (units)	traditional MCL in mg/L	to convert for CCR, multiply by	MCL in CCR units	MCLG	Major Sources in Drinking Water	Health Effects Language
Microbiological Contaminants						
Total Coliform Bacteria	MCL: (systems that collect ≥ 40 samples/ month) more than 5% of monthly samples are positive; (systems that collect < 40 samples/ month) 2 or more positive samples per monthly sampling period	-	MCL: (systems that collect ≥ 40 samples/ month) more than 5% of monthly samples are positive; (systems that collect < 40 samples/ month) 2 or more positive samples per monthly sampling period	0	Naturally present in the environment	Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.
Fecal coliform and <i>E. coli</i>	0	-	0	0	Human and animal fecal waste	Fecal coliforms and <i>E. coli</i> are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely-compromised immune systems.
Fecal indicators (<i>E. coli</i>)	TT	-	TT	N/A	Human and animal fecal waste	Fecal indicators are microbes whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short-term health effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.

Contaminant (units)	traditional MCL in mg/L	to convert for CCR, multiply by	MCL in CCR units	MCLG	Major Sources in Drinking Water	Health Effects Language
Total organic carbon (ppm)	TT	-	TT	N/A	Naturally present in the environment	Total organic carbon (TOC) has no health effects. However, total organic carbon provides a medium for the formation of disinfection by-products. These by-products include trihalomethanes (THMs) and haloacetic acids (HAAs). Drinking water containing these by-products in excess of the MCL may lead to adverse health effects, liver or kidney problems, or nervous system effects, and may lead to an increased risk of getting cancer.
Turbidity (NTU)	TT	-	TT	N/A	Soil runoff	Turbidity has no health effects. However, turbidity can interfere with disinfection and provide a medium for microbial growth. Turbidity may indicate the presence of disease-causing organisms. These organisms include bacteria, viruses, and parasites that can cause symptoms such as nausea, cramps, diarrhea and associated headaches.
<i>Giardia lamblia</i> Viruses <i>Cryptosporidium</i>	TT	-	TT	N/A	Human and animal fecal waste	Inadequately treated water may contain disease-causing organisms. These organisms include bacteria viruses, and parasites which can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.
Heterotrophic plate count (HPC) bacteria	TT	-	TT	N/A	HPC measures a range of bacteria that are naturally present in the environment	Inadequately treated water may contain disease-causing organisms. These organisms include bacteria viruses, and parasites which can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.
Legionella	TT	-	TT	N/A	Found naturally in water; multiplies in heating systems	Inadequately treated water may contain disease-causing organisms. These organisms include bacteria viruses, and parasites which can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.
Radioactive Contaminants						
Beta/photon emitters (mrem/yr)	4 mrem/yr	-	4	N/A 0	Decay of natural and man-made deposits	Certain minerals are radioactive and may emit forms of radiation known as photons and beta radiation. Some people who drink water containing beta and photon emitters in excess of the MCL over many years may have an increased risk of getting cancer.
Alpha emitters (pCi/l)	15 pCi/l	-	15	N/A 0	Erosion of natural deposits	Certain minerals are radioactive and may emit a form of radiation known as alpha radiation. Some people who drink water containing alpha emitters in excess of the MCL over many years may have an increased risk of getting cancer.
Combined radium (pCi/l)	5 pCi/l	-	5	N/A 0	Erosion of natural deposits	Some people who drink water containing radium 226 or 228 in excess of the MCL over many years may have an increased risk of getting cancer.

Contaminant (units)	traditional MCL in mg/L	to convert for CCR, multiply by	MCL in CCR units	MCLG	Major Sources in Drinking Water	Health Effects Language
Uranium (pCi/l)	30 micro g/l	-	30	0	Erosion of natural deposits	Some people who drink water containing uranium in excess of the MCL over many years may have an increased risk of getting cancer and kidney toxicity.
Inorganic Contaminants						
Antimony (ppb)	.006	1000	6	6	Discharge from petroleum refineries; fire retardants; ceramics; electronics; solder	Some people who drink water containing antimony well in excess of the MCL over many years could experience increases in blood cholesterol and decreases in blood sugar.
Arsenic (ppb) *Effective 1/23/06	.05 0.010	1000 1000	50 10	N/A 0	Erosion of natural deposits; Runoff from orchards; Run-off from glass and electronics production wastes	Some people who drink water containing arsenic in excess of the MCL over many years could experience skin damage or problems with their circulatory system, and may have an increased risk of getting cancer.
Asbestos (MFL)	7 MFL	-	7	7	Decay of asbestos cement water mains; Erosion of natural deposits	Some people who drink water containing asbestos in excess of the MCL over many years may have an increased risk of developing benign intestinal polyps.
Barium (ppm)	2	-	2	2	Discharge of drilling wastes; Discharge from metal refineries; Erosion of natural deposits	Some people who drink water containing barium in excess of the MCL over many years could experience an increase in their blood pressure.
Beryllium (ppb)	.004	1000	4	4	Discharge from metal refineries and coal-burning factories; Discharge from electrical, aerospace, and defense industries	Some people who drink water containing beryllium well in excess of the MCL over many years could develop intestinal lesions.
Cadmium (ppb)	.005	1000	5	5	Corrosion of galvanized pipes; Erosion of natural deposits; Discharge from metal refineries; Runoff from waste batteries and paints	Some people who drink water containing cadmium in excess of the MCL over many years could experience kidney damage.
Chromium (ppb)	.1	1000	100	100	Discharge from steel and pulp mills; Erosion of natural deposits	Some people who use water containing chromium well in excess of the MCL over many years could experience allergic dermatitis.
Copper (ppm)	AL = 1.3	-	AL = 1.3	1.3	Corrosion of household plumbing systems; Erosion of natural deposits	Copper is an essential nutrient, but some people who drink water containing copper in excess of the action level over a relatively short amount of time could experience gastrointestinal distress. Some people who drink water containing copper in excess of the action level over many years could suffer liver or kidney damage. People with Wilson's Disease should consult their personal doctor.
Cyanide (ppb)	.2	1000	200	200	Discharge from steel/metal factories; Discharge from plastic and fertilizer factories	Some people who drink water containing cyanide well in excess of the MCL over many years could experience nerve damage or problems with their thyroid.

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Contaminant (units)	traditional MCL in mg/L	to convert for CCR, multiply by	MCL in CCR units	MCLG	Major Sources in Drinking Water	Health Effects Language
Fluoride (ppm)	4	-	4	4	Erosion of natural deposits; Water additive which promotes strong teeth; Discharge from fertilizer and aluminum factories	Some people who drink water containing fluoride in excess of the MCL over many years could get bone disease, including pain and tenderness of the bones. Fluoride in drinking water at half the MCL or more may cause mottling of children's teeth, usually in children less than nine years old. Mottling, also known as dental fluorosis, may include brown staining and/or pitting of the teeth, and occurs only in developing teeth before they erupt from the gums.
Lead (ppb)	AL = .015	1000	AL = 15	0	Corrosion of household plumbing systems; Erosion of natural deposits	Infants and children who drink water containing lead in excess of the action level could experience delays in their physical or mental development. Children could show slight deficits in attention span and learning abilities. Adults who drink this water over many years could develop kidney problems or high blood pressure.
Mercury [inorganic] (ppb)	.002	1000	2	2	Erosion of natural deposits; Discharge from refineries and factories; Runoff from landfills; Runoff from cropland	Some people who drink water containing inorganic mercury well in excess of the MCL over many years could experience kidney damage.
Nitrate (ppm)	10	-	10	10	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits	Infants below the age of six months who drink water containing nitrate in excess of the MCL could become seriously ill and, if untreated, may die. Symptoms include shortness of breath and blue baby syndrome.
Nitrite (ppm)	1	-	1	1	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits	Infants below the age of six months who drink water containing nitrite in excess of the MCL could become seriously ill and, if untreated, may die. Symptoms include shortness of breath and blue baby syndrome.
Selenium (ppb)	.05	1000	50	50	Discharge from petroleum and metal refineries; Erosion of natural deposits; Discharge from mines	Selenium is an essential nutrient. However, some people who drink water containing selenium in excess of the MCL over many years could experience hair or fingernail losses, numbness in fingers or toes, or problems with their circulation.
Thallium (ppb)	.002	1000	2	0.5	Leaching from ore-processing sites; Discharge from electronics, glass, and drug factories	Some people who drink water containing thallium in excess of the MCL over many years could experience hair loss, changes in their blood, or problems with their kidneys, intestines, or liver.
Synthetic Organic Contaminants including Pesticides and Herbicides						
2,4-D (ppb)	.07	1000	70	70	Runoff from herbicide used on row crops	Some people who drink water containing the weed killer 2,4-D well in excess of the MCL over many years could experience problems with their kidneys, liver, or adrenal glands.

Contaminant (units)	traditional MCL in mg/L	to convert for CCR, multiply by	MCL in CCR units	MCLG	Major Sources in Drinking Water	Health Effects Language
2,4,5-TP [Silvex](ppb)	.05	1000	50	50	Residue of banned herbicide	Some people who drink water containing silvex in excess of the MCL over many years could experience liver problems.
Acrylamide	TT	-	TT	0	Added to water during sewage/ waste-water treatment	Some people who drink water containing high levels of acrylamide over a long period of time could have problems with their nervous system or blood, and may have an increased risk of getting cancer.
Alachlor (ppb)	.002	1000	2	0	Runoff from herbicide used on row crops	Some people who drink water containing alachlor in excess of the MCL over many years could have problems with their eyes, liver, kidneys, or spleen, or experience anemia, and may have an increased risk of getting cancer.
Atrazine (ppb)	.003	1000	3	3	Runoff from herbicide used on row crops	Some people who drink water containing atrazine well in excess of the MCL over many years could experience problems with their cardiovascular system or reproductive difficulties.
Benzo(a)pyrene [PAH] (nanograms/l)	.0002	1,000,000	200	0	Leaching from linings of water storage tanks and distribution lines	Some people who drink water containing benzo(a)pyrene in excess of the MCL over many years may experience reproductive difficulties and may have an increased risk of getting cancer.
Carbofuran (ppb)	.04	1000	40	40	Leaching of soil fumigant used on rice and alfalfa	Some people who drink water containing carbofuran in excess of the MCL over many years could experience problems with their blood, or nervous or reproductive systems.
Chlordane (ppb)	.002	1000	2	0	Residue of banned termiticide	Some people who drink water containing chlordane in excess of the MCL over many years could experience problems with their liver or nervous system, and may have an increased risk of getting cancer.
Dalapon (ppb)	.2	1000	200	200	Runoff from herbicide used on rights of way	Some people who drink water containing dalapon well in excess of the MCL over many years could experience minor kidney changes.
Di(2-ethylhexyl) adipate (ppb)	.4	1000	400	400	Discharge from chemical factories	Some people who drink water containing di (2-ethylhexyl) adipate well in excess of the MCL over many years could experience toxic effects or reproductive difficulties.
Di(2-ethylhexyl) phthalate (ppb)	.006	1000	6	0	Discharge from rubber and chemical factories	Some people who drink water containing di (2-ethylhexyl) phthalate well in excess of the MCL over many years may have problems with their liver, or experience reproductive difficulties, and may have an increased risk of getting cancer.
Dibromochloropropane (ppt)	.0002	1,000,000	200	0	Runoff/leaching from soil fumigant used on soybeans, cotton, pineapples, and orchards	Some people who drink water containing DBCP in excess of the MCL over many years could experience reproductive problems and may have an increased risk of getting cancer.

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Contaminant (units)	traditional MCL in mg/L	to convert for CCR, multiply by	MCL in CCR units	MCLG	Major Sources in Drinking Water	Health Effects Language
Dinoseb (ppb)	.007	1000	7	7	Runoff from herbicide used on soybeans and vegetables	Some people who drink water containing dinoseb well in excess of the MCL over many years could experience reproductive difficulties.
Diquat (ppb)	.02	1000	20	20	Runoff from herbicide use	Some people who drink water containing diquat in excess of the MCL over many years could get cataracts.
Dioxin [2,3,7,8-TCDD] (ppq)	.00000003	1,000,000,000	30	0	Emissions from waste incineration and other combustion; Discharge from chemical factories	Some people who drink water containing dioxin in excess of the MCL over many years could experience reproductive difficulties and may have an increased risk of getting cancer.
Endothall (ppb)	.1	1000	100	100	Runoff from herbicide use	Some people who drink water containing endothall in excess of the MCL over many years could experience problems with their stomach or intestines.
Endrin (ppb)	.002	1000	2	2	Residue of banned insecticide	Some people who drink water containing endrin in excess of the MCL over many years could experience liver problems.
Epichlorohydrin	TT	-	TT	0	Discharge from industrial chemical factories; An impurity of some water treatment chemicals	Some people who drink water containing high levels of epichlorohydrin over a long period of time could experience stomach problems, and may have an increased risk of getting cancer.
Ethylene dibromide (ppt)	.00005	1,000,000	50	0	Discharge from petroleum refineries	Some people who drink water containing ethylene dibromide in excess of the MCL over many years could experience problems with their liver, stomach, reproductive system, or kidneys, and may have an increased risk of getting cancer.
Glyphosate (ppb)	.7	1000	700	700	Runoff from herbicide use	Some people who drink water containing glyphosate in excess of the MCL over many years could experience problems with their kidneys or reproductive difficulties.
Heptachlor (ppt)	.0004	1,000,000	400	0	Residue of banned pesticide	Some people who drink water containing heptachlor in excess of the MCL over many years could experience liver damage and may have an increased risk of getting cancer.
Heptachlor epoxide (ppt)	.0002	1,000,000	200	0	Breakdown of heptachlor	Some people who drink water containing heptachlor epoxide in excess of the MCL over many years could experience liver damage, and may have an increased risk of getting cancer.
Hexachlorobenzene (ppb)	.001	1000	1	0	Discharge from metal refineries and agricultural chemical factories	Some people who drink water containing hexachlorobenzene in excess of the MCL over many years could experience problems with their liver or kidneys, or adverse reproductive effects, and may have an increased risk of getting cancer.
Hexachlorocyclopentadiene (ppb)	.05	1000	50	50	Discharge from chemical factories	Some people who drink water containing hexachlorocyclopentadiene well in excess of the MCL over many years could experience problems with their kidneys or stomach.

Contaminant (units)	traditional MCL in mg/L	to convert for CCR, multiply by	MCL in CCR units	MCLG	Major Sources in Drinking Water	Health Effects Language
Lindane (ppt)	.0002	1,000,000	200	200	Runoff/leaching from insecticide used on cattle, lumber, gardens	Some people who drink water containing lindane in excess of the MCL over many years could experience problems with their kidneys or liver.
Methoxychlor (ppb)	.04	1000	40	40	Runoff/leaching from insecticide used on fruits, vegetables, alfalfa, livestock	Some people who drink water containing methoxychlor in excess of the MCL over many years could experience reproductive difficulties.
Oxamyl [Vydate] (ppb)	.2	1000	200	200	Runoff/leaching from insecticide used on apples, potatoes and tomatoes	Some people who drink water containing oxamyl in excess of the MCL over many years could experience slight nervous system effects.
PCBs [Polychlorinated biphenyls] (ppt)	.0005	1,000,000	500	0	Runoff from landfills; Discharge of waste chemicals	Some people who drink water containing PCBs in excess of the MCL over many years could experience changes in their skin, problems with their thymus gland, immune deficiencies, or reproductive or nervous system difficulties, and may have an increased risk of getting cancer.
Pentachlorophenol (ppb)	.001	1000	1	0	Discharge from wood preserving factories	Some people who drink water containing pentachlorophenol in excess of the MCL over many years could experience problems with their liver or kidneys, and may have an increased risk of getting cancer.
Picloram (ppb)	.5	1000	500	500	Herbicide runoff	Some people who drink water containing picloram in excess of the MCL over many years could experience problems with their liver.
Simazine (ppb)	.004	1000	4	4	Herbicide runoff	Some people who drink water containing simazine in excess of the MCL over many years could experience problems with their blood.
Toxaphene (ppb)	.003	1000	3	0	Runoff/leaching from insecticide used on cotton and cattle	Some people who drink water containing toxaphene in excess of the MCL over many years could have problems with their kidneys, liver, or thyroid, and may have an increased risk of getting cancer.
Volatile Organic Contaminants						
Benzene (ppb)	.005	1000	5	0	Discharge from factories; Leaching from gas storage tanks and landfills	Some people who drink water containing benzene in excess of the MCL over many years could experience anemia or a decrease in blood platelets, and may have an increased risk of getting cancer.
Bromate (ppb)	.010	1000	10	0	By-product of drinking water disinfection	Some people who drink water containing bromate in excess of the MCL over many years may have an increased risk of getting cancer.
Carbon tetrachloride (ppb)	.005	1000	5	0	Discharge from chemical plants and other industrial activities	Some people who drink water containing carbon tetrachloride in excess of the MCL over many years could experience problems with their liver and may have an increased risk of getting cancer.

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Contaminant (units)	traditional MCL in mg/L	to convert for CCR, multiply by	MCL in CCR units	MCLG	Major Sources in Drinking Water	Health Effects Language
Chloramines (ppm)	MRDL = 4	-	MRDL = 4	MRDLG = 4	Water additive used to control microbes	Some people who use drinking water containing chloramines well in excess of the MRDL could experience irritating effects to their eyes and nose. Some people who drink water containing chloramines well in excess of the MRDL could experience stomach discomfort or anemia.
Chlorine (ppm)	MRDL = 4	-	MRDL = 4	MRDLG = 4	Water additive used to control microbes	Some people who use drinking water containing chlorine well in excess of the MRDL could experience irritating effects to their eyes and nose. Some people who drink water containing chlorine well in excess of the MRDL could experience stomach discomfort.
Chlorite (ppm)	1	-	1	0.8	By-product of drinking water disinfection	Some infants and young children who drink water containing chlorite in excess of the MCL could experience nervous system effects. Similar effects may occur in fetuses of pregnant mothers who drink water containing chlorite in excess of the MCL. Some people may experience anemia.
Chlorine dioxide (ppb)	MRDL = .8	1000	MRDL = 800	MRDLG = 800	Water additive used to control microbes	Some infants and young children who drink water containing chlorine dioxide in excess of the MRDL could experience nervous system effects. Similar effects may occur in fetuses of pregnant mothers who drink water containing chlorine dioxide in excess of the MRDL. Some people may experience anemia.
Chlorobenzene (ppb)	.1	1000	100	100	Discharge from chemical and agricultural chemical factories	Some people who drink water containing chlorobenzene in excess of the MCL over many years could experience problems with their liver or kidneys.
o-Dichlorobenzene (ppb)	.6	1000	600	600	Discharge from industrial chemical factories	Some people who drink water containing o-dichlorobenzene well in excess of the MCL over many years could experience problems with their liver, kidneys, or circulatory systems.
p-Dichlorobenzene (ppb)	.075	1000	75	75	Discharge from industrial chemical factories	Some people who drink water containing p-dichlorobenzene in excess of the MCL over many years could experience anemia, damage to their liver, kidneys, or spleen, or changes in their blood.
1,2-Dichloroethane (ppb)	.005	1000	5	0	Discharge from industrial chemical factories	Some people who drink water containing 1,2-dichloroethane in excess of the MCL over many years may have an increased risk of getting cancer.
1,1-Dichloroethylene (ppb)	.007	1000	7	7	Discharge from industrial chemical factories	Some people who drink water containing 1,1-dichloroethylene in excess of the MCL over many years could experience problems with their liver.
cis-1,2-Dichloroethylene (ppb)	.07	1000	70	70	Discharge from industrial chemical factories	Some people who drink water containing cis-1,2-dichloroethylene in excess of the MCL over many years could experience problems with their liver.

Contaminant (units)	traditional MCL in mg/L	to convert for CCR, multiply by	MCL in CCR units	MCLG	Major Sources in Drinking Water	Health Effects Language
trans-1,2-Dichloroethylene (ppb)	.1	1000	100	100	Discharge from industrial chemical factories	Some people who drink water containing trans-1,2-dichloroethylene well in excess of the MCL over many years could experience problems with their liver.
Dichloromethane (ppb)	.005	1000	5	0	Discharge from pharmaceutical and chemical factories	Some people who drink water containing dichloromethane in excess of the MCL over many years could have liver problems and may have an increased risk of getting cancer.
1,2-Dichloropropane (ppb)	.005	1000	5	0	Discharge from industrial chemical factories	Some people who drink water containing 1,2-dichloropropane in excess of the MCL over many years may have an increased risk of getting cancer.
Ethylbenzene (ppb)	.7	1000	700	700	Discharge from petroleum refineries	Some people who drink water containing ethylbenzene well in excess of the MCL over many years could experience problems with their liver or kidneys.
Haloacetic Acids (HAA) (ppb)	.060	1000	60	n/a	By-product of drinking water disinfection	Some people who drink water containing haloacetic acids in excess of the MCL over many years may have an increased risk of getting cancer.
Styrene (ppb)	.1	1000	100	100	Discharge from rubber and plastic factories; Leaching from landfills	Some people who drink water containing styrene well in excess of the MCL over many years could have problems with their liver, kidneys, or circulatory system.
Tetrachloroethylene (ppb)	.005	1000	5	0	Discharge from factories and dry cleaners	Some people who drink water containing tetrachloroethylene in excess of the MCL over many years could have problems with their liver, and may have an increased risk of getting cancer.
1,2,4-Trichlorobenzene (ppb)	.07	1000	70	70	Discharge from textile-finishing factories	Some people who drink water containing 1,2,4-trichlorobenzene well in excess of the MCL over many years could experience changes in their adrenal glands.
1,1,1-Trichloroethane (ppb)	.2	1000	200	200	Discharge from metal degreasing sites and other factories	Some people who drink water containing 1,1,1-trichloroethane in excess of the MCL over many years could experience problems with their liver, nervous system, or circulatory system.
1,1,2-Trichloroethane (ppb)	.005	1000	5	3	Discharge from industrial chemical factories	Some people who drink water containing 1,1,2-trichloroethane well in excess of the MCL over many years could have problems with their liver, kidneys, or immune systems.
Trichloroethylene (ppb)	.005	1000	5	0	Discharge from metal degreasing sites and other factories	Some people who drink water containing trichloroethylene in excess of the MCL over many years could experience problems with their liver and may have an increased risk of getting cancer.

Contaminant (units)	traditional MCL in mg/L	to convert for CCR, multiply by	MCL in CCR units	MCLG	Major Sources in Drinking Water	Health Effects Language
TTHMs [Total trihalomethanes] (ppb)	.080	1000	80	N/A	By-product of drinking water disinfection	Some people who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous systems, and may have an increased risk of getting cancer.
Toluene (ppm)	1	-	1	1	Discharge from petroleum factories	Some people who drink water containing toluene well in excess of the MCL over many years could have problems with their nervous system, kidneys, or liver.
Vinyl Chloride (ppb)	.002	1000	2	0	Leaching from PVC piping; Discharge from plastics factories	Some people who drink water containing vinyl chloride in excess of the MCL over many years may have an increased risk of getting cancer.
Xylenes (ppm)	10	-	10	10	Discharge from petroleum factories; Discharge from chemical factories	Some people who drink water containing xylenes in excess of the MCL over many years could experience damage to their nervous system.
Treatment Technique Violations						
Groundwater rule TT violations	TT	-	TT	N/A	-	Inadequately treated or inadequately protected water may contain disease-causing organisms. These organisms can cause symptoms such as diarrhea, nausea, cramps, and associated headaches.
<p>Key AL = Action Level MCL = Maximum Contaminant Level MCLG = Maximum Contaminant Level Goal MFL = million fibers per liter MRDL = Maximum Residual Disinfectant Level MRDLG = Maximum Residual Disinfectant Level Goal mrem/year = millirems per year (a measure of radiation absorbed by the body) N/A = Not Applicable NTU = Nephelometric Turbidity Units (a measure of water clarity) pCi/l = picocuries per liter (a measure of radioactivity) ppm = parts per million, or milligrams per liter (mg/l) ppb = parts per billion, or micrograms per liter (µg/l) ppt = parts per trillion, or nanograms per liter ppq = parts per quadrillion, or picograms per liter TT = Treatment Technique</p>						

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-72012, filed 9/29/10, effective 11/1/10. Statutory Authority: RCW 70.119A.180 and 43.20.050. 08-03-061, § 246-290-72012, filed 1/14/08, effective 2/14/08. Statutory Authority: RCW 43.20.050 and 70.119A.080. 04-04-056, § 246-290-72012, filed 1/30/04, effective 3/1/04. Statutory Authority: RCW 43.20.050 (2) and (3) and 70.119A.080. 03-08-037, § 246-290-72012, filed 3/27/03, effective 4/27/03. Statutory Authority: RCW 43.20.050. 00-15-080, § 246-290-72012, filed 7/19/00, effective 8/19/00.]

Reviser’s note: The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency.

WAC 246-290-72013 Report contents—Groundwater systems. (1) This section specifies the requirements for information to be included in each report for groundwater systems. It applies to the following situations:

(a) A significant deficiency that is uncorrected at the time of the report;

(b) An *E. coli* positive groundwater sample that is not invalidated under WAC 246-290-320 (2)(g)(vii) at the time of the report.

(2) The system must report annually the information in subsection (1)(a) and (b) of this section until the department determines the significant deficiency or *E. coli* positive groundwater sample is addressed under WAC 246-290-453(1).

(3) Each report must include:

(a) The nature of the significant deficiency or the source of the fecal contamination and the date the significant deficiency was identified by the department or the dates of the *E. coli* positive source water samples;

(b) If the fecal contamination has been addressed under WAC 246-290-453(1) and the date of such action;

(c) For each significant deficiency or fecal contamination that has not been addressed under WAC 246-290-453(1), the department-approved plan and schedule for correction, including interim measures, progress to date, and any interim measures completed;

(d) If the system receives notice as described in subsection (1)(b) of this section, the potential health effects language in WAC 246-290-72012, regulated contaminants.

(4) If directed by the department, a system with significant deficiencies that have been corrected before the next report must inform its customers of:

- (a) The significant deficiency;
- (b) How the significant deficiency was corrected; and
- (c) The date of correction.

[Statutory Authority: RCW 43.20.050 and 70.119A.080. 10-20-068, § 246-290-72013, filed 9/29/10, effective 11/1/10.]

WAC 246-290-990 Water system evaluation and project review and approval fees. (1) The fees for the review and approval of water system plans, project reports, construction documents, existing systems, and related evaluations required under chapters 246-290, 246-291, 246-293, 246-294, and 246-295 WAC are:

(a) Water system plans required under WAC 246-290-100, 246-290-105, 246-291-140, 246-293-220, and 246-293-230.

Project Type	Group A					
	Group B	<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
Water system plan (New and Updated)	\$138	\$491	\$1,206	\$2,280	\$3,705	\$5,484
Minor water system plan alteration	\$31	\$115	\$293	\$565	\$919	\$1,349

(b) Satellite management agency (SMA) plans for Group A and Group B water systems required under WAC 246-295-040.

Project Type	Total Active or Approved Services				
	<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
SMA plan for ownership (New and Updated)	\$491	\$1,206	\$2,280	\$3,705	\$5,484
SMA approval amendment	\$102 per hour or appropriate fee from category above, whichever is less				
SMA plan for operation only (New and Updated)	\$1,206	\$1,206	\$1,206	\$1,206	\$1,206

Note: SMAs owning water systems and submitting planning documents to the department for review shall be charged only the SMA fee.

(c) New plan elements required under WAC 246-290-100, 246-290-105, 246-290-125, 246-290-132, 246-290-135, 246-290-691, and 246-291-140 including:

(i) Water use efficiency; and

(ii) Wellhead protection, shall be reviewed separately by the department and the fee assessed shall reflect the time spent for this review and shall be calculated based on one hundred two dollars per hour. After the initial submittal, updated information shall be reviewed as part of the updated water system plan and the review fee shall be included in the applicable updated plan review fee listed under (a) or (b) of this subsection.

(d) Project reports required under WAC 246-290-110 and design reports required under WAC 246-291-120.

Project Type	Group A					
	Group B	<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
All types of filtration or other complex treatment processes	\$348	\$710	\$1,103	\$1,598	\$2,204	\$2,922
Chemical addition only, such as ion exchange, hypochlorination, or fluoridation	\$102	\$205	\$348	\$525	\$743	\$994
Complete water system (an additional fee shall be assessed for review of treatment facility, if any)	\$205	\$491	\$778	\$1,137	\$1,564	\$2,061
System modifications requiring a detailed evaluation to determine whether the system, as modified, will comply with regulations (an additional fee shall be assessed for review of treatment facility, if any)	\$138	\$348	\$565	\$851	\$1,206	\$1,626

Note: In accordance with WAC 246-290-125, project reports are not required for minor projects that are described in sufficient detail in an approved water system plan, and have been reviewed as part of the process for approving the water system plan.

(e) Special reports or plans required under WAC 246-290-230, 246-290-235, 246-290-250, 246-290-470, 246-290-636, 246-290-640, 246-290-654, 246-290-676, 246-291-230 including:

- (i) Corrosion control recommendation report;
- (ii) Corrosion control study;
- (iii) Plan to cover uncovered reservoirs;
- (iv) Predesign study;
- (v) Uncovered reservoir plan of operation;

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- (vi) Tracer study plan;
- (vii) Surface water or GWI treatment facility operations plan;
- (viii) Filtration pilot study; or
- (ix) GWI determination reports, shall be reviewed by the department and the fee assessed shall reflect the time spent for this review and shall be calculated based on one hundred two dollars per hour.
- (f) Construction documents required under WAC 246-290-120 and design reports required under WAC 246-291-120.

Project Type	Group A					
	Group B	<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
All types of filtration or other complex treatment processes	\$348	\$710	\$1,103	\$1,598	\$2,204	\$2,922
Chemical addition only, such as ion exchange, hypochlorination, or fluoridation	\$102	\$205	\$348	\$525	\$743	\$994
Complete new water system except treatment (an additional fee shall be assessed for review of treatment facility, if any)	\$281	\$633	\$919	\$1,279	\$1,709	\$2,204
New source only (an additional fee shall be assessed for review of treatment facility, if any)	\$205	\$382	\$525	\$710	\$919	\$1,172
One or more of the following submitted as a package and not requiring a detailed evaluation as determined by the department: Water line installation, booster pump station, modifications to source pumping, piping-valving, controls or storage reservoir (an additional fee shall be assessed for review of treatment facility, if any)	\$138	\$241	\$382	\$565	\$778	\$1,027
Documents submitted for projects such as water line installation, booster pump stations, modifications to source pumping, piping/valving, controls or storage reservoirs as determined by the department where such projects: Comply with design standards established by the department; Are prepared by a professional engineer in accordance with WAC 246-290-040; and Do not require a detailed evaluation by the department.	\$64	\$118	\$198	\$281	\$389	\$512

(g) Existing system approval required under WAC 246-290-140 and 246-291-130. For the purpose of this subsection the department shall determine whether a system is expanding or nonexpanding.

Project Type	Group A					
	Group B	<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
NONEXPANDING system not requiring a detailed evaluation by the department	\$268	\$539	\$811	\$1,083	\$1,355	\$1,626
NONEXPANDING system requiring a detailed evaluation as determined by the department	\$404	\$811	\$1,229	\$1,626	\$2,034	\$2,441
EXPANDING system not requiring a detailed evaluation by the department	\$539	\$1,083	\$1,626	\$2,169	\$2,714	\$3,256
EXPANDING system requiring a detailed evaluation as determined by the department	\$676	\$1,355	\$2,034	\$2,714	\$3,391	\$4,072

(h) Monitoring waivers requested under WAC 246-290-300.

Project Type	Group B	Group A				
		<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
Inorganic chemical monitoring waiver	Not applicable	\$88 per source	\$123 per source	\$155 per source	\$188 per source	\$221 per source
Organic chemical monitoring waiver	Not applicable	\$161 per source	\$226 per source	\$294 per source	\$359 per source	\$425 per source
Use waiver	Not applicable	\$193 per source	\$260 per source	\$334 per source	\$392 per source	\$459 per source
Area wide waiver renewal	Not applicable	\$193 per source	\$240 per source	\$287 per source	\$334 per source	\$369 per source
Inorganic chemical monitoring waiver renewal	Not applicable	\$48 per source	\$62 per source	\$75 per source	\$88 per source	\$102 per source
Organic chemical monitoring waiver renewal	Not applicable	\$95 per source	\$135 per source	\$176 per source	\$215 per source	\$254 per source
Use waiver renewal	Not applicable	\$135 per source	\$181 per source	\$226 per source	\$273 per source	\$320 per source
Coliform monitoring waiver including departmental inspection requested by purveyor	Not applicable	\$414	\$512	\$652	\$830	Not applicable
Coliform monitoring waiver with third-party inspection report	Not applicable	\$128	\$128	\$128	\$128	Not applicable

(i) Other evaluations and approvals. As applicable, these fees will be charged in addition to the basic fees assessed under (a) through (h) of this subsection.

Project Type	Group B	Group A				
		<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
Well-site evaluation and approval including the site inspection and hydrogeologic information review.	\$205	\$309	\$363	\$451	\$565	\$710
Regulatory monitoring plan ¹	No plan required	\$198	\$268	\$337	\$404	\$471
Unfiltered system annual comprehensive report	Not applicable	\$404	\$676	\$947	\$1,218	\$1,489
¹ A comprehensive document containing coliform, inorganic chemical and organic chemical monitoring plans in accordance with WAC 246-290-300.						
Water system compliance report	\$115	\$115	\$115	\$115	\$115	\$115

(2) To determine the appropriate fee for a noncommunity system, calculate the service equivalent by taking the average population served each day of operation and dividing by twenty-five for a transient noncommunity (TNC) system and two and one-half for nontransient noncommunity (NTNC) system. Use the number of service equivalents to find out what Group A size category to look under and submit the appropriate fee. (All noncommunity systems are Group A systems as described in WAC 246-290-020.)

(3) Additional review and approval fees may be assessed as follows:

(a) The basic fee covers an evaluation, or the review of an initial submittal and one resubmittal if required. If additional resubmittals are required, an additional twenty-five percent of the original fee will be assessed for each additional resubmittal. For water system plan and SMA plan preparation the basic fee also covers a preplanning conference;

(b) Fees for department project approval based on local technical review will be determined on a case-by-case basis

as outlined in the applicable memorandum of understanding between the department and the respective local agency;

(c) Fees may be assessed for services which the department determines are not described under subsection (1) of this section. If assessed, the fees will be calculated based on a rate of one hundred two dollars per hour.

Examples of these services include, but are not limited to:

(i) Collection of water quality samples requested by purveyor;

(ii) Review of alternate technologies requested by purveyor, manufacturer or authorized representative;

(iii) Sanitary surveys, including the time spent as part of the annual on-site inspections for systems under WAC 246-290-690(3) that is in addition to the time necessary to assess watershed control and disinfection treatment;

(iv) Well field designations; or

(v) Transfers of ownership under WAC 246-290-035 or 246-294-060.

(d) Additional fees assessed by the department shall be billed to the purveyor using an itemized invoice.

(4) If the legislature revises the water system operating permit fee under RCW 70.119A.110 to incorporate into it one or more fees for service currently assessed separately under this section, and the purveyor has paid that consolidated fee, the department shall not assess or collect a separate fee under this section for any such service.

(5) All fees required under this section except as noted in subsection (3) of this section, shall be submitted prior to the department's approval. Payment of fees shall be in the form of a check or money order made payable to: The Department of Health, P.O. Box 1099, Olympia, Washington 98507-1099. Payment of a fee shall not guarantee approval of the submitted document or evaluation request.

(6) Purveyors unable to determine the appropriate fee payment to submit should contact the department.

[Statutory Authority: RCW 43.70.110, 43.70.250, 43.20B.020, and 2010 c 37. 10-16-108, § 246-290-990, filed 8/2/10, effective 9/2/10. Statutory Authority: RCW 43.70.250 and 43.20B.020. 07-14-128, § 246-290-990, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.119A.180. 07-02-025B, § 246-290-990, filed 12/22/06, effective 1/22/07. Statutory Authority: RCW 43.70.250 and 70.119.160. 04-12-123, § 246-290-990, filed 6/2/04, effective 7/3/04. Statutory Authority: RCW 43.70.250, 43.20B.020, and 70.119.160. 03-13-028, § 246-290-990, filed 6/10/03, effective 7/11/03. Statutory Authority: RCW 43.70.250 and 70.119.160. 02-01-065, § 246-290-990, filed 12/14/01, effective 1/14/02. Statutory Authority: RCW 43.70.250. 00-02-015, § 246-290-990, filed 12/27/99, effective 1/27/00; 99-12-022, § 246-290-990, filed 5/24/99, effective 6/24/99. Statutory Authority: RCW 43.20B.020. 98-11-068, § 246-290-990, filed 5/19/98, effective 6/19/98; 97-12-032, § 246-290-990, filed 5/30/97, effective 6/30/97; 95-20-079, § 246-290-990, filed 10/4/95, effective 11/4/95; 93-01-006 (Order 315), § 246-290-990, filed 12/3/92, effective 1/3/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-290-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 87-14-066 (Order 2493), § 440-44-048, filed 7/1/87; 83-14-038 (Order 1980), § 440-44-048, filed 6/30/83.]

Chapter 246-314 WAC

CONSTRUCTION REVIEW SERVICES

WAC

246-314-010	Definitions.
246-314-990	Construction review fees.

WAC 246-314-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly indicates otherwise:

(1) "Certified" means facilities that must be certified to participate in medicare or medicaid programs and meet physical environment minimum standards as required in the Code of Federal Regulations.

(2) "Change of approved use only" means a change in the function of a room that does not alter the physical elements.

(3) "Finishes" includes, but is not limited to, products such as carpet, vinyl wall covering, wall paper, exterior siding, landscaping, or paneling applied to an existing surface as the exposed surface.

(4) "Licensed" means facilities licensed from the state department of health (DOH) or state department of social and health services (DSHS) that must obtain approval from construction review services before licensure activity.

(5) "Permit" means a recommendation to the licensing or certifying authority from construction review services indi-

cating that a facility meets the physical environment rules and the plan review process is complete.

(6) "Program" means the Washington state department of health, construction review services.

(7) "Project" means a change to a facility including new construction, replacement, alterations, additions, expansions, conversions, change of approved use, improvements, remodeling, renovating, and upgrading of the following types of facilities:

(a) "Ambulatory surgery center" defined as a facility that is required to be certified for participation in medicare or medicaid or ambulatory surgical facilities licensed under chapters 70.230 RCW and 246-330 WAC;

(b) "Birthing centers" (formerly maternity homes) and "childbirth centers" licensed under chapters 18.46 RCW and 246-329 WAC;

(c) "Boarding homes" licensed under chapters 18.20 RCW and 388-78A WAC;

(d) "Correctional facilities" as defined under RCW 43.70.130(8);

(e) "Hospice care center" licensed under chapters 70.127 RCW and 246-335 WAC;

(f) "Hospitals" licensed under chapters 70.41 RCW and 246-320 WAC;

(g) "Nursing homes" licensed under chapters 18.51 RCW and 388-97 WAC;

(h) "Private alcohol and chemical dependency hospitals" licensed under chapters 71.12 RCW and 246-324 WAC;

(i) "Private psychiatric and alcoholism hospitals" licensed under chapters 71.12 RCW and 246-322 WAC;

(j) "Residential treatment facilities" licensed under chapters 71.12 RCW and 246-337 WAC; and

(k) "Temporary worker housing" licensed under chapters 70.114A RCW and 246-358 WAC.

(8) "Project cost" means all costs directly associated with the project, initially estimated and corrected by certification to the date of completion of the project and including all fixed and installed clinical equipment in the project and contractor supervision, inspection, and overhead. This cost does not include:

(a) Taxes;

(b) Architectural or engineering fees; and

(c) Land acquisition fees.

(9) "Project sponsor" means the person, persons or organization, planning and contracting for the design and construction of facilities, generally the owner or the owner's representative.

(10) "Technical assistance" means assistance provided by the program to facilities either at the program offices or at the project location including:

(a) Information on the laws, rules and compliance methods and technologies applicable to the regulations;

(b) Information on methods to avoid compliance problems;

(c) Assistance in applying for permits, licensure or certification;

(d) Information on the mission, goals, and objectives of the program; and

(e) Assistance to parties constructing projects not required to be licensed or certified and voluntarily wish to

comply with rules or guidelines in the interest of safety or best practices.

(11) "Value of existing construction" means the value of an existing building or portion thereof at the time of project submission, based on the current market value of the structure as documented by the project sponsor, or, as determined by assigning a cost per square foot value.

[Statutory Authority: Chapter 43.70 RCW. 10-22-109, § 246-314-010, filed 11/2/10, effective 12/3/10. Statutory Authority: RCW 43.70.110. 06-16-118, § 246-314-010, filed 8/1/06, effective 9/1/06; 91-16-107 (Order 185), § 246-314-010, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-314-010, filed 12/27/90, effective 1/31/91.]

WAC 246-314-990 Construction review fees. (1)

Upon prior approval by the program the project sponsor may exclude from the "project cost" the cost for fixed or installed technologically advanced clinical equipment such as but not limited to: Lithotripters, CT scans, linear accelerators, and MRIs.

(2) **Project fee table.** Except as provided in subsection (4) and (5) of this section, the following fees will be charged for project review based on the cost of the project:

PROJECT FEE TABLE

Project Cost		Project Review Fee
\$	0 to \$	\$
	999	120
	1,000 to 1,999	250
	2,000 to 2,999	325
	3,000 to 4,999	410
	5,000 to 9,999	530
	10,000 to 19,999	665
	20,000 to 29,999	820
	30,000 to 39,999	975
	40,000 to 49,999	1,125
	50,000 to 64,999	1,325
	65,000 to 79,999	1,535
	80,000 to 99,999	1,845
	100,000 to 124,999	2,200
	125,000 to 149,999	2,550
	150,000 to 199,999	2,970
	200,000 to 249,999	3,325
	250,000 to 324,999	3,650
	325,000 to 449,999	4,100
	450,000 to 574,999	4,600
	575,000 to 699,999	5,200
	700,000 to 849,999	5,825
	850,000 to 999,999	6,550
	1,000,000 to 1,249,999	7,150
	1,250,000 to 2,499,999	7,850
	2,500,000 to 2,999,999	8,550
	3,000,000 to 3,499,999	9,300
	3,500,000 to 4,999,999	10,750
	5,000,000 to 6,999,999	12,200
	7,000,000 to 9,999,999	13,800
	10,000,000 to 14,999,999	15,850
	15,000,000 to 19,999,999	17,850
	20,000,000 to 29,999,999	19,900
	30,000,000 to 39,999,999	23,000
	40,000,000 to 59,999,999	25,600
	60,000,000 and over	28,700

(3) **Existing building conversions.** Building conversion fees will be based on the value of existing construction. Fees will be charged for project review based on the project fee table in subsection (2) of this section.

(a) The existing construction value is based on the local area cost data.

(b) Current cost data will be made available and posted on the construction review services web site: <http://www.doh.wa.gov/hsqa/fsl/CRS>.

(c) Project sponsors may submit specific cost data that accurately describes the estimate good faith value for the program's consideration.

(4) **Flat fees.** The following projects will receive a discount on project review fees:

(a) Installation of finishes only, one hundred twenty dollars;

(b) Change of approved use only, one hundred twenty dollars;

(c) The first submission for review and approval of the site installation of a mobile unit, four hundred seventy dollars. Each additional submission of the same project, two hundred eighty-five dollars;

(d) The first submission for review and approval of the equipment supplier of a mobile unit, four hundred seventy dollars. Each additional submission of the same project, two hundred eighty-five dollars;

(e) Each eight staff hours or fraction thereof for technical assistance, four hundred ten dollars. For technical assistance requiring travel, the program may increase the fee to include travel expenses;

(f) Special projects as determined by the program that requires minimal or highly repetitive review, four hundred ten dollars for every review/inspection after the initial review;

(g) Plan review and inspection for the on-site installation of the foundation, and hook-ups including, but not limited to, potable water, sewage disposal systems, or gas connections for factory assembled structures, two hundred fifty dollars per site visit regardless of the number of sites installed and completed at the time of inspection;

(h) On-site inspection and plan review for foundation pad for temporary structures including, but not limited to, tents and RVs, one hundred and twenty dollars per site visit regardless of the number of pads installed and completed at the time of inspection.

(5) **Fee reductions.** The program may decrease the project review fees, when:

(a) The project sponsor requests a reduction in the fee according to subsection (1) of this section;

(b) The project is prepared by a state licensed architect or engineer when architectural or engineering services are not required by rule. The project may qualify for a reduction of up to fifteen percent;

(c) A facility is converted from another occupancy as defined by the state building code; a facility is converted from one license to another; or, a facility that is currently unlicensed, but was previously licensed through the DOH or DSHS, wishes to be reviewed for relicensure. The project may qualify for a reduction of up to fifty percent. The amount of fee reduction will be determined by the estimated amount

of systems review required to ensure that the rules have been met.

(6) Total fee reductions may not exceed seventy percent of the original estimated project review fee.

(7) **Refunds.** The program shall refund fees paid when requested by the applicant as follows:

(a) The final attested project cost is less than the project estimated on the application. Fees paid may be refunded by the program according to the project fee table in subsection (2) of this section.

(b) If a project is canceled after an application and fee has been received but no plan review or technical assistance has been performed by the program, seventy-five percent of the fees paid.

(c) If a project is canceled after an application and fee has been received and plan review or technical assistance has been performed by the department, fifty percent of the fees paid.

(8) No fees paid by the applicant will be refunded after project cancellation if any of the following applies:

(a) More than two on-site visits, conferences, or plan reviews for any purpose have been performed by the program;

(b) One year has elapsed since an application and fee is received by the program, but no permit is issued because applicant failed to complete requirements for permit, and the applicant has not pursued the project in good faith;

(c) The amount to be refunded as calculated by subsection (7)(a), (b), or (c) of this section is one hundred twenty dollars or less;

(d) Approval or authorization to begin construction or a permit has been issued or construction has begun prior to a request from the applicant to cancel the project; or

(e) A written request has not been received to cancel the project.

[Statutory Authority: Chapter 43.70 RCW. 10-22-109, § 246-314-990, filed 11/2/10, effective 12/3/10. Statutory Authority: RCW 43.70.110. 06-16-118, § 246-314-990, filed 8/1/06, effective 9/1/06. Statutory Authority: RCW 43.70.250, 43.70.110 and 43.20B.020. 95-12-097, § 246-314-990, filed 6/7/95, effective 7/8/95. Statutory Authority: RCW 43.70.110. 91-16-107 (Order 185), § 246-314-990, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-314-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-319 WAC

INITIAL MEDICARE CERTIFICATION SURVEY FEE SCHEDULE

WAC
246-319-990 Fees.

WAC 246-319-990 Fees. Purpose: This chapter implements RCW 43.70.125 allowing the department to assess a fee for the department to conduct an initial medicare survey. An applicant for medicare certification must pay the fee whenever the department has not received sufficient funding from the Centers for Medicare and Medicaid Services.

(1) **Definitions.** The definitions in this section apply throughout this section unless the context clearly requires otherwise.

(a) "Initial medicare certification survey" means an on-site visit conducted by department staff for the purpose of

determining compliance with medicare regulations. This survey is required before a health care provider can receive medicare or medicaid reimbursement.

(b) "Insufficient funding" means the department has spent or encumbered eighty percent of the total available Title XVIII medicare grant award to complete required certification activities.

(c) "Sufficient funding" means the department has received, through the Title XVIII medicare grant, funds intended to fully reimburse the department for all required certification activities in the annual grant.

(d) "Title XVIII grant priority" means the four tier system established by the Centers for Medicare and Medicaid Services that guides state agencies to complete certification activities in accordance with statutory mandates and Centers for Medicare and Medicaid Services policy.

(e) "Title XVIII medicare grant" means the grant authorized in Section 1864(a) of the Federal Social Security Act and administered by the Centers for Medicare and Medicaid Services to the department to fund the annual certification activity requirements.

(2) The department will not charge a fee to conduct initial medicare certification surveys as long as sufficient funding exists.

(3) **Notice of insufficient funding.** When insufficient funding exists to complete the Title XVIII grant priority, the department will:

(a) Issue a notice to all potentially affected health care providers and provider associations known by the department; and

(b) Charge a fee according to the fee schedule in subsection (4) of this section to all applicants who apply for initial medicare certification surveys after the notice is issued.

(4) **Fees.** The following fees will be charged to an applicant to conduct an initial medicare certification survey when there is insufficient funding:

Ambulatory surgery center	\$ 1,815
Critical access hospital	\$ 2,015
End stage renal disease facility	\$ 980
Home health agency	\$ 2,285
Hospice agency	\$ 2,285
Hospital	\$ 2,285
Rehabilitation facility	\$ 520
Rural health clinic	\$ 690
Transplant hospital	\$ 7,000

[Statutory Authority: RCW 40.70.125. 10-13-169, § 246-319-990, filed 6/23/10, effective 7/24/10.]

Chapter 246-320 WAC

HOSPITAL LICENSING REGULATIONS

WAC	
246-320-500	Applicability of WAC 246-320-500 through 246-320-600.
246-320-505	Design, construction review, and approval of plans.
246-320-600	Washington state amendments.

WAC 246-320-500 Applicability of WAC 246-320-500 through 246-320-600. The purpose of construction regulations is to provide for a safe and effective patient care

environment. These rules are not retroactive and are intended to be applied as outlined below.

(1) These regulations apply to hospitals including:

- (a) New buildings to be licensed as a hospital;
- (b) Conversion of an existing building or portion of an existing building for use as a hospital;
- (c) Additions to an existing hospital;
- (d) Alterations to an existing hospital; and
- (e) Buildings or portions of buildings licensed as a hospital and used for hospital services;
- (f) Excluding nonpatient care buildings used exclusively for administration functions.

(2) The requirements of chapter 246-320 WAC in effect at the time the application and fee are submitted to the department, and project number is assigned by the department, apply for the duration of the construction project.

(3) Standards for design and construction.

Facilities constructed and intended for use under this chapter shall comply with:

(a) The following chapters of the 2010 edition of the *Guidelines for Design and Construction of Health Care Facilities* as published by the American Society for Healthcare Engineering of the American Hospital Association, 155 North Wacker Drive Chicago, IL 60606, as amended in WAC 246-320-600:

- (i) 1.1 Introduction
- (ii) 1.2 Planning, Design, Construction, and Commissioning
- (iii) 1.3 Site
- (iv) 1.4 Equipment
- (v) 2.1 Common Elements for Hospitals
- (vi) 2.2 Specific Requirements for General Hospitals
- (vii) 2.4 Specific Requirements for Critical Access Hospitals (Reserved)
- (viii) 2.5 Specific Requirements for Psychiatric Hospitals
- (ix) 2.6 Specific Requirements for Rehabilitation Hospitals and Other Facilities
- (x) 3.1 Common Elements for Outpatient Facilities
- (xi) 3.2 Specific Requirements for Primary Care Outpatient Centers
- (xii) 3.3 Specific Requirements for Small Primary Care (Neighborhood) Outpatient Facilities
- (xiii) 3.4 Specific Requirements for Freestanding Outpatient Diagnostic and Treatment Facilities
- (xiv) 3.6 Specific Requirements for Freestanding Cancer Treatment Facilities
- (xv) 3.7 Specific Requirements for Outpatient Surgical Facilities
- (xvi) 3.8 Specific Requirements for Office Surgical Facilities
- (xvii) 3.9 Specific Requirements for Gastrointestinal Endoscopy Facilities
- (xviii) 3.10 Specific Requirements for Renal Dialysis Centers
- (xix) 3.11 Specific Requirements for Psychiatric Outpatient Centers
- (xx) 3.12 Specific Requirements for Outpatient Rehabilitation Facilities
- (xxi) 4.3 Specific Requirements for Hospice Facilities
- (xxii) 5.1 Mobile, Transportable, and Relocatable Units

(xxiii) 5.2 Freestanding Birth Centers

(xxiv) Part 6: Ventilation of Health Care Facilities

(b) *The National Fire Protection Association, Life Safety Code*, NFPA 101, 2000.

(c) *The State Building Code* as adopted by the state building code council under the authority of chapter 19.27 RCW.

(d) Accepted procedure and practice in cross-contamination control, *Pacific Northwest Edition, 6th Edition, December 1995, American Waterworks Association*.

[Statutory Authority: Chapter 70.41 RCW, 10-17-120, § 246-320-500, filed 8/18/10, effective 9/18/10; 08-14-023, § 246-320-500, filed 6/20/08, effective 7/21/08. Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-500, filed 1/28/99, effective 3/10/99.]

WAC 246-320-505 Design, construction review, and approval of plans.

(1) Drawings and specifications for new construction, excluding minor alterations, must be prepared by or under the direction of, an architect registered under chapter 18.08 RCW. The services of a consulting engineer registered under chapter 18.43 RCW may be used for the various branches of work where appropriate. The services of a registered engineer may be used in lieu of the services of an architect if work involves engineering only.

(2) A hospital will meet the following requirements:

(a) Request and attend a presubmission conference for projects with a construction value of two hundred fifty thousand dollars or more. The presubmission conference shall be scheduled to occur for the review of construction documents that are no less than fifty percent complete.

(b) Submit construction documents for proposed new construction to the department for review within ten days of submission to the local authorities. Compliance with these standards and regulations does not relieve the hospital of the need to comply with applicable state and local building and zoning codes.

(c) The construction documents must include:

(i) A written program containing, but not limited to the following:

(A) Information concerning services to be provided and operational methods to be used;

(B) An interim life safety measures plan to ensure the health and safety of occupants during construction and installation of finishes.

(C) An infection control risk assessment indicating appropriate infection control measures, keeping the surrounding area free of dust and fumes, and ensuring rooms or areas are well ventilated, unoccupied, and unavailable for use until free of volatile fumes and odors;

(ii) Drawings and specifications to include coordinated architectural, mechanical, and electrical work. Each room, area, and item of fixed equipment and major movable equipment must be identified on all drawings to demonstrate that the required facilities for each function are provided; and

(iii) Floor plan of the existing building showing the alterations and additions, and indicating location of any service or support areas; and

(iv) Required paths of exit serving the alterations or additions.

(d) The hospital will respond in writing when the department requests additional or corrected construction documents;

(e) Notify the department in writing when construction has commenced;

(f) Provide the department with a signed form acknowledging the risks if starting construction before the plan review has been completed. The acknowledgment of risks form shall be signed by the:

- (i) Architect; and
- (ii) Hospital CEO, COO or designee; and
- (iii) Hospital facilities director.

(g) Submit to the department for review any addenda or modifications to the construction documents;

(h) Assure construction is completed in compliance with the final "department approved" documents. Compliance with these standards and regulations does not relieve the hospital of the need to comply with applicable state and local building and zoning codes. Where differences in interpretations occur, the hospital will follow the most stringent requirement.

(i) The hospital will allow any necessary inspections for the verification of compliance with the construction document, addenda, and modifications.

(j) Notify the department in writing when construction is completed and include a copy of the local jurisdiction's approval for occupancy.

(3) The hospital will not begin construction or use any new or remodeled areas until:

(a) The infection control risk assessment has been approved by the department;

(b) The interim life safety plan has been approved by the department;

(c) An acknowledgment of risk form has been submitted to the department as required by subsection (2)(f) of this section;

(d) The department has approved construction documents or granted authorization to begin construction; and

(e) The local jurisdictions have issued a building permit, when applicable or given approval to occupy.

(4) The department will issue an "authorization to begin construction" when subsection (3)(a), (b), and (c) are approved and the presubmission conference is concluded.

[Statutory Authority: Chapter 70.41 RCW, 10-17-120, § 246-320-505, filed 8/18/10, effective 9/18/10; 08-14-023, § 246-320-505, filed 6/20/08, effective 7/21/08. Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-505, filed 1/28/99, effective 3/10/99.]

WAC 246-320-600 Washington state amendments.

This section contains the Washington state amendments to the 2010 edition of the *Guidelines for Design and Construction of Health Care Facilities* as published by the American Society for Healthcare Engineering of the American Hospital Association, 155 North Wacker Drive Chicago, IL 60606. Subsections with an asterisk (*) preceding a paragraph number indicates that explanatory or educational material can be found in an appendix item located in the 2010 Guidelines.

CHAPTER 1.1 INTRODUCTION

1.1-5.5 Referenced Codes and Standards

Washington State Building Code (<http://www.sbcc.wa.gov/>)

CHAPTER 1.2 PLANNING, DESIGN, AND IMPLEMENTATION PROCESS

1.2-6.1.4 Design Criteria for Room Noise Levels

(1) Room noise levels shall not exceed the sound level ranges shown for the chosen rating system in Table 1.2-2 (Minimum-Maximum Design Criteria for Noise in Interior Spaces).

CHAPTER 2.1 COMMON ELEMENTS FOR HOSPITALS

2.1-2.6.7 Nourishment Area or Room

2.1-2.1.6.7.5 Nourishment function may be combined with a clean utility without duplication of sinks and work counters.

2.1-2.6.12 Environmental Services Room

2.1-2.6.12.3 Environmental services and soiled rooms may be combined.

2.1-7.2.3 Surfaces

2.1-7.2.3.2 Flooring

2.1-7.2.3.2(14) The floors and wall bases of kitchens, soiled workrooms, and other areas subject to frequent wet cleaning shall be either seamless flooring with integral coved base, sealed ceramic tile with ceramic tile base, or equivalent.

***2.1-8.2.1 General**

Basic HVAC system requirements are defined in Part 6 of this document, ANSI/ASHRAE/ASHE Standard 170-2008: *Ventilation of Health Care Facilities*. This section of the Guidelines includes additional requirements.

***2.1-8.2.1 General**

***2.1-8.2.1.1 Mechanical system design**

(f) VAV systems. The energy-saving potential of variable-air-volume systems is recognized, and the requirements herein are intended to maximize appropriate use of those systems. Any system used for occupied areas shall include provisions to avoid air stagnation in interior spaces where thermostat demands are met by temperatures of surrounding areas and air movement relationship changes if constant volume and variable volume are supplied by one air-handling system with a common pressure dependent return system.

***2.1-8.2.1.1 Mechanical system design**

(2) Air-handling systems with unitary equipment that serves only one room. These units shall be permitted for use as recirculating units only. All outdoor air shall be provided by a separate air-handling system with proper filtration, as noted in 2.1-8.2.5.1 (Filter efficiencies).

(a) Recirculating room HVAC units themselves shall have a MERV 6 (or higher) filter in Filter Bank 1 and are not required to have Filter Bank 2. For more information see AIA (2006).

(b) Recirculating room units shall be allowed in General Laboratory rooms and Sterilizer Equipment rooms provided at least 6 air changes are provided by the air handling system and adequate total cooling capacity is provided.

2.1-8.2.2 HVAC Requirements for Specific Locations**2.1-8.2.2.7 Emergency and radiology waiting areas**

When these areas are not enclosed, the exhaust air change rate shall be based on the general volume of the space designated for patients waiting for treatment.

2.1-8.2.4 HVAC Air Distribution**2.1-8.2.4.2 HVAC ductwork*****2) Humidifiers**

(a) If humidifiers are located upstream of the final filters, they shall be at least twice the rated distance for full moisture absorption upstream of the final filters.

(b) Ductwork with duct-mounted humidifiers shall have a means of water removal.

(c) Humidifiers shall be connected to airflow proving switches that prevent humidification unless the required volume of airflow is present or high-limit humidistats are provided.

(d) All duct takeoffs shall be sufficiently downstream of the humidifier to ensure complete moisture absorption.

(e) Steam humidifiers shall be used. Reservoir-type water spray or evaporative pan humidifiers shall not be used.

Appendix Language:

A2.1-8.2.4.1(2) It is recognized that some facilities may not require humidity control within the ranges in table 2.1-2 and that the final determination of a facility's ability to control humidity will be made by that facility.

2.1-8.3.7 Call Systems**2.1-8.3.7.3 Bath Stations****Appendix Language:**

A2.1-8.3.7.3 Where new construction or renovation work is undertaken, hospitals should make every effort to install assistance systems in all public and staff toilets.

2.1-8.4.3 Plumbing Fixtures**2.1-8.4.3.1 General**

(1) Materials. The material used for plumbing fixtures shall be nonabsorptive and acid-resistant.

(2) Clearances. Water spouts used in lavatories and sinks shall have clearances adequate to:

(a) avoid contaminating utensils and the contents of carafes, etc.

(b) provide a minimum clearance of 6" from the bottom of the spout to the flood rim of the sink to support proper hand washing asepsis technique without the user touching the faucet, control levers, or the basin.

Appendix Language:

A2.1-8.4.3.2 Aerator usage on water spouts may contribute to the enhanced growth of waterborne organisms and is not recommended.

2.1-8.4.3.6 Scrub sinks. Freestanding scrub sinks and lavatories used for scrubbing in procedure rooms shall be trimmed with foot, knee, or electronic sensor controls; single-lever wrist blades are not permitted.

CHAPTER 2.2 SPECIFIC REQUIREMENTS FOR GENERAL HOSPITALS**2.2-2.2 Medical/Surgical Nursing Unit****2.2-2.2.2 Patient Room****2.2-2.2.2.1 Capacity**

(1) In new construction, the maximum number of beds per room shall be two.

(2) Where renovation work is undertaken and the present capacity is more than one patient, maximum room capacity shall be no more than the present capacity with a maximum of four patients.

2.2-2.2.2.5 Hand-washing stations*(1) Location**

(a) A hand-washing station shall be provided in every toilet room serving more than one patient. Alcohol-based hand sanitizers shall be provided where sinks are not required.

(b) A hand-washing station shall be provided in the patient room in addition to that in the toilet room.

(i) This hand-washing station shall be convenient for use by health care personnel and others entering and leaving the room.

(ii) When multi-patient rooms are permitted, this station shall be located outside the patients' cubicle curtains.

2.2-2.2.6 Support Areas for Medical/Surgical Nursing Units

2.2-2.2.6.5 Hand-washing stations. For design requirements, see 2.1-2.6.5.

(1) Hand-washing stations shall be conveniently accessible to the medication station and nourishment area. "Convenient" is defined as not requiring staff to access more than two spaces separated by a door.

(2) If it is convenient to each area, one hand-washing station shall be permitted to serve several areas.

2.2-3.2 Freestanding Emergency Care Facility**2.2-3.2.1 General****2.2-3.2.1.1 Definition**

(1) "Freestanding emergency care facility" shall mean an extension of an existing hospital emergency department that is physically separate from (i.e., not located on the same campus as) the main hospital emergency department and that is intended to provide comprehensive emergency service.

(2) A freestanding emergency care facility that does not provide 24-hour-a-day, seven-day-a-week operation or that is not capable of providing basic services as defined for hospital emergency departments shall not be classified as a freestanding emergency care facility and shall be described under other portions of this document. Any facility advertising itself to the public as an emergency department or facility shall meet the requirements of Section 2.2-3.2.

2.2-3.2.1.2 Application. Except as noted in the following sections, the requirements for freestanding emergency service shall be the same as for hospital emergency service as described in Section 2.2-3.1 (Emergency Service).

2.2-3.2.2 Facility Requirements

This section is not adopted

2.2-3.3.3 Pre- and Postoperative Patient Care Areas***2.2-3.3.3.3 Post-anesthetic care unit (PACU)**

(4) Each PACU shall contain the following:

(a) A medication station.

(b) Hand-washing stations. At least one hand-washing station with hands-free or wrist-blade operable controls shall

be available for every six beds or fraction thereof, uniformly distributed to provide equal access from each bed.

- (c) Nurse station with charting facilities.
- (d) Clinical sink.
- (e) Provisions for bedpan cleaning.
- (f) Storage space for stretchers, supplies, and equipment.
- (g) Staff toilet. A staff toilet shall be located within the working area to maintain staff availability to patients.

2.2-4.2 Pharmacy Service

2.2-4.2.1 General: Until final adoption of USP 797 by either federal or other state programs, facilities may request plan review for conformance to USP 797 with their initial submission to the Department of Health, Construction Review Services.

CHAPTER 3.1 OUTPATIENT FACILITIES

***3.1-3.2.2 General Purpose Examination/Observation Room**

3.1-3.2.2.2 Space requirements

(3) Existing general purpose examination rooms under review for addition to a hospital license shall be no less than 80 gross square feet and provide a minimum 2'-6" clearance around the examination table.

3.1-4.1.2 Laboratory Testing/Work Area

3.1-4.1.2.2 Work counters

(2) Work counters shall be sufficient to meet equipment specifications and lab technician needs and have the following:

- (a) Sinks.
- (b) Communications service.
- (c) Electrical service.

3.1-6.1.1 Vehicular Drop-Off and Pedestrian Entrance

3.1-6.1.1 Vehicular Drop-Off and Pedestrian Entrance (for ambulatory surgery facilities only). This shall be at grade level, sheltered from inclement weather, and accessible to the disabled.

A3.1-6.1.1 Accessibility requirements for all facility types can be found in 1.1-4.1

3.1-7.1 Building Codes and Standards

3.1-7.1.1.2

This Section is not adopted.

3.1-7.1.1.3

This section is not adopted.

3.1-7.1.3 Provision for Disasters

3.1-7.1.3.1 Earthquakes

Seismic force resistance of new construction for outpatient facilities shall comply with Section 1.2-6.5 (Provisions for Disasters). Where the outpatient facility is part of an existing building, that facility shall comply with applicable local codes.

3.1-7.2.2 Architectural Details

3.1-7.2.2.1 Corridor width

(1) Public corridors shall have a minimum width of 5 feet (1.52 meters). Staff-only corridors shall be permitted to be 3 feet 8 inches (1.12 meters) wide unless greater width is required by NFPA 101 (occupant load calculations). Existing

clinics that do not use gurneys shall meet the requirements of NFPA 101 for appropriate occupancy type.

3.1-8.2.4 HVAC Air Distribution

3.1-8.2.4.1 Return air systems. For patient care areas where invasive applications or procedures are performed and rooms containing materials used in these applications and procedures, return air shall be via ducted systems.

3.1-8.4.3 Plumbing Fixtures

3.1-8.4.3.1 General

(2) Clearances. Water spouts used in lavatories and sinks shall have clearances adequate to:

- (a) avoid contaminating utensils and the contents of carafes, etc.
- (b) provide a minimum clearance of 6" from the bottom of the spout to the flood rim of the sink to support proper hand washing asepsis technique without the user touching the faucet, control levers, or the basin.

Appendix Language:

A3.1-8.4.3 Aerator usage on water spouts may contribute to the enhanced growth of waterborne organisms and is not recommended.

CHAPTER 3.2 SPECIFIC REQUIREMENTS FOR PRIMARY CARE OUTPATIENT CENTERS

3.2-1.3 Site

3.2-1.3.1 Parking

This section is not adopted.

CHAPTER 3.3 SPECIFIC REQUIREMENTS FOR SMALL PRIMARY CARE (NEIGHBORHOOD) OUTPATIENT FACILITIES

3.3-1.3 Site

3.3-1.3.2 Parking

This section is not adopted.

CHAPTER 3.7 SPECIFIC REQUIREMENTS FOR OUTPATIENT SURGICAL FACILITIES

3.7-1.3 Site

3.7-1.3.2 Parking

This section is not adopted.

CHAPTER 3.11 SPECIFIC REQUIREMENTS FOR PSYCHIATRIC OUTPATIENT CENTERS

3.11-1.3 Site

3.11-1.3.1 Parking

This section is not adopted.

CHAPTER 5.1 MOBILE, TRANSPORTABLE, AND RELOCATABLE UNITS

5.1-1.1 Application

5.1-1.1.1 Unit Types

This section applies to mobile, transportable, and modular structures as defined below. These units can increase public access to needed services.

Mobile mammography units do not require review by the Department of Health, Construction Review Services.

Appendix Language:

A5.1-1.1.1 The facility providing services, including mobile mammography, should review these requirements in consideration of the service offering and the delivery of care model.

5.1-7.2 Architectural Details and Surfaces for Unit Construction

5.1-7.2.2 Surfaces

If the mobile unit is permanently installed, finishes shall comply with the requirements in this section.

5.1-7.2.2.1 Interior finish materials

(1) Interior finish materials shall meet the requirements of NFPA 101.

5.1-8.6 Safety and Security Systems

5.1-8.6.1 Fire Alarm System

Fire alarm notification shall be provided to the facility while the unit is on site.

5.1-8.6.1.2 Each mobile unit shall provide fire alarm notification by one of the following methods:

- (1) Via an auto-dialer connected to the unit's smoke detectors.
- (2) An audible device located on the outside of the unit.
- (3) Connection to the building fire alarm system.

Part 6

ANSI/ASHRAE/ASHE Standard 170-2008: Ventilation of Health Care Facilities

Table 7-1 - Design Parameters

Function of Space	RH (k), %
Class B and C operating rooms (m)(n)(o)	max 60
Operating/surgical cystoscopy (m)(n)(o)	max 60
Delivery room (Caesarean) (m)(n)(o)	max 60
Treatment room (p)	max 60
Trauma room (crisis or shock) (c)	max 60
Laser eye room	max 60
Class A Operating/Procedure room (o)(d)	max 60
Endoscopy	max 60

[Statutory Authority: Chapter 70.41 RCW, 10-17-120, § 246-320-600, filed 8/18/10, effective 9/18/10; 08-14-023, § 246-320-600, filed 6/20/08, effective 7/21/08.]

**Chapter 246-329 WAC
CHILDBIRTH CENTERS**

WAC

246-329-120 Birth center policies and procedures.

WAC 246-329-120 Birth center policies and procedures. The purpose of this section is to ensure the birth center is able to provide safe and appropriate care to the clients of the birth center.

(1) An applicant or licensee must establish and implement policy and procedures which include, but are not limited to:

- (a) Definition of a low-risk maternal client who is eligible for birth services offered by the birth center.
- (b) Definition of a client who is ineligible for birth services at the birth center.
- (c) Identification and transfer of clients who, during the course of pregnancy, are determined to be ineligible.
- (d) Identification and transfer of clients who, during the course of labor or recovery, are determined to be ineligible for continued care in the birth center.
- (e) Written plans for consultation, referral and transfer of care for maternal client and newborn. Written plans for emergency transfer and transport of a newborn to a newborn nursery or neonatal intensive care nursery, and emergency trans-

fer and transport of a maternal client to an appropriate obstetrical department, patient care area, or hospital where appropriate care is available.

(f) Transfer and discharge of neonates to minimize risk of newborn abduction.

(g) Protocol for medications and laboratory testing during labor and recovery if the birth center plans to deliver HIV positive clients.

(h) Rapid HIV testing using the opt out approach for women who have undocumented HIV test results when presenting to the birth center in labor.

(i) Protocol for electronic fetal heart monitoring or intermittent auscultation to monitor fetal status during labor.

(j) Protocol for the provision of MMR vaccine to nonimmune postpartum women.

(k) Protocol for the provision of anti D immune globulin to postpartum women who are unsensitized D-Negative and who deliver a D positive or Du positive infant.

(2) The applicant or licensee shall assure that transfer of care shall be available twenty-four hours per day to an appropriate obstetrical department, patient care area, or hospital where appropriate care is available.

(3) Clients shall receive and sign written informed consent which shall be obtained prior to the onset of labor and shall include, but is not limited to:

- (a) Evidence of an explanation by personnel of the birth services offered, limitation of services, and potential risks;
- (b) Explanation of the definition of low-risk maternal client;
- (c) Explanation of a client who is ineligible for childbirth center services;
- (d) Explanation of the birth center policies and procedures for consultation, referral, transfer of care and emergency transfer and transport;
- (e) Explanation of prophylactic treatment of the eyes of the newborn. The prophylactic treatment is administered to the newborn according to WAC 246-100-202 (1)(e);

(f) Explanation of screening of newborns under chapter 70.83 RCW and chapter 246-650 WAC; and

(g) Explanation of why rapid HIV testing is available if documentation of an HIV test during prenatal care is not available;

(h) Explanation of the need for prophylactic administration of RhIG (immune globulin) within seventy-two hours of delivery for an Rh negative mother whose newborn(s) are Rh positive.

(4) The birth center shall provide or assure:

- (a) Education of clients, family and support persons in childbirth and newborn care.
- (b) Plans for immediate and long-term follow-up of clients after discharge from the birth center.
- (c) Registration of birth and reporting of complications and anomalies, including sentinel birth defect reporting under chapter 70.58 RCW.
- (d) Prophylactic treatment of the eyes of the newborn in accordance with WAC 246-100-206 (5)(b).
- (e) Collection of a newborn screening blood specimen, or signed refusal, and submission to the department's newborn screening program under the requirements of WAC 246-650-020.

(f) Rapid HIV testing when documentation of an HIV test during prenatal care is not available, unless the client refuses to give consent and the refusal is documented.

(g) For HIV positive women, the antiretroviral medications during delivery and perform or arrange appropriate lab tests.

(h) Intrapartum intravenous antibiotics for Group B Strep positive women per the CDC protocol.

(i) For Hepatitis B positive women, HBIG and Hepatitis B immunization for the newborn.

(j) Infection control to housekeeping; cleaning, sterilization, sanitization, and storage of supplies and equipment, and health of personnel and clients.

(k) Actions to take when personnel, volunteers, contractors, or patients or clients exhibit or report symptoms of a communicable disease in an infectious stage in accordance with chapter 246-100 WAC, Communicable and certain other diseases and chapter 246-101 WAC, Notifiable conditions.

(l) Authorization and administration of medications, legend drugs and devices per appropriate health profession rules.

(m) Actions to address patient or client communication needs.

(n) Reporting of patient/client abuse and neglect according to chapter 74.34 RCW.

(o) Emergency care of client.

(p) Actions to be taken upon death of a client.

(q) Plans for service delivery when natural or man-made emergencies occur that prevent normal clinical operation.

(r) Waived laboratory tests, if applicable, including the procurement of a medical test site waiver under chapter 246-338 WAC.

[Statutory Authority: RCW 18.46.060. 10-05-033, § 246-329-120, filed 2/9/10, effective 3/12/10. Statutory Authority: Chapter 18.46 RCW and RCW 43.70.040. 07-07-075, § 246-329-120, filed 3/16/07, effective 4/16/07.]

**Chapter 246-366 WAC
PRIMARY AND SECONDARY SCHOOLS**

WAC

246-366-005	Purpose.
246-366-160	Severability.

WAC 246-366-005 Purpose. The purpose of this chapter is to maintain minimum environmental health and safety standards for school facilities until legislative action allows for full or partial implementation of chapter 246-366A WAC. To the extent the legislature funds or otherwise allows for its implementation, chapter 246-366A WAC is intended to replace or supersede this chapter.

[Statutory Authority: RCW 43.20.050. 10-01-174 and 10-12-018, § 246-366-005, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366-160 Severability. If any provision of this chapter or its application to any person or circumstance is held invalid, the remainder of the chapter or the application of the provision to other persons or circumstances is not affected.

[Statutory Authority: RCW 43.20.050. 10-01-174 and 10-12-018, § 246-366-160, filed 12/22/09 and 5/21/10, effective 7/1/11.]

**Chapter 246-366A WAC
ENVIRONMENTAL HEALTH AND SAFETY
STANDARDS FOR PRIMARY AND SECONDARY
SCHOOLS**

WAC

246-366A-001	Introduction and purpose.
246-366A-003	Implementation.
246-366A-005	Applicability.
246-366A-010	Definitions.
246-366A-015	Guidance.
246-366A-020	Responsibilities—General.
246-366A-030	Site assessment, review, and approval.
246-366A-040	Construction project review.
246-366A-050	Preoccupancy inspection of construction projects.
246-366A-060	General construction requirements.
246-366A-065	General operation and maintenance requirements.
246-366A-070	Moisture control, mold prevention, and remediation.
246-366A-080	Safety—Animals in school facilities.
246-366A-090	Heating and ventilation—Construction requirements.
246-366A-095	Heating and ventilation—Operation and maintenance requirements.
246-366A-100	Noise control—Construction requirements.
246-366A-105	Noise control—Operation and maintenance requirements.
246-366A-110	Lighting—Construction requirements.
246-366A-115	Lighting—Operation and maintenance requirements.
246-366A-120	Restrooms and showers—Construction requirements.
246-366A-125	Restrooms and showers—Operation and maintenance requirements.
246-366A-130	Water quality monitoring—Lead.
246-366A-135	Water quality monitoring—Copper.
246-366A-140	Water quality monitoring—Other drinking water contaminants.
246-366A-150	Playgrounds—Construction and installation requirements.
246-366A-155	Playgrounds—Operation and maintenance requirements.
246-366A-160	Laboratories and shops—Construction requirements.
246-366A-165	Laboratories and shops—Operation and maintenance requirements.
246-366A-170	Variances.
246-366A-175	Temporary emergency waivers for disaster situations.
246-366A-180	Appeals.
246-366A-190	Complaints.
246-366A-200	Severability.

WAC 246-366A-001 Introduction and purpose. (1) The purpose of this chapter is to replace chapter 246-366 WAC with a more modern set of minimum environmental health and safety standards for school facilities to promote healthy and safe school environments.

(2) Implementation of this chapter is subject to the state legislature providing funding to public schools in accordance with section 222 of the 2009-11 biennial operating budget, chapter 564, laws of 2009, and may be subject to future legislative requirements. Unless and until legislative action allows for full or partial implementation of this chapter, chapter 246-366 WAC shall take precedent and this chapter shall not be implemented or enforced in any manner.

(3) It is the intent of the Washington state board of health to work with the legislature to develop a strategy and timeline for funding and implementation of this chapter.

[Statutory Authority: RCW 43.20.050. 10-01-174 and 10-12-018, § 246-366A-001, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-003 Implementation. (1) Implementation of this chapter, in whole or in part, requires one or more of the following actions:

(a) Authorization of expenditures in the Omnibus Appropriations Act for the expressed purpose of funding implementation for public schools;

(b) Repeal, modification or expiration of statutory restrictions on implementation; or

(c) Enactment of any statute or resolution authorizing implementation.

(2) The state board of health shall amend as necessary any order adopting this chapter, filed in accordance with RCW 34.05.060, and any effective dates listed therein to ensure no portion of this rule is implemented at a time and in a manner prohibited by the legislature.

(3) Before implementing this rule, in whole or in part, the state board of health, in addition to filing an amended rule making order for publication in the *Washington State Register*, shall provide notice of implementation.

(a) The notice shall identify the action taken by the legislature that allows for implementation, the section or sections of chapter 246-366A WAC being implemented as a result of that action, the effective date or dates for each section or sections, the corresponding section or sections of chapter 246-366 WAC that will be superseded or repealed, and a brief explanation of significant differences between the requirements of this chapter that are being implemented and the corresponding requirements of chapter 246-366 WAC.

(b) The state board of health shall maintain a roster of interested persons and shall send an electronic copy of the notice to each person on the roster as well as to the following agencies and organizations:

- (i) The Washington state code reviser;
- (ii) The Washington state department of health;
- (iii) The Washington state office of superintendent of public instruction;
- (iv) Washington state local health jurisdictions;
- (v) Washington state professional associations representing school officials;
- (vi) The Washington federation of independent schools;
- (vii) Washington state labor organizations representing school employees;
- (viii) The Washington state association of local public health officials;
- (ix) The Washington state PTA; and
- (x) The Washington state legislature through the chairs of the fiscal, health, and education committees of both houses.

(c) The office of superintendent of public instruction shall forward, to the extent possible, the notice of implementation electronically to school districts and approved private schools.

(4) The state board of health shall maintain a web page showing the sections of this chapter that have been or are scheduled to be implemented, their effective dates, and the corresponding sections of chapter 246-366 WAC that have been or will be superseded or repealed.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-003, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-005 Applicability. (1) To the extent implemented in accordance with legislative action, this chapter, or such portions thereof funded or approved as part of a phase-in or partial implementation, shall apply to all school facilities operated for the primary purpose of providing education at the kindergarten through twelfth grade (K-12) levels, and preschools that are part of such facilities except:

(a) Private residences used for home-based instruction as defined by RCW 28A.225.010(4);

(b) Facilities hosting educational programs where educational instruction is not a primary purpose, including, but not limited to, detention centers, jails, hospitals, mental health units, or long-term care facilities;

(c) Private facilities where tutoring is the primary purpose; and

(d) Public or private postsecondary education facilities providing instruction to students primarily enrolled in secondary school.

(2) These rules are in addition to all other requirements that apply to schools and, except as specified, do not affect the applicability of those requirements.

(3) Additional environmental health and safety rules that apply to school facilities include, but are not limited to:

- (a) Chapter 246-215 WAC Food services;
- (b) Chapter 246-217 WAC Food worker cards;
- (c) Chapter 246-260 WAC Water recreation facilities;
- (d) Chapter 246-262 WAC Recreational water contact facilities;
- (e) Chapter 246-272A WAC On-site sewage systems;
- (f) Chapter 246-272B WAC Large on-site sewage system regulations;
- (g) Chapter 246-290 WAC Public water supplies; and
- (h) Chapter 246-291 WAC Group B public water systems.

(4) This chapter, or portions thereof, are intended to replace or supersede chapter 246-366 WAC, or corresponding portions thereof as identified by the state board of health, once the legislature has provided funding for implementation by public schools or taken other action to authorize implementation.

(5) These rules are not intended to replace or supersede the department of labor and industries' authority and jurisdiction over employee safety and health.

(6) These rules are not intended to replace requirements of the building code council under Title 51 WAC, but may be more stringent to protect health and safety.

(7) For a school undergoing an alteration or addition, WAC 246-366A-040, 246-366A-060, 246-366A-090, 246-366A-100, 246-366A-110, 246-366A-120, 246-366A-150, and 246-366A-160 apply only to:

- (a) Areas that are part of the addition;
- (b) Areas undergoing alteration; and
- (c) Changes to existing building systems, such as heating and ventilation systems, when those changes are included in construction documents or a building permit application describing the alteration or addition.

(8) If the local permitting jurisdiction received a complete building permit application for school construction prior to the effective date of any construction-related requirements of this chapter, the construction-related requirements of chapter 246-366 WAC and this chapter in effect at the time of application apply.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-005, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-010 Definitions. The following definitions apply to these rules:

(1) "Addition" means an extension or increase in floor area or height of a building or structure.

(2) "Air contaminants of public health importance" means pollutants in the indoor air that could, depending on dose and circumstances, have health impacts, including but not limited to:

(a) Volatile organic compounds, for example, formaldehyde and benzene;

(b) Combustion by-products, for example, carbon monoxide and nitrogen oxides;

(c) Vapors and gases, for example, chlorine, mercury, and ozone;

(d) Heavy metal dusts and fumes, for example, chromium and lead; and

(e) Particulates, for example, wood and ceramic dust.

(3) "Alteration" means any construction or renovation to an existing structure other than repair or addition.

(4) "Construction" or "construction project" means any activity subject to state or local building codes.

(5) "Construction documents" means written, graphic, and pictorial documents prepared or assembled for describing the design, location, and physical characteristics of the elements of a project necessary for obtaining a building permit.

(6) "Contaminant" means any hazardous material that occurs at greater than natural background levels.

(7) "Decibel (dB)" means a standard unit of measurement of sound pressure.

(8) "Decibel, A-weighted (dBA)" means a decibel measure that has been weighted in accordance with the A-weighting scale. The A-weighting adjusts sound level as a function of frequency to correspond approximately to the sensitivity of human hearing.

(9) "Department" means the Washington state department of health.

(10) "Drinking fountain" means the type of plumbing fixture that delivers a stream of water for drinking without actively cooling the water.

(11) "Emergency eye wash" means a hands-free device that:

(a) Irrigates and flushes both eyes simultaneously with tepid potable water;

(b) Activates an on-off valve in one second or less and remains on without user assistance until intentionally turned off; and

(c) Delivers at least 0.4 gallons (1.5 liters) of water per minute for at least fifteen minutes.

(12) "Emergency shower" means a hand-activated shower that delivers tepid potable water to cascade over the user's entire body at a minimum rate of 20 gallons (75 liters) per minute for at least fifteen minutes.

(13) "Equivalent sound level (L_{eq})" means the level of a constant sound that, over a given time period, contains the same amount of sound energy as the measured fluctuating sound.

(14) "Faucet" means a type of plumbing fixture that is a valved outlet device attached to a pipe that normally serves a sink or tub and can discharge hot water, cold water, or both.

(15) "First draw sample" means a water sample collected immediately upon opening a plumbing fixture that has not been used for at least eight hours prior to collection.

(16) "Flush sample" means a water sample collected after allowing cold water to run for at least thirty seconds from a plumbing fixture that has not been used for at least eight hours prior to collection.

(17) "Foot-candle" means a unit of measure of the intensity of light falling on a surface, equal to one lumen per square foot.

(18) "Hazardous materials" means toxic, corrosive, flammable, explosive, persistent, or chemically reactive substances that, depending on dose and circumstances, pose a threat to human health.

(19) "Imminent health hazard" means a significant threat or significant danger to health or safety that requires immediate action to prevent serious illness, injury, or death.

(20) "Implementation" or "implemented" means being given or having the force of law, requiring compliance, and being subject to enforcement.

(21) "Laboratory" means instructional areas of the school facility where students might be exposed to greater potential health and safety hazards than typically exist in general academic classrooms. Such laboratories may include, but are not limited to, chemistry, physics, material science, and biology laboratories or art studios (for example: Darkrooms, ceramic studios, and print making studios).

(22) "Local board of health" means the county or district board of health as defined in RCW 70.05.010(3).

(23) "Local health officer" means the legally qualified physician who has been appointed as the health officer for the county or district public health department as defined in RCW 70.05.010, or his or her authorized representative, including, but not limited to, the environmental health director.

(24) "Mechanical exhaust ventilation" means the removal of indoor air to the outside of the building by mechanical means.

(25) "Noise criterion (NC)" means a system for rating the noise level in an occupied area by comparing actual or calculated sound level spectra with a series of established octave band spectra.

(26) "Noise criterion 35 (NC35)" means the curve for specifying the maximum permissible sound pressure level for each frequency band.

(27) "Preschool" means an instructional curriculum and portion of a school facility designed to instruct children not old enough to attend kindergarten.

(28) "Portable" means any relocatable structure that is transported to a school site and is placed or assembled there for use by students as part of a school facility.

(29) "Repair" means the reconstruction or renewal of any part of an existing school facility for the purpose of its maintenance.

(30) "School" means any public, religious-affiliated, or private institution for instructing students in any grade from kindergarten through twelfth grade.

(31) "School board" means an appointed or elected board whose primary responsibility is to operate schools or to contract for school services and includes the governing body or owner of a private school.

(32) "School facility" means buildings or grounds owned or leased by the school or donated to the school for the pri-

mary purpose of student use including, but not limited to, portables, playgrounds and sports fields.

(33) "School officials" means those persons designated by the school board as responsible for planning, policy development, budgeting, management, or other administrative functions.

(34) "Shop" means instructional areas of the school facility where students are exposed to greater health and safety hazards than typically exist in general academic classrooms. Shops include, but are not limited to, industrial and agricultural shops, including career and technical education (for example: Metal-working, wood-working, construction, automotive, and horticulture).

(35) "Site" means any real property used or proposed to be used as a location for a school facility.

(36) "Source capture system" means a mechanical exhaust system designed and constructed to capture air contaminants at their source and release air contaminants to the outdoor atmosphere.

(37) "Tempered water" means water having a temperature range between eighty-five degrees Fahrenheit and one hundred ten degrees Fahrenheit.

(38) "Tepid water" means water having a temperature range between sixty degrees Fahrenheit and ninety-five degrees Fahrenheit.

(39) "Toxic" means having the properties to cause or significantly contribute to death, injury, or illness.

(40) "Variance" means an alternative to a specific requirement in these rules, approved by the local health officer, that provides a comparable level of protection.

(41) "Very low lead plumbing fixture" means plumbing fittings or fixtures used in the installation or repair of any plumbing providing water for human consumption that contain less than 0.3% lead by weight.

(42) "Water cooler" means a type of mechanical plumbing fixture that actively cools the water.

[Statutory Authority: RCW 43.20.050. 10-01-174 and 10-12-018, § 246-366A-010, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-015 Guidance. (1) The department, in cooperation with the office of superintendent of public instruction, shall:

(a) Update the *Health and Safety Guide for K-12 Schools in Washington* (the guide) at least every four years; and

(b) Make the guide available on the department's web site.

(2) The guide is the primary source of guidance for local health officers and school officials implementing these rules.

[Statutory Authority: RCW 43.20.050. 10-01-174 and 10-12-018, § 246-366A-015, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-020 Responsibilities—General. (1) Responsibilities of school officials. School officials shall:

(a) Maintain conditions within the school environment that will not endanger health and safety.

(b) Identify, assess, and mitigate or correct environmental health and safety hazards in their school facilities, establish necessary protective procedures, use appropriate controls, and take action to protect or separate those at risk from identified hazards, consistent with the level of risk presented

by the specific hazard, until mitigation or correction is complete.

(c) When conditions are identified that pose an imminent health hazard:

(i) Take immediate action to mitigate hazards and prevent exposure;

(ii) Promptly notify the local health officer; and

(iii) Promptly inform school facility staff, students, and parents about the conditions and actions taken in response.

(d) Retain for at least six years, unless otherwise required by other state or federal laws, records pertaining to:

(i) Health and safety inspections of the school facilities, including the final report findings, correction schedules established in consultation with the local health officer, and recommended actions;

(ii) Imminent health hazards identified under this section and WAC 246-366A-190, and actions taken in response;

(iii) Site assessment, review, and approval as required under WAC 246-366A-030;

(iv) Construction project plan review and approval as required under WAC 246-366A-040; and

(v) Playground plan review and approval as required under WAC 246-366A-150.

(e) Have the records described in this subsection available to the public, except where otherwise provided by applicable public disclosure law.

(f) Prepare a report to the public and the school board at least annually about environmental health and safety conditions in the schools. The report must include an explanation of:

(i) Variances obtained from the local health officer regarding requirements of these rules;

(ii) Dates of environmental health and safety inspections conducted under requirements of these rules and any deficiencies not corrected within the time frame established by the local health officer in accordance with subsection (2) of this section;

(iii) Any imminent health hazards identified; and

(iv) A method for school officials to receive public comment about the report.

(2) Responsibilities of the local health officer.

(a) Except as provided in (b) of this subsection, the local health officer shall:

(i) Periodically conduct an environmental health and safety inspection of each school facility within his or her jurisdiction. Beginning one year after the effective date of this section, those inspections must be conducted at least once each year.

(ii) Notify school officials at the time of discovery or immediately following the inspection if conditions that pose an imminent health hazard are identified, and recommend actions to mitigate the hazards and prevent exposure.

(iii) Consult with school officials upon completion of the inspection about findings and recommended follow-up actions and, if necessary, develop a correction schedule. Approaches and timelines used to address noncompliant conditions will depend on the level of risk to health and safety presented by the condition, and may include consideration of low-cost alternatives.

(iv) Develop draft and final inspection reports, in consultation with school officials, within sixty days after conduct-

ing an inspection. The report must include inspection findings related to this rule and any required correction schedule.

(v) Confirm, as needed, that corrections are accomplished.

(vi) Retain for at least six years, unless otherwise required by other state or federal laws, records pertaining to:

(A) Health and safety inspections of the school facilities performed by the local health officer, including, but not limited to, the final inspection report and correction schedules; and

(B) Imminent health hazards identified under this section and WAC 246-366A-190, and local health officer actions taken in response.

(vii) Have the records described in this subsection available to the public, except where otherwise provided by applicable public disclosure law.

(b) The local health officer may allow a school official or qualified designee to conduct a required inspection under a program approved by the local health officer not more than two out of every three years. The program must include provisions for:

(i) Assuring that the school official or designee conducting the inspection has attended training in the standards, techniques, and methods used to conduct an environmental health and safety inspection;

(ii) Completing a standardized checklist at each inspection;

(iii) Providing a written report to the local health officer about the findings of the inspection;

(iv) Notifying the local health officer regarding any identified imminent health hazards and coordinating with the local health officer to mitigate hazards and prevent exposure; and

(v) Consulting with the local health officer on follow-up and corrective actions needed to address noncompliant conditions that do not pose an imminent health hazard.

(3) Responsibilities of the department.

(a) The department shall:

(i) Report to the state board of health once every three years. The report must include a summary of:

(A) Variances granted by local health officers; and

(B) Status of local rule implementation.

(ii) Make technical assistance and training available to local health jurisdictions, educational service districts, school districts, and school personnel for implementation of these rules, including:

(A) Inspection techniques and procedures;

(B) Inspection materials and checklists;

(C) Variance request evaluations; and

(D) Model environmental health and safety programs for schools and local health jurisdictions.

(b) The department, at the request of the local health officer, may assist in investigating environmental health and safety incidents at schools.

(c) Establish a school rule technical advisory committee to help promote consistent statewide interpretation and implementation of these rules.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-020, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-030 Site assessment, review, and approval. (1) A full site assessment and local health officer review and approval to determine environmental health and safety risk, is required for:

(a) Constructing a new school facility on a site that was previously undeveloped or developed for other purposes; or

(b) Converting an existing structure for primary use as a school facility.

(2) The local health officer shall determine, in consultation with school officials, the need for and scope of the site assessment, review, and approval process for:

(a) Constructing a new school facility on an existing school site;

(b) Constructing an addition to an existing school facility; or

(c) Converting part of an existing structure primarily used for other purposes into a school facility.

(3) A full site assessment must include:

(a) A Phase 1 Environmental Site Assessment (ESA) that meets the requirements of the *American Society for Testing and Materials (ASTM) Standard #1527-05* (published November 2005);

(b) Sampling and analysis of potential contaminants if the Phase 1 ESA indicates that hazardous materials may be present. Sampling and analysis must comply with applicable rules of the Washington state department of ecology;

(c) A noise assessment. Noise from any source must not exceed an hourly average of 55 dBA (the mean sound energy level for a specified time ($Leq_{60 \text{ minutes}}$)) and must not exceed an hourly maximum (the maximum sound level recorded during a specified time period (L_{max})) of 75 dBA during the time of day the school is in session. Sites exceeding these sound levels are acceptable if a plan for noise reduction is included in the new construction proposal and the plan for noise reduction is approved by the local health officer.

(4) School officials shall:

(a) Notify the local health officer within ninety days of starting preliminary planning for school construction that may require a site assessment with local health officer review and approval.

(b) Consult with the local health officer throughout the plan development phase regarding the scope of the site assessment and the timeline for completion of the site assessment.

(c) Have a site assessment completed when required under this section.

(d) Submit a written report to the local health officer assessing the potential impact of health and safety risks presented by the proposed site, including, but not limited to the following:

(i) The findings and results obtained under subsection (3) of this section;

(ii) Analysis of the findings;

(iii) Description of any mitigation proposed to address identified health and safety risks present at the site; and

(iv) Any site assessment-related information requested by the local health officer to complete the site assessment review and approval process.

(e) Obtain site review and written site approval from the local health officer when required under subsection (1) or (2) of this section.

(5) The local health officer shall:

- (a) Conduct an inspection of the proposed site;
- (b) Review the site assessment for environmental health and safety risk;
- (c) For site assessments according to subsection (1) of this section, provide written approval, describe site deficiencies needing mitigation to obtain approval, or deny use of the proposed school facility site within sixty days of receiving a complete request unless the school officials and the local health officer agree to a different timeline; and

(d) For site assessments according to subsection (2) of this section, provide written approval or describe site deficiencies needing mitigation to obtain approval of the proposed school facility site within sixty days of receiving a complete request unless the school officials and the local health officer agree to a different timeline.

(6) If school officials notified the local health officer in writing prior to the effective date of this section that construction is planned for a particular site, the site review requirements in effect at the time of notification apply, provided that school officials comply with all agreed on timelines for completion.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-030, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-040 Construction project review. (1)

The following school facility construction projects must be reviewed by the local health officer:

- (a) Construction of a new school facility;
 - (b) Schools established in all or part of any existing structures previously used for other purposes;
 - (c) Additions or alterations consisting of more than five thousand square feet of floor area or having a value of more than ten percent of the total replacement value of an existing school facility;
 - (d) Any construction of a shop or laboratory for use by students; and
 - (e) Installation of a portable.
- (2) Review and approval requirements for installation of a playground are established in WAC 246-366A-150.

(3) School officials shall:

- (a) Consult with the local health officer during preliminary planning for school construction projects that are subject to the requirements of this section;
- (b) Invite the local health officer to a predevelopment conference with school officials and project design professionals to participate in the discussion about the preliminary design to highlight health and safety matters and requirements of these rules;
- (c) Obtain construction project review and written approval from the local health officer regarding environmental health and safety requirements in these rules before starting construction;

(d) Provide construction documents to the local health officer at the same time as the local building official to facilitate a concurrent and timely review; and

(e) Provide additional documents requested by the local health officer, which may include, but are not limited to, written statements signed by the project's licensed professional engineer verifying that design elements comply with requirements specified by these rules.

(4) The local health officer shall:

- (a) Consult with school officials and determine what is required for plan review and approval;
- (b) Review construction documents to confirm that the health and safety requirements of these rules are met;
- (c) Identify and request any additional documents required to determine compliance with requirements specified by these rules; and
- (d) Provide written approval, or describe plan deficiencies needing change to obtain approval, of the construction project within sixty days of receiving all documents needed to complete the review, unless the school officials and the local health officer agree to a different timeline.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-040, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-050 Preoccupancy inspection of construction projects. (1) School officials shall:

(a) Obtain a preoccupancy inspection by the local health officer of construction projects subject to WAC 246-366A-040(1), conducted in coordination with a final inspection by the local building official, in order to ensure imminent health hazards are corrected before allowing school facilities to be occupied; and

(b) Notify the local health officer at least five business days before a desired preoccupancy inspection.

(2) The local health officer:

(a) Shall coordinate all construction-related inspections with the on-site project manager or other appropriate person identified by school officials.

(b) May inspect for compliance with these rules during the construction phase.

(c) Shall conduct a preoccupancy inspection for construction projects subject to WAC 246-366A-040(1) to verify compliance with these rules before the building is occupied and not more than five business days after the date requested by school officials or as otherwise agreed to by the school officials and the local health officer.

(i) If an imminent health hazard is identified, a solution must be identified and agreed to by school officials, the local health officer, and the local building official and implemented by school officials before the affected portion of the building is occupied.

(ii) If other conditions of noncompliance with these rules are identified, school officials shall be provided with a written list of items and consulted in developing a correction schedule, based on the level of risk to health and safety.

(d) May reinspect to confirm satisfactory correction of the items identified under (c) of this subsection.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-050, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-060 General construction requirements. School officials shall:

(1) Design school facilities to minimize conditions that attract, shelter, and promote the propagation of insects, rodents, bats, birds, and other pests of public health significance. This subsection does not mandate the installation of window screens nor does it prohibit the installation of retention ponds or rain gardens.

(2) Design school facilities with windows in sufficient number, size, and location to enable students to see outside at least fifty percent of the school day. Windows are optional in special purpose instructional areas including, but not limited to, theaters, music areas, multipurpose areas, gymnasiums, auditoriums, shops, laboratories, libraries, and seminar areas.

(3) Provide sun control to exclude direct sunlight from window areas and skylights of instructional areas, assembly rooms and meeting rooms during at least eighty percent of the normal school hours. Each area must be considered as an individual case. Sun control is not required for sun angles less than forty-two degrees up from the horizontal. Sun control is not required if air conditioning is provided or special glass is installed having a total solar energy transmission factor less than sixty percent.

(4) Provide surfaces on steps that reduce the risk of injury caused by slipping.

(5) Provide floors throughout the school facility that are appropriate for the intended use, easily cleanable and can be dried effectively to inhibit mold growth. These floor materials include, but are not limited to, wood, vinyl, linoleum, and tightly woven carpets with water impervious backing.

(6) Provide reasonably sufficient space for the storage of play equipment, instructional equipment, and outdoor clothing. The space must be reasonably accessible, lighted, and ventilated.

(7) Provide measures to reduce potential injury from fall hazards, including but not limited to, retaining walls; performance arts stages and orchestra pits; balconies; mezzanines; and other similar areas of drop-off to a lower floor.

(8) Provide the following items for health rooms, if health rooms are provided:

- (a) The means to visually supervise and provide privacy of room occupants;
- (b) Surfaces that can be easily cleaned and sanitized;
- (c) A handwashing sink in the room;
- (d) An adjoining restroom; and
- (e) Mechanical exhaust ventilation so that air does not flow from the health room to other parts of the school facility.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-060, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-065 General operation and maintenance requirements. School officials shall:

- (1) Keep school facilities clean and in good condition.
- (2) Mitigate any environmental health and safety hazards.
- (3) Control conditions that attract, shelter, and promote the propagation of insects, rodents, bats, birds, and other pests of public health significance. This subsection does not mandate the routine installation of window screens nor does it prohibit the proper operation of retention ponds or rain gardens.
- (4) Label, use, store and dispose of hazardous materials to:
 - (a) Prevent health and safety hazards;
 - (b) Keep incompatible substances apart from each other;
 - (c) Prevent unauthorized access and use; and
 - (d) Follow procedures according to material safety data sheet instructions.

(5) Select supplies and methods of use that reduce exposure to hazardous materials.

(6) Allow only those hazardous materials in schools that they have approved for use. Types of commercial products that might contain hazardous materials include, but are not limited to, cleaners, sanitizers, maintenance supplies, pesticides, herbicides, and instruction-related supplies.

(7) Safely store play equipment, instructional equipment, and outdoor clothing where reasonably accessible.

(8) Use products that comply with American National Standards Institute/National Sanitation Foundation (ANSI/NSF) Standard 61 (2007) to coat, line, seal, or patch drinking water contact surfaces, if the interior of water piping or plumbing fixtures is coated or lined.

(9) Immediately clean and sanitize the contaminated area and prevent human exposure when sewage backups occur.

(10) Notify the local health officer when sewage backups:

- (a) Result from failure of an on-site sewage system serving the school facility;
- (b) Impact student use areas outside restrooms; or
- (c) Occur in a food preparation, food storage, or food service area.

(11) Allow upholstered furniture, such as couches and overstuffed chairs, in school facilities only if the furniture has been purchased or approved by school officials.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-065, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-070 Moisture control, mold prevention, and remediation. School officials shall:

(1) Visually monitor the school facility for water intrusion and moisture accumulation that may lead to mold growth, especially after severe weather events.

(2) Begin corrective action within twenty-four hours of discovering water intrusion or moisture accumulation to inhibit and limit mold growth by:

- (a) Identifying and eliminating the cause of the water intrusion or moisture accumulation; and
- (b) Drying the affected portions of the school facility.

(3) When mold growth is observed or suspected, use recognized remediation procedures such as those provided by the Environmental Protection Agency (Mold Remediation in Schools and Commercial Buildings, EPA 402-K-01-001, March 2001). Begin recognized procedures within twenty-four hours to:

- (a) Identify and eliminate the cause of the moisture or water contributing to the mold growth;
- (b) Dry the affected portions of the school facility;
- (c) Investigate the extent of the mold growth, including evaluation of potentially affected materials and surfaces inside walls and under floor coverings, when moisture or water has entered those spaces;

(d) Minimize exposure to indoor mold spores and fragments until mold remediation is complete using methods including, but not limited to, containment and negative air pressure; and

(e) Remediate surfaces and materials contaminated with mold.

(4) When remediation is required under subsection (3) of this section and there is significant risk of exposure, includ-

ing when the total area affected is greater than ten square feet, promptly inform school facility staff, students, and parents of the conditions and the plans and time frame for the remediation. The extent of this communication will depend on the likelihood of individual exposure, the scope of the remediation project, and the time required to complete it.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-070, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-080 Safety—Animals in school facilities. (1) School officials shall allow in school facilities only those animals, other than service animals, approved under written policies or procedures.

(2) School officials shall develop written policies or procedures for any animals allowed in school facilities to prevent:

- (a) Injuries caused by wild, dangerous, or aggressive animals;
- (b) Spread of diseases from animals known to commonly carry diseases including, but not limited to, rabies, psittacosis, and salmonellosis;
- (c) Allergic reactions;
- (d) Exposure to animal wastes; and
- (e) Handling animals or their bedding without proper handwashing afterward.

(3) Written policies or procedures required under subsection (2) of this section shall address service animals in the school facility that are not well behaved or present a risk to health and safety.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-080, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-090 Heating and ventilation—Construction requirements. School officials shall:

(1) Provide mechanical exhaust ventilation that meets or exceeds the requirements in chapter 51-52 WAC at locations intended for equipment or activities that produce air contaminants of public health importance.

(2) Situate fresh air intakes away from building exhaust vents and other sources of air contaminants of public health importance in a manner that meets or exceeds the requirements in chapter 51-52 WAC. Sources of air contaminants include bus and vehicle loading zones, and might include, but are not limited to, parking areas and areas where pesticides or herbicides are commonly applied.

(3) Use materials that will not deteriorate and contribute particulates to the air stream if insulating the interior of air handling ducts. Insulation materials must be designed to accommodate duct cleaning and exposure to air flow without deteriorating. This subsection does not apply if the local permitting jurisdiction received a complete building permit application within three years after the effective date of this section.

(4) Use ducted air returns and not open plenum air returns consisting of the open space above suspended ceilings. This subsection does not apply to:

- (a) Alterations to school facilities;
- (b) Additions to school facilities that tie into existing ventilation systems that use open plenum air returns; or

(c) Facilities for which the local permitting jurisdiction received a complete building permit application within three years after the effective date of this section.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-090, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-095 Heating and ventilation—Operation and maintenance requirements. School officials shall:

(1) Heat occupied areas of school buildings during school hours and school-sponsored events to maintain a minimum temperature of sixty-five degrees Fahrenheit except for gymnasiums and hallways, which must be maintained at a minimum temperature of sixty degrees Fahrenheit.

(2) Ventilate occupied areas of school buildings during school hours and school-sponsored events. During periods of ventilation:

(a) For school facilities constructed or sited under a building permit for which the local permitting jurisdiction received a completed building permit application on or after the effective date of this section, provide, as a minimum, outdoor air according to WAC 51-52-0403, Table 403.3, Required Outdoor Ventilation Air.

(b) For school facilities constructed or sited under a building permit for which the local permitting jurisdiction received a completed building permit application before the effective date of this section, conduct standard operation and maintenance best practices including, but not limited to, making timely repairs, removing obstructions, and replacing filters and fan drive belts, and setting system controls so that, to the extent possible given the design of the ventilation system, outdoor air is provided consistent with WAC 51-52-0403, Table 403.3, Required Outdoor Ventilation Air.

(3) Use and maintain mechanical exhaust ventilation installed for equipment or activities that produce air contaminants of public health importance or moisture.

(4) Limit student exposure to air contaminants of public health importance produced by heat laminators, laser printers, photocopiers, and other office equipment by placing such equipment in appropriately ventilated spaces and providing instruction to users on how to operate and maintain equipment as recommended by the manufacturer.

(5) Take preventive or corrective action when pesticides, herbicides, or air contaminants of public health importance are likely to be drawn or are drawn into the building or ventilation system.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-095, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-100 Noise control—Construction requirements. (1) School officials shall design ventilation equipment and other mechanical noise sources in classrooms to provide background sound which conforms to a noise criterion curve or equivalent not to exceed NC-35. School officials shall certify, or hire the appropriate person to certify, that ventilation equipment and other mechanical noise sources that have been installed meet the NC-35 noise criterion design standard.

(2) Portable classrooms constructed before January 1, 1990, moved within the same school property or within the same school district, are exempt from the requirements of this

section if the portable classrooms meet all of the following criteria:

- (a) Noise abating or noise generating features are not altered in a manner that may increase noise levels;
- (b) The portable classrooms were previously in use for instruction;
- (c) Ownership of the portable classrooms remains the same; and
- (d) The new site meets the noise standard in WAC 246-366A-030 (3)(c).

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-100, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-105 Noise control—Operation and maintenance requirements. School officials shall:

- (1) Maintain the background noise at any student location within classrooms constructed after January 1, 1990, at or below 45 dBA (Leq_x) where _x is 30 seconds or more. Background noise levels must be determined when the ventilation system and the ventilation system's noise generating components, such as the condenser and heat pump, are operating and the room is unoccupied by students.
- (2) Maintain the background noise level at any student location in laboratories and shops with local exhaust ventilation systems constructed after January 1, 1990, at or below 65 dBA (Leq_x) where _x is 30 seconds or more. Background noise levels must be determined when all ventilation equipment is operating and the room is unoccupied by students.
- (3) Maintain noise exposure for students below the maximum levels in Table 1.

**Table 1
Maximum Noise Exposures Permissible**

Duration per day (hours)	Sound level (dBA)
8	85
6	87
4	90
3	92
2	95
1-1/2	97
1	100
1/2	105
1/4	110

(4) Not allow student exposure to sound levels equal to or greater than 115 dBA.

(5) Provide and require students to use personal protective equipment, for example ear plugs or muffs, where noise levels exceed those specified in Table 1. Personal protective equipment must reduce student noise exposure to comply with the levels specified in Table 1.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-105, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-110 Lighting—Construction requirements. School officials shall equip school facilities with lighting systems designed to meet the requirements of WAC 246-366A-115. General, task or natural lighting may be used to achieve the minimum lighting intensities. Energy efficient lighting systems, lighting fixtures, or bulbs that meet

the minimum lighting intensities in Table 2 of WAC 246-366A-115(1) may be used.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-110, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-115 Lighting—Operation and maintenance requirements. School officials shall:

(1) Provide light intensities that meet or exceed those specified in Table 2. General, task and/or natural lighting may be used to maintain the minimum lighting intensities. Energy efficient lighting systems, lighting fixtures, or bulbs that meet the minimum lighting intensities in Table 2 may be used.

**Table 2
Lighting Intensities**

Measured 30 inches above the floor or on working or teaching surfaces. Some lighting fixtures may require a start-up period before reaching maximum light output.	Minimum foot-candle intensity
General instructional areas, for example, study halls, lecture rooms, and libraries.	30
Special instructional areas where safety is of prime consideration or fine detail work is done, for example, family and consumer science laboratories, science laboratories (including chemical storage areas), shops, drafting rooms, and art and craft rooms.	50
Noninstructional areas, for example, auditoriums, lunch rooms, assembly rooms, corridors, stairs, storerooms, and restrooms.	10
Gymnasiums: Main and auxiliary spaces, shower rooms, and locker rooms.	20

(2) Control excessive brightness and glare in all instructional areas. Surface contrasts and direct or indirect glare must not cause excessive eye accommodation or eye strain problems.

(3) Provide lighting in a manner that minimizes shadows and other lighting deficiencies on work and teaching surfaces.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-115, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-120 Restrooms and showers—Construction requirements. School officials shall:

(1) Provide shower facilities for grades nine and above for classes in physical education and for team sports. Showers must supply hot water between one hundred and one hundred twenty degrees Fahrenheit.

(2) Provide floor surfaces in shower areas that are water impervious, slip-resistant, and sloped to floor drains. Walls must be water impervious up to showerhead height. Upper walls and ceilings must have an easily cleanable surface.

(3) Locate drying areas, if provided, adjacent to showers and locker or dressing rooms. Walls and ceilings must have

an easily cleanable surface and floor surfaces must be water impervious, slip-resistant, and sloped to floor drains.

(4) Provide locker or dressing rooms adjacent to showers or drying rooms. Walls and ceilings must have an easily cleanable surface. When drying areas are provided, floor surfaces in locker or dressing rooms must be appropriate for the intended use, easily cleanable and dryable to effectively inhibit mold growth. When drying areas are not provided, locker or dressing room floor surfaces must be water impervious, slip-resistant, and sloped to floor drains.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-120, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-125 Restrooms and showers—Operation and maintenance requirements. School officials shall:

- (1) Provide in each restroom:
 - (a) Toilet paper in each toilet stall;
 - (b) Single service handwashing soap near each handwashing sink; and
 - (c) Single-service towels or an adequate number of warm-air dryers. Common use towels are not allowed.
- (2) Provide hot water to all handwashing plumbing fixtures at a maximum temperature of one hundred twenty degrees Fahrenheit.
- (3) Provide tempered water for those handwashing plumbing fixtures that do not allow the user to select water temperature.
- (4) Provide any hand operated, self-closing handwashing plumbing fixtures with the capability of providing at least ten seconds of running water.
- (5) Provide access to restrooms when:
 - (a) School buildings are in use; or
 - (b) Outdoor facilities or athletic fields are in use for school-sponsored events. School officials are not required to provide access to restrooms when outdoor facilities and athletic fields are in use after school hours or on weekends unless it is a school-sponsored event.
- (6) Provide access to shower facilities with hot water between one hundred and one hundred twenty degrees Fahrenheit for classes in physical education and school-sponsored sports teams at grades nine and above.
- (7) When cloth towels are supplied by the school, provide them for individual use and launder them after each use.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-125, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-130 Water quality monitoring—Lead. (1) School officials shall:

- (a) Sample plumbing fixtures that are regularly used for drinking or cooking.
- (b) Use a laboratory to analyze all required water samples that is accredited by the department of ecology, or other appropriate agency if outside Washington state, according to EPA drinking water laboratory certification criteria.
- (2) Water sampling protocols. School officials shall:
 - (a) Collect representative samples, according to the percentages required by subsections (3) and (4) of this section, from each type and age of plumbing fixture regularly used for drinking or cooking.

(i) For type of fixture, use at least the three types: Drinking fountains, water coolers and faucets.

(ii) For age of fixture, use at least two groupings: Those manufactured prior to 1999, and those manufactured since January 1, 1999.

(b) Sample as follows:

(i) Make sure cold water is the last to run through the fixture to be tested.

(ii) Allow water to sit in the plumbing system at least eight hours. No water may pass through the fixture during that time.

(iii) Place the 250 ml sample bottle under the faucet and open the cold water tap. Fill the bottle to the shoulder or the line marked "250 ml," turn off the water and cap the bottle tightly.

(3) Initial monitoring schedule for lead.

(a) School officials shall conduct initial monitoring by sampling fifty percent of the plumbing fixtures regularly used for drinking or cooking in elementary schools or used by preschool children in K-12 schools within one year after the effective date of this section. This may be either from fifty percent of the fixtures in each school or from all of the fixtures in fifty percent of the schools within a district. School districts shall sample the remaining fifty percent of the fixtures within two years after the effective date of this section.

(b) School officials shall conduct initial monitoring by sampling at least twenty-five percent of each type and age of plumbing fixture, as specified under subsection (2)(a) of this section, regularly used by students for drinking or cooking in:

(i) Middle and junior high schools within three years after the effective date of this section; and

(ii) High schools within four years after the effective date of this section.

(c) School officials, with local health officer approval, may apply samples collected after September 1, 2003, toward meeting the initial monitoring requirement if all plumbing fixtures with lead results above 0.020 milligrams per liter or 20.0 parts per billion have been removed from service, or have been or are being addressed according to subsection (5) of this section, and samples were:

(i) From plumbing fixtures regularly used for drinking or cooking; and

(ii) Collected consistent with subsection (2) of this section.

(4) Ongoing monitoring for lead.

(a) School officials shall repeat lead monitoring every five years, beginning within:

(i) Seven years after the effective date of this section for elementary schools;

(ii) Eight years after the effective date of this section for middle and junior high schools; and

(iii) Nine years after the effective date of this section for high schools.

(b) School officials shall use sampling protocols in subsection (2) of this section to collect samples in all schools from:

(i) No less than twenty-five percent of each type and age of plumbing fixture which is not a "very low lead" plumbing fixture; and

(ii) No less than ten percent of each type of plumbing fixture which is a "very low lead" plumbing fixture.

(c) Schools that are Group A public water systems are not required to do ongoing lead monitoring required by (a) of this subsection if the schools meet the lead monitoring requirements in chapter 246-290 WAC.

(5) Corrective actions. School officials shall:

(a) For all plumbing fixtures with sample results of lead above 0.020 milligrams per liter or 20.0 parts per billion, immediately shut off these fixtures or make them inoperable.

(b) For all plumbing fixtures of the same type and age as any fixture with results above 0.020 milligrams per liter or 20.0 parts per billion:

(i) Take immediate corrective action according to (a) of this subsection; or

(ii) Collect first draw samples within ten business days. Upon receipt of sample results, immediately shut off or make inoperable all plumbing fixtures with results of lead above 0.020 milligrams per liter or 20.0 parts per billion.

(c) To provide drinking water at the location of these fixtures, take one or more of the following remedies:

(i) Bottled water. If bottled water is used, provide bottled water that is produced by a Washington state department of agriculture-approved bottling operation or out-of-state or international bottler whose product meets federal Food and Drug Administration regulations.

(ii) Manual flushing. Manual flushing may be used only as a temporary remedy. If manual flushing is used:

(A) Take flush samples from twenty-five percent of each type and age of the fixtures planned to be included in the flushing program to determine the flushing time necessary to reduce lead to below 0.020 milligrams per liter or 20.0 parts per billion. Start by following the sample collection protocol of first-draw samples described in subsection (2)(b) of this section with the addition of letting the water run for thirty seconds before filling the bottle.

(B) Open the tap of every fixture included in the flushing program every morning before the school facility opens and let the water run for the length of time established in (c)(ii)(A) of this subsection.

(iii) Automated flushing. If automated flushing is used, take samples from twenty-five percent of each type and age of the fixtures included in the flushing program to demonstrate that the automated system reduces lead to below 0.020 milligrams per liter or 20.0 parts per billion.

(iv) Fixture replacement. If individual plumbing fixtures are replaced:

(A) Precondition the new plumbing fixtures by running water through the fixture continuously for twenty-four hours; and

(B) Collect first draw samples after preconditioning and verify sample results of lead below 0.020 milligrams per liter or 20.0 parts per billion. If the preconditioned plumbing fixture does not yield a sample result below this level, (a) of this subsection applies.

(v) Treatment. Before treatment is used, submit an engineering project report to the department, per WAC 246-290-110. Installation of treatment devices will result in the school's designation as a public water supply. School officials shall then ensure they comply with the Group A public water system rules and regulations, chapter 246-290 WAC and water works operator certification rules and regulations, chapter 246-292 WAC.

(6) Notification requirements. School officials shall:

(a) Notify school facility staff, students, parents, and the local health officer within five business days of the school officials receiving lead sampling results above 0.020 milligrams per liter or 20.0 parts per billion.

(b) Make all results available for review upon request.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-130, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-135 Water quality monitoring—Copper. (1) School officials shall collect water samples and have them tested for copper following the requirements of WAC 246-366A-130 (1) and (2)(b). The same water samples used for lead testing may be used for copper testing.

(2) School officials shall test water samples for copper from no less than twenty-five percent of each type and age of plumbing fixture regularly used for drinking or cooking.

(a) For type of fixture, use at least the three types: Drinking fountains, water coolers and faucets.

(b) For age of fixture, use at least two groupings: Those manufactured prior to 1999 and those manufactured since January 1, 1999.

(3) School officials shall complete water sampling of plumbing fixtures for copper in:

(a) Elementary schools within two years after the effective date of this section;

(b) Middle and junior high schools within three years after the effective date of this section; and

(c) High schools within four years after the effective date of this section.

(4) If school officials, with local health officer approval, include lead samples collected after September 1, 2003, toward meeting the initial monitoring requirement for lead, as specified in WAC 246-366A-130, they may wait to monitor those plumbing fixtures for copper until they conduct the next ongoing lead monitoring per WAC 246-366A-130(4).

(5) School officials, with local health officer approval, may include samples collected after September 1, 2003, toward meeting monitoring requirements if all plumbing fixtures with copper results above 1.30 milligrams per liter or 1300 parts per billion have been or are being addressed according to subsection (6) of this section, and the samples were:

(a) From plumbing fixtures regularly used for drinking and cooking; and

(b) Collected using the sampling protocol specified in WAC 246-366A-130 (2)(b).

(6) Corrective actions. For all plumbing fixtures with first draw sample results of copper above 1.30 milligrams per liter or 1300 parts per billion, school officials shall:

(a) Within five business days of getting sample results, consult with the department to develop a corrective action plan; and

(b) Implement the corrective action plan.

(7) Notification requirements. School officials shall:

(a) Notify staff, students and parents, and the local health officer within five business days of the school officials receiving copper sampling results above 1.30 milligrams per liter or 1300 parts per billion; and

(b) Make all results available for review upon request.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-135, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-140 Water quality monitoring—Other drinking water contaminants. The local health officer may require:

- (1) Sampling of drinking water when public health concerns exist about drinking water contaminants other than lead or copper;
- (2) Corrective actions in response to sampling results for other contaminants; and
- (3) School officials to notify school facility staff, students and parents, and the local health officer about test results.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-140, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-150 Playgrounds—Construction and installation requirements. (1) School officials shall:

(a) Consult with the local health officer regarding playground review and approval requirements consistent with the scope of the project when proposing to:

- (i) Install new playground equipment or fall protection surfaces;
- (ii) Add new playground features or equipment to an existing playground; or
- (iii) Modify, other than repair and maintain, existing playground equipment, features, or fall protection surfaces.

(b) If required by the local health officer after consultation:

- (i) Provide playground plans and equipment specifications and any additional information the local health officer requests; and
- (ii) Obtain plan review and written approval from the local health officer before installing, adding, or modifying playground equipment or fall protection surfaces.

(c) Install playground equipment, including used equipment, and fall protection surfaces:

- (i) That meet the ASTM F 1487-01: Standard Consumer Safety Performance Specification for Playground Equipment for Public Use; and
- (ii) In a manner that is consistent with the manufacturer's instructions and *Consumer Product Safety Commission Handbook for Public Playground Safety*, 2008.

(d) Prohibit the use of chromated copper arsenate or creosote treated wood to construct or install playground equipment, landscape structures, or other structures on which students may play.

(2) The local health officer shall:

(a) Consult with school officials to determine what is required for playground plan review and approval consistent with the scope of the project.

(b) If playground review and approval is required:

- (i) Review playground plans and equipment specifications to confirm that the requirements of these rules are addressed;
- (ii) Identify and request any additional documents required to complete the review;
- (iii) Provide written approval or denial of the playground plans and equipment specifications within thirty days of receiving all documents needed to complete the review,

unless the school officials and the local health officer agree to a different timeline; and

(iv) Verify that playground installation complies with requirements of this section.

(c) Coordinate all playground-related inspections with school officials.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-150, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-155 Playgrounds—Operation and maintenance requirements. School officials shall:

(1) Monitor and operate playgrounds so that protective surfacing and use zones are maintained, and equipment is properly anchored and free of puncture, pinching, crushing, shearing, entanglement, and entrapment hazards.

(2) Prohibit the use of chromated copper arsenate or creosote treated wood to repair or maintain playground equipment, landscape structures, or other structures on which students may play.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-155, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-160 Laboratories and shops—Construction requirements. School officials shall:

(1) Provide an emergency eyewash fountain for each laboratory and shop where hazardous materials are used or eye irritants are produced.

(2) Provide an emergency shower for each laboratory where hazardous materials are used and the potential for chemical spills exists.

(3) Assure that all emergency eyewash fountains and showers have unobstructed access and are reachable within ten seconds.

(4) Provide handwashing and appropriate drying facilities in an easily accessible location in each laboratory and shop.

(5) Provide emergency shut-offs for gas and electricity connected to stationary machinery in laboratories and shops. Emergency shut-offs must:

- (a) Be located in close proximity to the room exit door;
- (b) Have unobstructed access; and
- (c) Have signage readable from across the room for immediate identification during an emergency.

(6) Provide all stationary machinery in laboratories and shops with magnetic-type switches to prevent machines from automatically restarting upon restoration of power after an electrical failure or activation of the emergency shut-off.

(7) Provide mechanical exhaust ventilation in hazardous material storerooms, and in laboratories and shops where equipment or activities may produce air contaminants of public health importance.

(8) When activities or equipment in laboratories or shops produce air contaminants of public health importance, provide an appropriate source capture system to prevent those contaminants from entering the student's breathing zone. These activities and equipment include, but are not limited to, spray painting, welding, pottery kilns, chemistry experiments, and wood-working.

(9) Design ventilation systems to operate so that air is not recirculated and does not flow from the laboratory or shop to other parts of the school facility. Open plenum air

returns consisting of the space above suspended ceilings in laboratories and shops must not be used to recirculate air to other parts of the school facility.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-160, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-165 Laboratories and shops—Operation and maintenance requirements. In laboratories and shops, school officials shall:

(1) Select, label, use, store and dispose of hazardous materials in accordance with WAC 246-366A-065.

(2) Prohibit use and storage of compounds that are:

(a) Considered shock-sensitive explosives, for example, picric acid, dinitro-organics, isopropyl ether, ethyl ether, tetrahydrofuran, dioxane; or

(b) Lethal at low concentrations when inhaled or in contact with skin, for example, pure cyanides, hydrofluoric acid, toxic compressed gases, mercury liquid and mercury compounds, and chemicals identified as the P-list under WAC 173-303-9903.

(3) Adopt safety procedures and processes for instructing students regarding the proper use of hazardous materials and equipment.

(4) Provide and require use of appropriate personal protective equipment when exposure to potential hazards might occur. Potential hazards include, but are not limited to hazardous material exposures, burns, cuts, and punctures.

(5) Provide situation-specific emergency and protective equipment during demonstrations with hazardous materials and with hazardous procedures. Examples of protective equipment include, but are not limited to, safety shields for eyes, protective gloves that are fire retardant and chemical resistant, respiratory protection, and fire extinguishers.

(6) Properly maintain laboratory and shop equipment and mechanical exhaust ventilation.

(7) Provide single-use soap and single-use towels or warm-air dryers at handwashing sinks.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-165, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-170 Variances. (1) School officials:

(a) May request a variance from requirements in these rules from the local health officer if they wish to use an alternative to meet the intent of these rules.

(i) The request for a variance must be in writing and describe:

(A) The specific requirement the variance is requested to replace;

(B) The alternative proposed to meet the specific requirement; and

(C) How the proposed alternative will provide at least a comparable level of protection as that provided by the specific requirement.

(ii) The request for a variance must include information as needed to support and clarify the request, such as material descriptions and specifications, engineering reports, photos, drawings, or sketches.

(b) May implement a variance only after obtaining approval from the local health officer.

(2) The local health officer shall:

(a) Initially review documents submitted with the request for a variance and inform school officials if additional information is required.

(b) Compare the health and safety aspects of the specific requirement being addressed and the variance proposal to determine if the proposal provides at least a comparable level of protection as that provided by the specific requirement.

(c) Provide written approval or denial of a request for a variance within sixty days of receiving a complete written request, unless school officials and the local health officer agree to a different timeline.

(d) Submit an annual written report to the department regarding all variance requests. The report must be submitted by March 1st of each year, beginning the third year after the effective date of this section, and cover the calendar period January through December of the previous year.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-170, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-175 Temporary emergency waivers for disaster situations. The local health officer may grant school officials an emergency waiver from some or all of the requirements in these rules for the temporary use of a facility or site as a school when the facility normally used by the school is not safe to be occupied due to a natural or man-made disaster.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-175, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-180 Appeals. Decisions or actions of the local health officer may be appealed to the local board of health in a manner consistent with their established procedure.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-180, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-190 Complaints. (1) School officials shall establish a written complaint process, if such a written process does not already exist. The complaint process must clearly describe the means for a person to file a written complaint concerning failure to comply with a provision of these rules that jeopardizes the health and safety of students. At a minimum, the process shall provide for:

(a) Promptly investigating all complaints;

(b) Correcting conditions not in compliance with these rules within an appropriate time frame given the level of risk to health and safety;

(c) Providing notification for imminent health hazards in accordance with WAC 246-366A-020;

(d) Promptly communicating with the complainant regarding the outcome of the investigation, and the actions and time frame proposed to address any verified conditions not in compliance with these rules; and

(e) Communicating with the local health officer about the outcome of complaint investigations referred to school officials by the local health officer.

(2) The local health officer who receives a complaint concerning failure to comply with a provision of these rules that jeopardizes the health and safety of students shall:

- (a) Promptly inform school officials that a complaint was filed with the local health officer;
- (b) Conduct a preliminary inquiry to determine if an imminent health hazard exists;
- (c) Investigate the complaint in consultation with school officials if an imminent health hazard exists;
- (d) Either refer the complaint to school officials or investigate the complaint in consultation with school officials if an imminent health hazard does not appear to exist; and
- (e) Communicate with the complainant about the outcome of the complaint investigation.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-190, filed 12/22/09 and 5/21/10, effective 7/1/11.]

WAC 246-366A-200 Severability. If any provision of this chapter or its application to any person or circumstance is held invalid, the remainder of the chapter or the application of the provision to other persons or circumstances is not affected.

[Statutory Authority: RCW 43.20.050, 10-01-174 and 10-12-018, § 246-366A-200, filed 12/22/09 and 5/21/10, effective 7/1/11.]

Chapter 246-491 WAC

VITAL STATISTICS—CERTIFICATES

WAC

246-491-039 Confidential information on state of Washington live birth and fetal death certificates under chapter 70.58 RCW.

WAC 246-491-039 Confidential information on state of Washington live birth and fetal death certificates under chapter 70.58 RCW. (1) The confidential sections of the certificate of live birth and the certificate of fetal death are not subject to public inspection and may not be included on certified copies of the record except upon order of a court, or as specified in subsection (2) of this section.

(2) An individual who is the subject of the birth certificate may request the confidential information from that individual's birth certificate.

(a) All requests are to be made to the department on a form provided by the department.

(b) In order to obtain the confidential information:

(i) The individual and the subject of the birth certificate must be the same person.

(ii) The individual must have proof of identity as specified in (c) of this subsection.

(c) Proof of identity includes:

(i) A current document issued by a federal or state government with the individual's name, date of birth, photograph, signature, and physical description.

(ii) A legal record documenting any name change, if needed, to verify that the individual and the subject of the birth certificate are the same person.

(iii) If not applying in person, a notarized signature of the individual making the request must be included with the proof of identity.

(d) The department shall, upon receipt of a request in compliance with (a) through (c) of this subsection, provide to the individual the following items, as available from their birth certificate:

- (i) Newborn medical record number;
- (ii) Birth weight;
- (iii) Infant head circumference;
- (iv) Obstetric estimate of gestation;
- (v) Apgar scores;
- (vi) Infant transferred within twenty-four hours of delivery;
- (vii) Abnormal conditions of the newborn; and
- (viii) Congenital anomalies of the newborn.

[Statutory Authority: RCW 70.58.055, 10-10-041, § 246-491-039, filed 4/27/10, effective 5/28/10. Statutory Authority: RCW 43.70.150, 70.58.055, and chapter 70.58 RCW, 02-20-092, § 246-491-039, filed 10/1/02, effective 11/1/02. Statutory Authority: Chapter 70.58 RCW, 91-20-073 (Order 196B), § 246-491-039, filed 9/26/91, effective 10/27/91. Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-491-039, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.200, 88-19-092 (Order 310), § 248-124-015, filed 9/20/88.]

Chapter 246-760 WAC

AUDITORY AND VISUAL STANDARDS—SCHOOL DISTRICTS

WAC

246-760-100 What are the qualifications for visual screening personnel?

WAC 246-760-100 What are the qualifications for visual screening personnel? (1) Screening must be performed in a manner consistent with RCW 28A.210.020 by persons competent to administer screening procedures as a function of their professional training and background or special training and demonstrated competence under supervision.

(2) Technicians and nonprofessional volunteers must have adequate preparation and thorough understanding of the tests as demonstrated by their performance under supervision.

(3) Supervision, training, reporting and referral shall be the responsibility of a professional person specifically designated by the school administration. He or she may be a school nurse or public health nurse, a special educator, teacher or administrator who possesses basic knowledge of the objectives and methods of visual acuity screening, supervisory experience and ability, demonstrated ability to teach others and demonstrated capacity to work well with people.

[Statutory Authority: RCW 28A.210.020, 10-15-100, § 246-760-100, filed 7/20/10, effective 8/20/10. Statutory Authority: RCW 28A.210.200, 02-20-079, § 246-760-100, filed 9/30/02, effective 10/31/02. Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-760-100, filed 12/27/90, effective 1/31/91; Order 63, § 248-144-150 (codified as WAC 248-148-150), filed 11/1/71.]

Chapter 246-780 WAC

FARMERS' MARKET NUTRITION PROGRAM

WAC

246-780-001 What is the purpose of the farmers' market nutrition program?

246-780-010 Definitions.

246-780-020 How does an applicant farmers' market become authorized to participate in the farmer's market nutrition program?

246-780-022 What is expected of an authorized farmers' market?

246-780-025 How does an applicant grower become authorized to participate in the farmers' market nutrition program?

- 246-780-026 How does an applicant farm store become authorized to participate in the farmers' market nutrition program?
- 246-780-028 What is expected of an authorized grower or an authorized farm store?
- 246-780-030 What kind of foods can clients buy with farmers' market nutrition program checks?
- 246-780-040 What happens if an authorized farmers' market, authorized grower or authorized farm store does not comply with FMNP requirements?
- 246-780-060 How does an authorized farmers' market, authorized grower, an authorized farm store or an applicant appeal a department decision?

WAC 246-780-001 What is the purpose of the farmers' market nutrition program? (1) The purpose of the farmers' market nutrition program (FMNP) is to:

(a) Provide access to locally grown, fresh, nutritious, unprepared fruits and vegetables to women, infants over five months of age, and children, who participate in the special supplemental nutrition program for women, infants, and children; and

(b) Expand the awareness and use of farmers' markets where consumers can buy directly from the grower.

(2) The FMNP is administered by the Washington state department of health.

[Statutory Authority: RCW 43.70.700, 10-21-068, § 246-780-001, filed 10/15/10, effective 11/15/10. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248.00-07-129, § 246-780-001, filed 3/22/00, effective 4/22/00. Statutory Authority: RCW 43.70.120, 96-01-085, § 246-780-001, filed 12/18/95, effective 1/18/96.]

WAC 246-780-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly implies otherwise.

(1) "Authorized" or "authorization" means an applicant has met the selection criteria and has been issued a signed contract with the department allowing participation in the FMNP.

(2) "Authorized farm store" means a store or stand authorized by the department which is located at the site of agricultural production and is owned, leased, rented, or sharecropped and operated by an authorized grower where produce is sold directly to consumers.

(3) "Authorized farmers' market" means a farmers' market authorized by the department that has a minimum of five or more authorized growers who assemble at a defined location for the purpose of selling their produce directly to consumers.

(4) "Authorized grower" means an individual authorized by the department who grows a portion of the produce that they sell at a Washington state authorized farmers' market or authorized farm store.

(5) "Broker" or "wholesale distributor" means an individual or business who exclusively sells produce grown by others. There is an exception for an individual employed by an authorized grower or nonprofit organization to sell produce on behalf of authorized growers.

(6) "Check" means a negotiable financial instrument issued by the FMNP to clients to purchase eligible foods.

(7) "Contract" means a written legal document binding the contractor and the department to designated terms and conditions.

(8) "Cut herbs" means fresh herbs with no medicinal value that are not potted.

(9) "Department" means the Washington state department of health.

(10) "Disqualification" means terminating the contract of an authorized farmers' market, authorized grower or authorized farm store for noncompliance with FMNP requirements.

(11) "Eligible foods" means locally grown, unprocessed (except for washing), fresh, nutritious fruits, vegetables, and cut herbs.

(12) "FMNP" means the farmers' market nutrition program.

(13) "Local WIC agency" means the contracted agency or clinic where a client receives WIC services and farmers' market checks.

(14) "Locally grown" means Washington grown or grown in an adjacent county of Idaho or Oregon.

(15) "Market manager" means an individual designated by the farmers' market management or board member who is responsible for overseeing the market's participation in the FMNP.

(16) "Trafficking" means the buying or exchanging of farmers' market checks for cash, drugs, or alcohol.

(17) "WIC" or "WIC nutrition program" means the federally funded special supplemental nutrition program for women, infants, and children administered in Washington state by the department of health.

(18) "Client" means a woman, infant, or child receiving FMNP benefits.

[Statutory Authority: RCW 43.70.700, 10-21-068, § 246-780-010, filed 10/15/10, effective 11/15/10. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248.00-07-129, § 246-780-010, filed 3/22/00, effective 4/22/00. Statutory Authority: RCW 43.70.120, 96-01-085, § 246-780-010, filed 12/18/95, effective 1/18/96.]

WAC 246-780-020 How does an applicant farmers' market become authorized to participate in the farmer's market nutrition program? (1) To become authorized to participate in the FMNP, an applicant must:

(a) Apply as a farmers' market on a form provided by the department;

(b) Meet the selection criteria in subsection (2) of this section;

(c) Complete training on FMNP requirements; and

(d) Receive a contract from the department signed by both the department and the applicant.

(2) Farmers' market selection criteria. The applicant must:

(a) Have a designated market manager on-site during operating hours;

(b) Have been in operation at least one year. The one-year requirement may be waived by the department based on capacity and need;

(c) Be located within twenty miles of the local WIC agency;

(d) Have at least five authorized growers participating in the farmers' market each year;

(e) Agree to comply with training sessions and monitor visits; and

(f) Agree to comply with all terms and conditions specified in the contract.

(3) The department is not required to authorize all applications. Selection is also based on community need.

(4) An authorized farmers' market must reapply at the end of the current contract; however, neither the department nor the participant has an obligation to renew a contract.

[Statutory Authority: RCW 43.70.700, 10-21-068, § 246-780-020, filed 10/15/10, effective 11/15/10. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248.00-07-129, § 246-780-020, filed 3/22/00, effective 4/22/00. Statutory Authority: RCW 43.70.120, 96-01-085, § 246-780-020, filed 12/18/95, effective 1/18/96.]

WAC 246-780-022 What is expected of an authorized farmers' market? The authorized farmers' market must:

(1) Comply with the FMNP requirements and the terms and conditions of their contract;

(2) Accept training and technical assistance on FMNP requirements from department staff;

(3) Provide in person training to authorized growers, market employees and volunteers on FMNP requirements including, but not limited to: Eligible foods, check redemption procedures, civil rights requirements and the complaint process;

(4) Be accountable for the actions of employees and volunteers;

(5) Keep a current list of authorized growers, including the authorized grower's name, business address, telephone number, and crops to be sold during the farmers' market season. The authorized farmers' market must provide this list to the department on request;

(6) Ensure that FMNP checks are accepted only by authorized growers for locally grown eligible foods;

(7) Report to the department anyone that accepts FMNP checks without authorization from the department;

(8) Refuse to process any FMNP checks taken by unauthorized individuals;

(9) Ensure FMNP checks are stamped with the appropriate market and authorized grower identification numbers;

(10) Ensure authorized growers have and display the "WIC Farmers' Market Checks Welcome Here" sign each day;

(11) Comply with federal and state nondiscrimination laws;

(12) Ensure that clients receive the same courtesies as other customers;

(13) Provide the department, upon request, with any information it has available regarding its participation in the FMNP;

(14) Keep client information confidential;

(15) Allow the department to monitor the authorized farmers' market for compliance with FMNP requirements;

(16) Notify the department immediately if authorized farmers' market operations cease; and

(17) Notify the department immediately of any authorized farmers' market, authorized grower or authorized farm store suspected of noncompliance with FMNP requirements.

[Statutory Authority: RCW 43.70.700, 10-21-068, § 246-780-022, filed 10/15/10, effective 11/15/10. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248.00-07-129, § 246-780-022, filed 3/22/00, effective 4/22/00.]

WAC 246-780-025 How does an applicant grower become authorized to participate in the farmers' market

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nutrition program? (1) To become authorized to participate in the FMNP an applicant must:

(a) Apply as a grower on a form provided by the department;

(b) Meet the grower selection criteria in subsection (2) of this section;

(c) Complete training on FMNP requirements provided by either an authorized farmers' market manager or the department; and

(d) Receive a contract from the department signed by both the department and the applicant.

(2) Grower selection criteria. The applicant must:

(a) Grow a portion of the produce they have for sale;

(b) Sell locally grown produce at either the authorized farmers' market or the authorized farm store, or both as identified on the completed application; and

(c) Agree to follow the terms and conditions of the grower contract.

(3) The department is not required to authorize all applications. Selection is also based on community need.

(4) An authorized grower must reapply at the end of the current contract; however, neither the department nor the participant has an obligation to renew a contract.

[Statutory Authority: RCW 43.70.700, 10-21-068, § 246-780-025, filed 10/15/10, effective 11/15/10. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248.00-07-129, § 246-780-025, filed 3/22/00, effective 4/22/00.]

WAC 246-780-026 How does an applicant farm store become authorized to participate in the farmers' market

nutrition program? (1) To become authorized to participate in the FMNP an applicant must:

(a) Apply as a farm store on a form provided by the department;

(b) Meet the farm store selection criteria in subsection (2) of this section;

(c) Complete training on FMNP requirements provided by either an authorized farmers' market manager or the FMNP; and

(d) Receive a contract from the department signed by both the department and the applicant.

(2) Farm store selection criteria. The applicant must:

(a) Be located at the site of agricultural production and grow, at that location, a portion of the produce they have for sale;

(b) Sell locally grown produce; and

(c) Agree to follow the terms and conditions of the contract.

(3) An authorized farm store must reapply at the end of the current contract; however, neither the department nor the participant has an obligation to renew a contract.

(4) The department is not required to authorize all applicants. Priority for authorization will be given to applicants located in areas without an authorized farmers' market.

[Statutory Authority: RCW 43.70.700, 10-21-068, § 246-780-026, filed 10/15/10, effective 11/15/10.]

WAC 246-780-028 What is expected of an authorized grower or an authorized farm store? The authorized grower or authorized farm store must:

(1) Comply with the FMNP requirements and the terms and conditions of the contract;

(2) Accept training and technical assistance on FMNP requirements and ensure that all persons working or volunteering with the authorized grower or at the authorized farm store at the location(s) specified in the contract are trained as well. Training may be provided by either a farmers' market manager or the department and includes, but is not limited to: Eligible foods, check processing and redemption procedures, civil rights requirements and the complaint process;

(3) Be held accountable regarding FMNP purchases and requirements for the actions of all persons working or volunteering with the authorized grower or at the authorized farm store at the location(s) specified in the contract;

(4) Accept FMNP checks only for eligible foods;

(5) Accept FMNP checks only at authorized farmers' markets or at authorized farm stores at the location(s) specified in the contract;

(6) Accept FMNP checks within the valid dates of the FMNP and redeem checks by the date imprinted on the check;

(7) Display the "WIC Farmers' Market Checks Welcome Here" sign when selling eligible foods at authorized farmers' markets and authorized farm stores;

(8) Provide clients with the full amount of product for the value of each FMNP check;

(9) Charge clients the same prices as other customers;

(10) Make produce available to clients that is the same quality as that offered to other customers;

(11) Comply with federal and state nondiscrimination laws;

(12) Treat clients as courteously as other customers;

(13) Cooperate with department staff in monitoring for compliance with FMNP requirements and provide information on request;

(14) Reimburse the department for mishandled FMNP checks;

(15) Not collect sales tax on FMNP check purchases;

(16) Not seek reimbursement from clients for checks not paid by the department;

(17) Not give cash back for purchases less than the value of the FMNP checks; and

(18) Not trade, barter or otherwise use farmers' market checks to purchase foods from other growers or pay for market fees or other business costs.

[Statutory Authority: RCW 43.70.700, 10-21-068, § 246-780-028, filed 10/15/10, effective 11/15/10. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248.00-07-129, § 246-780-028, filed 3/22/00, effective 4/22/00.]

WAC 246-780-030 What kind of foods can clients buy with farmers' market nutrition program checks? (1)

Clients can use FMNP checks to buy locally grown, unprocessed (except for washing), fresh fruits, vegetables, and cut herbs.

(2) Federal regulations do not allow clients to buy the following items with FMNP checks:

(a) Baked goods;

(b) Cheeses;

(c) Cider;

(d) Crafts;

(e) Dairy products;

(f) Dried fruits;

(g) Dried herbs;

(h) Dried vegetables;

(i) Eggs;

(j) Flowers;

(k) Fruit juices;

(l) Honey;

(m) Jams;

(n) Jellies;

(o) Meats;

(p) Nuts;

(q) Potted herbs;

(r) Seafood;

(s) Seeds; and

(t) Syrups.

[Statutory Authority: RCW 43.70.700, 10-21-068, § 246-780-030, filed 10/15/10, effective 11/15/10. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248.00-07-129, § 246-780-030, filed 3/22/00, effective 4/22/00. Statutory Authority: RCW 43.70.120, 96-01-085, § 246-780-030, filed 12/18/95, effective 1/18/96.]

WAC 246-780-040 What happens if an authorized farmers' market, authorized grower or authorized farm store does not comply with FMNP requirements? (1)

Authorized farmers' markets, authorized growers or authorized farm stores who do not comply with FMNP requirements are subject to sanctions, such as monetary penalties, or disqualification. Prior to disqualification, the department must consider whether the disqualification would create undue hardships for clients.

(2) Noncompliance includes, but is not limited to:

(a) Failing to display the "WIC Farmers' Market Checks Welcome Here" sign each day when selling at authorized farmers' markets or authorized farm stores;

(b) Providing unauthorized food or nonfood items to clients in exchange for the FMNP check;

(c) Charging the department for foods not received by the client;

(d) Providing rain checks or credit to clients in an FMNP transaction;

(e) Giving change to clients if the purchase is less than the value of the FMNP check;

(f) Accepting FMNP checks without having a signed contract with the department;

(g) Accepting FMNP checks at unauthorized farmers' markets or unauthorized farm stores;

(h) Collecting sales tax on FMNP purchases;

(i) Seeking reimbursement from clients for checks not paid by the department; and

(j) Violating the rules of this chapter or the provisions of the contract.

(3) Authorized farmers' markets, authorized growers, and authorized farm stores found in noncompliance will be notified by the department in writing.

(4) If an authorized farmers' market, authorized grower or authorized farm store is subsequently found in noncompliance for the same or a similar reason, the department may impose sanctions, such as monetary penalties or disqualification, without giving the opportunity to correct the problem.

(5) When the department notifies an authorized farmers' market, authorized grower or authorized farm store of a pending adverse action that affects their authorization status in the FMNP, the department must mail written notice at least fif-

teen days before the effective date of the action. The notice must state what action is being taken, the effective date of the action, and the procedure for requesting an appeal hearing.

(6) The department may deny payment to an authorized grower or an authorized farm store for mishandling FMNP checks.

(7) The department may seek reimbursement from an authorized grower or authorized farm store for payments made on mishandled FMNP checks.

(8) Monetary penalties must be paid to the department within the time period specified in the notice. The department may refer an authorized grower or authorized farm store who fails to pay within the specified time period to a commercial collection agency.

(9) An authorized farmers' market, authorized grower or authorized farm store that has been disqualified from the FMNP may reapply at the end of the disqualification period.

(10) Any trafficking in FMNP checks in any amount must result in disqualification.

(11) An authorized farmers' market, authorized grower or authorized farm store who commits fraud or other unlawful activities are liable for prosecution according to FMNP regulations. (7 C.F.R. 248.10(k).)

[Statutory Authority: RCW 43.70.700. 10-21-068, § 246-780-040, filed 10/15/10, effective 11/15/10. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248.00-07-129, § 246-780-040, filed 3/22/00, effective 4/22/00. Statutory Authority: RCW 43.70.120. 96-01-085, § 246-780-040, filed 12/18/95, effective 1/18/96.]

WAC 246-780-060 How does an authorized farmers' market, authorized grower, an authorized farm store or an applicant appeal a department decision? (1) An authorized farmers' market, authorized grower, authorized farm store or an applicant has a right to appeal denial of payment, denial of an application, monetary penalty or disqualification from the FMNP. Expiration or nonrenewal of a contract is not subject to appeal.

(2) If the action being appealed is a disqualification of an authorized farmers' market, the authorized farmers' market must cease processing farmers' market checks for all authorized growers effective the date specified in the sanction notice.

(3) If the action being appealed is a disqualification of an authorized grower or authorized farm store, the authorized grower or authorized farm store must cease accepting FMNP checks effective the date specified in the sanction notice. In addition, the authorized farmers' market must cease processing checks for the affected authorized grower. Payments must not be made for any FMNP checks submitted for payment during a period of disqualification.

(4) The department may, at its discretion, permit the authorized farmers' market, authorized grower or authorized farm store to continue participating in the FMNP pending the appeal hearing outcome. The authorized farmers' market, authorized grower or authorized farm store may be required to repay funds for FMNP checks redeemed while waiting for the outcome of the hearing, depending on the hearing outcome.

(5) A request for an appeal hearing must be in writing and must:

(a) State the issue raised;

(b) Contain a summary of the authorized farmers' market's, authorized grower's, authorized farm store's or applicant's position on the issue, indicating whether each charge is admitted, denied, or not contested;

(c) State the name and address of the authorized farmers' market, authorized grower, authorized farm store or applicant requesting an appeal hearing;

(d) State the name and address of the attorney representing the authorized farmers' market, authorized grower, authorized farm store or applicant if any;

(e) State the need for an interpreter or other special accommodations, if necessary; and

(f) Have a copy of the notice from the department attached.

(6) A request for an appeal must be filed at the Department of Health, Adjudicative Clerk's Office, P.O. Box 47879, Olympia, WA 98504-7879. The request must be made within twenty-eight days of the date the authorized farmers' market, authorized grower, authorized farm store or applicant received the department's notice.

(7) The decision concerning the appeal must be made within sixty days from the date the request for an appeal hearing was received by the adjudicative clerk's office. The time may be extended if all parties agree.

[Statutory Authority: RCW 43.70.700. 10-21-068, § 246-780-060, filed 10/15/10, effective 11/15/10. Statutory Authority: RCW 43.70.120 and 7 C.F.R. 248.00-07-129, § 246-780-060, filed 3/22/00, effective 4/22/00. Statutory Authority: RCW 43.70.120. 96-01-085, § 246-780-060, filed 12/18/95, effective 1/18/96.]

Chapter 246-802 WAC ACUPUNCTURISTS

WAC

246-802-990 East Asian medicine practitioner fees and renewal cycle.

WAC 246-802-990 East Asian medicine practitioner fees and renewal cycle. (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. The secretary may require payment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
License application	\$100.00
License renewal	196.00
Inactive license renewal	50.00
Late renewal penalty	105.00
Expired license reissuance	50.00
Expired inactive license reissuance	50.00
Duplicate license	15.00
Certification of license	25.00
East Asian medicine training program application	500.00

Title of Fee	Fee
UW library access fee	9.00

[Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37, 10-19-071, § 246-802-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329, 08-15-014, § 246-802-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110, 05-12-012, § 246-802-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250, 03-07-095, § 246-802-990, filed 3/19/03, effective 7/1/03; 99-08-101, § 246-802-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280, 98-05-060, § 246-802-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250, chapter 18.06 RCW, 95-01-038, § 246-802-990, filed 12/12/94, effective 1/1/95. Statutory Authority: RCW 43.70.040 and 43.70.250, 92-17-035 (Order 295B), § 246-802-990, filed 8/13/92, effective 9/13/92. Statutory Authority: RCW 43.70.250, 91-13-002 (Order 173), § 246-802-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-802-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250, 90-18-039 (Order 084), § 308-180-260, filed 8/29/90, effective 9/29/90; 90-04-094 (Order 029), § 308-180-260, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086, 88-15-030 (Order PM 735), § 308-180-260, filed 7/13/88; 87-18-031 (Order PM 667), § 308-180-260, filed 8/27/87.]

**Chapter 246-808 WAC
CHIROPRACTIC QUALITY ASSURANCE
COMMISSION**

WAC
246-808-560 Documentation of care.

WAC 246-808-560 Documentation of care. A doctor of chiropractic must keep complete and accurate documentation on all patients and patient encounters. This documentation is necessary to protect the health, well-being and safety of the patient.

(1) The patient record must detail the patient's clinical history, the rationale for the examination, diagnostic or analytical procedures, and treatment services provided. The diagnosis or clinical impression must be contained in the patient record, not merely recorded on billing forms or statements. Subjective health status updates, whether or not symptoms are present, must be documented for every patient encounter.

(2) Documentation for the initial record must include at a minimum:

- (a) The patient's history;
- (b) Subjective presentation;
- (c) Examination findings or objective findings relating to the patient's presenting condition;
- (d) Any diagnostic testing performed;
- (e) A diagnosis or impression;
- (f) Any treatment or care provided; and
- (g) Plan of care.

(3) Reexaminations, being necessary to monitor the progress or update the current status of a patient, must be documented at reasonable intervals sufficient to reflect the effectiveness of the treatment. Reexaminations must also be documented whenever there is an unexpected change in the subjective or objective status of the patient. Reexamination documentation must include the subjective presentation and objective findings. This documentation shall also reflect changes in the patient's care and progress and in the treatment plan.

(4) Documentation between examinations must be recorded for every patient encounter. Documentation must sufficiently record all the services provided, as well as any changes in the patient's presentation or condition. The region(s) of all treatment and, if applicable, the specific level(s) of chiropractic adjustments must be recorded in the patient encounter documentation.

(5) Patient records must be legible, permanent, and recorded in a timely manner. Documentation that is not recorded on the date of service must designate both the date of service and the date of the chart note entry. Corrections or additions to the patient's records must be corrected by a single line drawn through the text and initialed so the original entry remains legible. In the case of computer-organized documentation, unintended entries may be identified and corrected, but must not be deleted from the record. Errors in spelling and grammar may be corrected and deleted.

(6) Correspondence relating to any referrals concerning the diagnosis or treatment of the patient must be retained in the patient record.

(7) Patient records should clearly identify the provider of services by name, initials, or signature. If the chiropractor uses a code in the documentation, a code legend must be made available upon request.

[Statutory Authority: RCW 18.25.0171 and chapter 18.25 RCW, 10-15-084, § 246-808-560, filed 7/19/10, effective 8/19/10. Statutory Authority: Chapter 18.25 RCW, 96-16-074, § 246-808-560, filed 8/6/96, effective 9/6/96.]

**Chapter 246-809 WAC
LICENSURE FOR MENTAL HEALTH
COUNSELORS, MARRIAGE AND FAMILY
THERAPISTS, AND SOCIAL WORKERS**

WAC
246-809-990 Licensed counselor, and associate—Fees and renewal cycle.

WAC 246-809-990 Licensed counselor, and associate—Fees and renewal cycle. (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) Associate licenses are valid for one year and must be renewed every year on the date of issuance. The associate license may be renewed no more than four times.

Title	Fee
(3) The following nonrefundable fees will be charged for licensed marriage and family therapist:	
Application	\$150.00
Initial license	75.00
Renewal	140.00
Late renewal penalty	70.00
Expired license reissuance	85.00
Duplicate license	10.00
Certification of license	10.00
(4) The following nonrefundable fees will be charged for licensed mental health counselor:	
Application	140.00
Initial license	125.00
Renewal	138.00
Late renewal penalty	60.00
Expired license reissuance	65.00

Title	Fee	DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER
Duplicate license	10.00	
Certification of license	10.00	
UW library access fee	25.00	
(5) The following nonrefundable fees will be charged for licensed advanced social worker and licensed independent clinical social worker:		246-810-030 Client disclosure information. [Statutory Authority: RCW 18.19.050(1), 97-17-113, § 246-810-030, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060, 89-14-070 (Order PM 840), § 308-190-040, filed 6/30/89. Statutory Authority: RCW 18.19.050, 88-11-024 (Order PM 728), § 308-190-040, filed 5/11/88.] Repealed by 10-14-096, filed 7/6/10, effective 8/6/10. Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. Later promulgation, see WAC 246-810-031.
Application	125.00	
Initial license	125.00	
Renewal	126.00	
Late renewal penalty	63.00	
Expired license reissuance	72.50	
Duplicate license	10.00	
Certification of license	10.00	
UW library access fee	25.00	
(6) The following nonrefundable fees will be charged for licensed marriage and family therapy associates:		WAC 246-810-010 Definitions. The definitions in this section apply throughout this chapter unless the content clearly requires otherwise.
Application	50.00	(1) "Agency" means:
Renewal	40.00	(a) An agency or facility operated, licensed, or certified by the state of Washington to provide a specific counseling service or services; or
Late renewal penalty	40.00	(b) A county as listed in chapter 36.04 RCW.
Expired license reissuance	40.00	(2) "Agency affiliated counselor" means a person registered under chapter 18.19 RCW, and this chapter, who is engaged in counseling and employed by an agency listed in WAC 246-810-016 or an agency recognized under WAC 246-810-017 to provide a specific counseling service or services.
Duplicate license	15.00	(3) "Certified adviser" means a person certified under chapter 18.19 RCW, and this chapter, who is engaged in private practice counseling to the extent authorized in WAC 246-810-021.
Certification of license	15.00	(4) "Certified counselor" means a person certified under chapter 18.19 RCW, and this chapter, who is engaged in private practice counseling to the extent authorized in WAC 246-810-0201.
(7) The following nonrefundable fees will be charged for licensed mental health counselor associates:		(5) "Client" means an individual who receives or participates in counseling or group counseling.
Application	50.00	(6) "Consultation" means the professional assistance and practice guidance that a certified counselor receives from a counseling-related professional credentialed under chapter 18.130 RCW. This may include:
Renewal	40.00	(a) Helping the certified counselor focus on counseling practice objectives;
Late renewal penalty	40.00	(b) Refining counseling modalities;
Expired license reissuance	40.00	(c) Providing support to progress in difficult or sensitive cases;
Duplicate license	15.00	(d) Expanding the available decision-making resources; and
Certification of license	15.00	(e) Assisting in discovering alternative approaches.
(8) The following nonrefundable fees will be charged for licensed advanced social worker associates and licensed independent clinical social worker associates:		(7) "Counseling" means employing any therapeutic techniques including, but not limited to, social work, mental health counseling, marriage and family therapy, and hypnotherapy, for a fee that offer, assist, or attempt to assist, an individual or individuals in the amelioration or adjustment of mental, emotional, or behavioral problems, and includes therapeutic techniques to achieve sensitivity and awareness of self and others and the development of human potential. For the purpose of this chapter, nothing may be construed to imply that the practice of hypnotherapy is necessarily limited to counseling.
Application	50.00	(8) "Counselor" means an individual who engages in the practice of counseling to the public for a fee, including for the
Renewal	40.00	
Late renewal penalty	40.00	
Expired license reissuance	40.00	
Duplicate license	15.00	
Certification of license	15.00	

[Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37, 10-19-071, § 246-809-990, filed 9/16/10, effective 10/15/10. Statutory Authority: Chapter 18.225 RCW, 09-15-039, § 246-809-990, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 43.70.110, 43.70.250 and 2008 c 329, 08-16-008, § 246-809-990, filed 7/24/08, effective 7/25/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110, 05-12-012, § 246-809-990, filed 5/20/05, effective 7/1/05. Statutory Authority: 2001 c 251, RCW 43.70.250, 01-17-113, § 246-809-990, filed 8/22/01, effective 9/22/01.]

Chapter 246-810 WAC COUNSELORS

WAC

246-810-010	Definitions.
246-810-016	Agencies, facilities, or counties that can employ agency affiliated counselors.

purposes of this chapter, agency affiliated counselors, certified counselors, certified advisers, hypnotherapists, and until July 1, 2010, registered counselors.

(9) "Department" means the Washington state department of health.

(10) "Fee" as referred to in RCW 18.19.030 means compensation received by the counselor for counseling services provided, regardless of the source.

(11) "Hypnotherapist" means a person registered under chapter 18.19 RCW, and this chapter, who is practicing hypnosis as a modality.

(12) "Licensed healthcare practitioner" means a licensed practitioner under the following chapters:

(a) Physician licensed under chapter 18.71 RCW.

(b) Osteopathic physician licensed under chapter 18.57 RCW.

(c) Psychiatric registered nurse practitioner licensed under chapter 18.79 RCW.

(d) Naturopathic physician licensed under chapter 18.36A RCW.

(e) Psychologist licensed under chapter 18.83 RCW.

(f) Independent clinical social worker, marriage and family therapist, or advanced social worker licensed under chapter 18.225 RCW.

(13) "Private practice counseling" means the practice of counseling by a certified counselor or certified adviser as specified in WAC 246-810-0201 or 246-810-021.

(14) "Psychotherapy" means the practice of counseling using diagnosis of mental disorders according to the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, and the development of treatment plans for counseling based on diagnosis of mental disorders in accordance with established practice standards.

(15) "Recognized" means acknowledged or formally accepted by the secretary.

(16) "Recognized agency or facility" means an agency or facility that has requested and been recognized under WAC 246-810-017 to employ agency affiliated counselors to perform a specific counseling service, or services for those purposes only.

(17) "Secretary" means the secretary of the department of health or the secretary's designee.

(18) "Supervision" means the oversight that a counseling-related professional credentialed under chapter 18.130 RCW provides.

(19) "Unprofessional conduct" means the conduct described in RCW 18.130.180.

[Statutory Authority: RCW 18.19.050 and 18.19.020. 10-22-111, § 246-810-010, filed 11/2/10, effective 12/3/10. Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-010, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.19.050. 06-08-106, § 246-810-010, filed 4/5/06, effective 5/6/06. Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-010, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-030, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-024 (Order PM 728), § 308-190-030, filed 5/11/88.]

WAC 246-810-016 Agencies, facilities, or counties that can employ agency affiliated counselors. Agencies or facilities that may employ an agency affiliated counselor are:

(1) Washington state departments and agencies listed in the Agency, Commission & Organization Directory available on the state of Washington web site.

(2) Counties as listed in chapter 36.04 RCW.

(3) Community and technical colleges governed by the Washington state board for community and technical colleges.

(4) Colleges and universities governed by the Washington state higher education coordinating board.

(5) Hospitals licensed under chapter 70.41 RCW.

(6) Home health care agencies, home care agencies, and hospice care agencies licensed under chapter 70.127 RCW.

(7) Agencies and facilities licensed or certified under chapters 71.05 or 71.24 RCW.

(8) Psychiatric hospitals, residential treatment facilities, hospitals, and alcohol and chemical dependency entities licensed under chapter 71.12 RCW.

(9) Other agencies or facilities recognized by the secretary as provided in WAC 246-810-017.

[Statutory Authority: RCW 18.19.050 and 18.19.020. 10-22-111, § 246-810-016, filed 11/2/10, effective 12/3/10. Statutory Authority: RCW 18.19.050 and chapter 18.19 RCW. 09-15-041, § 246-810-016, filed 7/8/09, effective 7/8/09.]

Chapter 246-812 WAC BOARD OF DENTURE TECHNOLOGY

WAC

246-812-990

Denturist fees and renewal cycle.

WAC 246-812-990 Denturist fees and renewal cycle.

(1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. The secretary may require payment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Application	\$1,500.00
Examination	1,500.00
Reexamination, written	500.00
Reexamination, practical	500.00
License renewal	1,855.00
Late renewal penalty	300.00
Expired license reissuance	300.00
Inactive license renewal	750.00
Expired inactive license reissuance	300.00
Duplicate license	15.00
Certification of license	25.00
Multiple location licenses	50.00

[Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. 10-19-071, § 246-812-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. 08-15-014, § 246-812-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. 05-12-012, § 246-812-990, filed 5/20/05, effective 7/1/05.]

Statutory Authority: RCW 43.70.250 and chapter 18.30 RCW. 00-07-050, § 246-812-990, filed 3/8/00, effective 4/8/00. Statutory Authority: RCW 18.30.070(3), 98-20-068, § 246-812-990, filed 10/2/98, effective 11/2/98. Statutory Authority: RCW 43.70.280, 98-05-060, § 246-812-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.30.070(3), 95-22-062, § 246-812-990, filed 10/30/95, effective 11/30/95.]

Chapter 246-817 WAC

DENTAL QUALITY ASSURANCE COMMISSION

(Formerly chapters 246-816 and 246-818 WAC)

WAC

246-817-185	Temporary practice permits—Eligibility.
246-817-186	Temporary practice permits—Issuance and duration.
246-817-701	Administration of anesthetic agents for dental procedures.
246-817-722	Defibrillator.
246-817-990	Dentist fees and renewal cycle.
246-817-99005	Dental assistant and expanded function dental auxiliary fees and renewal cycle.

WAC 246-817-185 Temporary practice permits—Eligibility. Fingerprint-based national background checks may cause a delay in credentialing. Individuals who satisfy all other licensing requirements and qualifications may receive a temporary practice permit while the national background check is completed.

(1) A temporary practice permit, as defined in RCW 18.130.075, shall be issued at the written request of an applicant for dentists, expanded function dental auxiliaries, and dental assistants. The applicant must be credentialed in another state, with credentialing standards substantially equivalent to Washington.

(2) The conditions of WAC 246-817-160 must be met for applicants who are graduates of dental schools or colleges not accredited by the American Dental Association Commission on Dental Accreditation.

[Statutory Authority: RCW 18.130.064, 18.130.075, and 18.32.0365. 10-07-026, § 246-817-185, filed 3/8/10, effective 4/8/10. Statutory Authority: RCW 18.32.035, 95-21-041, § 246-817-185, filed 10/10/95, effective 11/10/95.]

WAC 246-817-186 Temporary practice permits—Issuance and duration. (1) Unless there is a basis for denial of the credential or for issuance of a conditional credential, the applicant shall be issued a temporary practice permit when DQAC receives:

(a) A completed application form, all other documentation required to complete the credential application, completed fingerprint card, and fees for the credential;

(b) A written request for a temporary practice permit;

(c) Written verification of all credentials, whether active or not, attesting that the applicant has a credential in good standing and is not the subject of any disciplinary action for unprofessional conduct or impairment; and

(d) Results of disciplinary national practitioner data bank reports.

(2) The temporary practice permit shall expire when one of the following occurs:

(a) A full, unrestricted credential is granted;

(b) A notice of decision is mailed;

(c) One hundred eighty days after the temporary practice permit is issued.

(3) A temporary practice permit shall not be renewed, reissued or extended.

(4) A temporary practice permit grants the individual the full scope of practice for the profession.

[Statutory Authority: RCW 18.130.064, 18.130.075, and 18.32.0365. 10-07-026, § 246-817-186, filed 3/8/10, effective 4/8/10. Statutory Authority: RCW 18.32.035, 95-21-041, § 246-817-186, filed 10/10/95, effective 11/10/95.]

WAC 246-817-701 Administration of anesthetic agents for dental procedures. The purpose of WAC 246-817-701 through 246-817-790 is to govern the administration of sedation and general anesthesia by dentists licensed in the state of Washington in settings other than hospitals as defined in WAC 246-320-010 and ambulatory surgical facilities as defined in WAC 246-310-010, pursuant to the DQAC authority in RCW 18.32.640.

(1) The DQAC has determined that anesthesia permitting should be based on the "level" of anesthesia because anesthesia/sedation is a continuum, and the route of administration and drug combinations are both capable of producing a deeper level of sedation/anesthesia than is initially intended. Practitioners intending to produce a given level of sedation should be able to rescue patients who enter a state deeper than initially intended.

(2) All anesthesia providers must provide twenty-four hour, on-call availability following an anesthesia procedure, excluding those procedures using only local anesthetic.

(3) The dental assistant and expanded function dental auxiliary may not administer any general or local anesthetic, including intravenous sedation.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. 10-23-001, § 246-817-701, filed 11/3/10, effective 12/4/10; 09-04-042, § 246-817-701, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.32.035, 95-21-041, § 246-817-701, filed 10/10/95, effective 11/10/95.]

WAC 246-817-722 Defibrillator. (1) Every dental office in the state of Washington that administers minimal, moderate, or deep sedation, or general anesthesia, as defined in WAC 246-817-710, must have an automated external defibrillator (AED) or defibrillator.

(2) The dentist and staff must have access to the AED or defibrillator in an emergency, and it must be available and in reach within sixty seconds.

(3) A dental office may share a single AED or defibrillator with adjacent businesses if it meets the requirements in this section.

[Statutory Authority: RCW 18.32.640 and 18.32.0365. 10-23-001, § 246-817-722, filed 11/3/10, effective 12/4/10; 09-04-042, § 246-817-722, filed 1/30/09, effective 3/2/09.]

WAC 246-817-990 Dentist fees and renewal cycle. (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2, except faculty and resident licenses. The secretary may require payment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The

adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

(2) Faculty and resident licenses must be renewed every year on July 1 as provided in chapter 246-12 WAC, Part 2. The secretary may require payment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

(3) The following nonrefundable fees will be charged:

Title of Fee	Fee
Original application by examination*	
Initial application	\$700.00
Original application - Without examination	
Initial application	700.00
Initial license	700.00
Faculty license application	560.00
Resident license application	115.00
License renewal:	
Renewal	551.00
Surcharge - impaired dentist	25.00
Late renewal penalty	288.00
Expired license reissuance	300.00
Inactive renewal	125.00
Inactive late renewal penalty	50.00
Duplicate license	15.00
Certification of license	25.00
Anesthesia permit	
Initial application	150.00
Renewal - (three-year renewal cycle)	150.00
Late renewal penalty	75.00
Expired permit reissuance	50.00
On-site inspection fee	To be determined by future rule adoption.

* In addition to the initial application fee above, applicants for licensure via examination will be required to submit a separate application and examination fee directly to the dental testing agency accepted by the dental quality assurance commission.

[Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. 10-19-071, § 246-817-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 43.70.110, 43.70.250 and 2008 c 329. 08-16-008, § 246-817-990, filed 7/24/08, effective 7/25/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. 05-12-012, § 246-817-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 18.32.0365 and 43.70.250. 01-11-166, § 246-817-990, filed 5/23/01, effective 7/1/01. Statutory Authority: RCW 43.70.250. 99-08-101, § 246-817-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-817-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.040. 95-16-122, § 246-817-990, filed 8/2/95, effective 9/1/95.]

WAC 246-817-99005 Dental assistant and expanded function dental auxiliary fees and renewal cycle. (1) Credentials must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2, except faculty and resident licenses. The secretary may require pay-

ment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

(2) The following nonrefundable fees will be charged for dental assistant and expanded function dental auxiliary:

Title of Fee - Dental Professionals	Fee
Registered dental assistant application	\$40.00
Registered dental assistant renewal	21.00
Registered dental assistant late	21.00
Registered dental assistant expired reactivation	20.00
Licensed expanded function dental auxiliary application	175.00
Licensed expanded function dental auxiliary renewal	160.00
Licensed expanded function dental auxiliary late	80.00
Licensed expanded function dental auxiliary expired reactivation	50.00
Duplicate	15.00
Verification	25.00

[Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. 10-19-071, § 246-817-99005, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 43.70.250. 08-13-069, § 246-817-99005, filed 6/13/08, effective 7/1/08.]

Chapter 246-825 WAC GENETIC COUNSELORS

WAC

246-825-010	Definitions.
246-825-020	Practice parameters.
246-825-030	Collaborative agreement.
246-825-050	Examination required.
246-825-060	Licensure requirements.
246-825-080	Licensure by endorsement.
246-825-100	Qualification for provisional license.
246-825-105	Documentation and supervision—Provisional license.
246-825-110	Continuing education.
246-825-130	Auditing for compliance.
246-825-140	Expired license.
246-825-990	License fees.

WAC 246-825-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "**ABGC**" means the American Board of Genetic Counseling, a national organization for certification and recertification of genetic counselors.

(2) "**ABMG**" means the American Board of Medical Genetics, a national organization for certification and recertification of genetic counselors and geneticists with medical or other doctoral degrees.

(3) "**Collaborating physician**" means a physician licensed under chapter 18.71 RCW, or an osteopathic physician licensed under chapter 18.57 RCW, who is board certified in clinical genetics specialty or board certified in a specialty relevant to the practice of the genetic counselor(s) and

provides medical direction and support as documented in a written collaborative agreement. No employment relationship is required or implied for this interaction.

(4) **"Continuing education"** means postlicensure professional genetic counselor education accredited or approved by NSGC, ABGC or any other entity approved by the secretary, and designed to maintain and improve competence and promote professional development in the practice of genetic counseling.

(5) **"Department"** means the department of health.

(6) **"Genetic counselor"** means an individual licensed under chapter 18.290 RCW to engage in the practice of genetic counseling.

(7) **"Licensed health care provider"** means a physician licensed under chapter 18.71 RCW, physician assistant licensed under chapter 18.71A RCW, osteopathic physician licensed under chapter 18.57 RCW, osteopathic physician assistant licensed under chapter 18.57A RCW, advanced registered nurse practitioner licensed under chapter 18.79 RCW, or naturopathic physician licensed under chapter 18.36A RCW.

(8) **"NSGC"** means the National Society of Genetic Counselors, a professional membership society which promotes the genetic counseling profession as an integral part of health care delivery, and offers educational programs.

(9) **"Secretary"** means the secretary of the department of health.

(10) **"Supervisor"** means:

(a) A genetic counselor licensed under this chapter;

(b) A physician licensed under chapter 18.71 RCW with a current ABMG certification in clinical genetics specialty; or

(c) An osteopathic physician licensed under chapter 18.57 RCW, with a current ABMG certification in clinical genetics specialty.

[Statutory Authority: RCW 18.290.020. 10-22-090, § 246-825-010, filed 11/1/10, effective 11/1/10.]

WAC 246-825-020 Practice parameters. (1) Except as provided in WAC 246-825-030(1), a genetic counselor shall not diagnose, test or treat any genetic disease or condition or other disease or condition.

(2) If a genetic counselor finds any indication of a disease or condition that requires professional service outside the scope of practice defined in RCW 18.290.010, the genetic counselor shall refer that client to a licensed health care provider as defined in WAC 246-825-010(7).

[Statutory Authority: RCW 18.290.020. 10-22-090, § 246-825-020, filed 11/1/10, effective 11/1/10.]

WAC 246-825-030 Collaborative agreement. (1) Under a collaborative agreement, a licensed genetic counselor may order laboratory tests or recommend other evaluations to diagnose a hereditary condition or determine the carrier status of one or more family members, including testing for inherited disorders. The collaborative agreement shall include:

(a) A written statement identifying and signed by the collaborating physician and genetic counselor who are party to the agreement.

(b) A general statement of the procedures, decision criteria, or categories of care that a genetic counselor is to follow when ordering genetic tests or other evaluations.

(c) A selection of the most appropriate, accurate, and cost-effective methods of diagnosis.

(2) Any modification to the collaborative agreement shall be treated as a new agreement.

(3) A collaborative agreement must be reevaluated at least every two years and the document reexecuted if any modification is made.

(4) A signed copy of the collaborative agreement must be maintained by all parties and available for inspection by the department upon request.

[Statutory Authority: RCW 18.290.020. 10-22-090, § 246-825-030, filed 11/1/10, effective 11/1/10.]

WAC 246-825-050 Examination required. (1) An applicant for licensure as a genetic counselor shall take and pass the ABGC certification examination or other examination approved by the secretary, or have passed the ABMG general genetics and genetic counseling specialty examinations or the ABMG clinical genetics specialty or subspecialty certification examination.

(2) An applicant may appeal failure of the examination through ABMG's or ABGC's exam failure procedure.

[Statutory Authority: RCW 18.290.020. 10-22-090, § 246-825-050, filed 11/1/10, effective 11/1/10.]

WAC 246-825-060 Licensure requirements. (1) An applicant for licensure as a genetic counselor must:

(a) Have a master's degree from a genetic counseling training program that is accredited or was accredited at the time of the applicant's graduation by the ABGC or an equivalent program as determined by the ABGC; or

(b) Have a doctorate from a medical genetics training program that is accredited by ABMG or an equivalent program as determined by the ABMG; and

(2) Meet examination requirements under WAC 246-825-050; and

(3) Complete four clock hours of AIDS education and training as required under chapter 246-12 WAC, Part 8; and

(4) Pay fees required under WAC 246-825-990(2); and

(5) Provide any other written declarations or documentation, as required by the secretary.

[Statutory Authority: RCW 18.290.020. 10-22-090, § 246-825-060, filed 11/1/10, effective 11/1/10.]

WAC 246-825-080 Licensure by endorsement. (1) An applicant for licensure as a genetic counselor who is currently licensed under the laws of another state shall file an application with the department and submit:

(a) Documentation verifying that the applicant meets the education requirements under WAC 246-825-060;

(b) Documentation that the applicant holds an unrestricted active license to practice as a genetic counselor in another state;

(c) Proof of passing the ABGC certification examination or the ABMG general genetics and genetic counseling specialty examinations or the ABMG clinical genetics specialty or subspecialty certification examinations;

(d) Documentation of completion of four clock hours of AIDS education and training as required under chapter 246-12 WAC, Part 8;

(e) Any other written declarations or documentation, as required by the secretary; and

(f) Fees required under WAC 246-825-990(2).

(2) The secretary may examine an endorsement application to determine whether the licensing standards of the other state are substantially equivalent to the licensing standards in Washington state.

(3) An endorsement applicant may also apply for a temporary practice permit as established under WAC 246-12-050.

[Statutory Authority: RCW 18.290.020. 10-22-090, § 246-825-080, filed 11/1/10, effective 11/1/10.]

WAC 246-825-100 Qualification for provisional license. (1) An individual who has met all the requirements for licensure except for passing the examination may apply for a provisional license to engage in supervised practice as a genetic counselor.

(2) Applicants may be eligible for a provisional license, if they:

(a) Have met the education requirements of WAC 246-825-060 (1)(a) or (b); and

(b) File documentation of supervised practice as outlined under WAC 246-825-105 with the department; and

(c) Pay fees required under WAC 246-825-990(3).

(3) An applicant for provisional licensure shall not practice as a genetic counselor until his or her application for such licensure has been approved.

(4) A provisional license shall expire on the practitioner's birthday as provided under WAC 246-12-020 or upon the earliest of the following:

(a) A license is granted; or

(b) A notice of decision is mailed.

(5) A provisional license may be renewed a maximum of three times.

[Statutory Authority: RCW 18.290.020. 10-22-090, § 246-825-100, filed 11/1/10, effective 11/1/10.]

WAC 246-825-105 Documentation and supervision—Provisional license. (1) An individual practicing under the authority of a provisional license shall practice genetic counseling only under the general supervision of a supervisor.

(a) The applicant for provisional license must provide the name, business address and telephone number, professional license number, and signature of the supervisor.

(b) The supervisor's license and ABGC or ABMG certification shall be current and in good standing at all times during the supervisory relationship.

(c) The provisionally licensed genetic counselor and the supervisor shall notify the department in writing of any change relating to the working relationship within fifteen days of the change. In the event of a change of supervisor, a provisional licensee shall not practice as a genetic counselor at any time between the end of one supervisory relationship and the department's receipt and approval of the new supervisor.

(2) General supervision includes:

(a) On-going availability to engage in direct communication, either face-to-face or by electronic means;

(b) Active, ongoing review of the genetic counselor's services, as appropriate, for quality assurance and professional support;

(c) Description of contingency plans to include the unplanned unavailability of the primary supervisor; and

(d) Identification and professional license number of an alternate supervisor, as appropriate to the practice setting.

(3) General supervision does not require the physical presence of the supervisor. The supervisor shall be readily accessible for consultation and assistance to the provisionally licensed genetic counselor.

[Statutory Authority: RCW 18.290.020. 10-22-090, § 246-825-105, filed 11/1/10, effective 11/1/10.]

WAC 246-825-110 Continuing education. (1) Licensed genetic counselors must complete a minimum of seventy-five continuing education hours or 7.5 continuing education units (CEUs) every three years following the first license renewal. One contact hour equals 0.1 CEU. No more than fifteen continuing education hours or 1.5 CEUs may be earned for professional development activity credits within a reporting cycle.

(2) Professional development activities include, but are not limited to:

(a) Teaching or providing clinical supervision; authoring or coauthoring an article or chapter in peer-review journal; genetics education outreach; leadership activities.

(b) Lecturing or instructing professional groups.

(c) Teaching genetics related courses for undergraduate, graduate, or other health provider groups.

Multiple credits shall not be given to presenters for multiple presentations of the same program.

(3) Practice-based competency courses or programs may consist of postgraduate studies, seminars, lectures, workshops (including distance learning), and professional conferences. Practice-based competencies include, but are not limited to:

(a) Communication - convey detailed genetic information to diverse audiences clearly and concisely while bridging cultural, socioeconomic and educational difference.

(b) Critical thinking - perform complicated risk calculations; evaluate medical, family and psychosocial histories; distill genetic and psychosocial information; participate in diagnostic evaluations; and develop effective case management plan.

(c) Interpersonal counseling, and psychosocial assessment - use an empathetic approach to identify a patient's concerns, clarify beliefs and values, promote preventative health measures and facilitate informed decision making.

(d) Professional ethics and values.

(4) Courses and programs accredited or approved by the following organizations qualify for continuing education credit for licensed genetic counselors.

(a) ABGC;

(b) ABMG;

(c) NSGC; or

(d) Other courses or programs as approved by the secretary.

(5) Continuing education contact hours or CEUs may not be carried over from one reporting cycle to another.

(6) A genetic counselor may request an extension or to be excused from meeting the continuing education requirements due to illness or other extenuating circumstances.

[Statutory Authority: RCW 18.290.020, 10-22-090, § 246-825-110, filed 11/1/10, effective 11/1/10.]

WAC 246-825-130 Auditing for compliance.

Licensed genetic counselors must comply with auditing and documentation requirements under chapter 246-12 WAC, Part 7. If audited, the licensee will be required to submit documentation of completed continuing education activities.

(1) Acceptable documentation of continuing education includes:

(a) Certificates indicating the date, number of contact hours awarded, program title, and participant's name; or

(b) An original letter on official stationery from the continuing education program's sponsor indicating the date, number of contact hours awarded, program title, and participant's name.

(2) The secretary may require additional information as needed to assess compliance.

[Statutory Authority: RCW 18.290.020, 10-22-090, § 246-825-130, filed 11/1/10, effective 11/1/10.]

WAC 246-825-140 Expired license.

(1) A genetic counselor may not practice at any time while his or her license is expired. If the license has expired, the practitioner must meet the requirements under chapter 246-12 WAC, Part 2.

(2) If a license is expired for three years or more the practitioner must meet the requirements under chapter 246-12 WAC, Part 2 and demonstrate competence in one of the following ways:

(a) Provide verification of current active practice in another state or U.S. jurisdiction or Canada, and ABGC or ABMG certification.

(b) Provide verification of a current unrestricted active credential in another state or U.S. jurisdiction or Canada.

(c) Take and pass the ABGC certification examination or other examination approved by the secretary no more than six months prior to applying for licensure.

[Statutory Authority: RCW 18.290.020, 10-22-090, § 246-825-140, filed 11/1/10, effective 11/1/10.]

WAC 246-825-990 License fees.

(1) Licenses must be renewed every year on the practitioner's birthday as provided under chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged:

Title	Fee
Application	300.00
Renewal	300.00
Late renewal penalty	150.00
Expired license reissuance	150.00
Duplicate license	30.00
Certification of licensure	30.00

(3) The following nonrefundable fees will be charged for provisional license:

Title	Fee
Application	30.00
Renewal	30.00
Late renewal penalty	30.00
Duplicate provisional license	30.00

[Statutory Authority: RCW 18.290.020, 10-22-090, § 246-825-990, filed 11/1/10, effective 11/1/10.]

**Chapter 246-826 WAC
HEALTH CARE ASSISTANTS**

WAC

- 246-826-030 Supervision of health care assistants.
- 246-826-100 Health care assistant classification.
- 246-826-200 Hospital or nursing home drug injection.
- 246-826-300 Definitions.

WAC 246-826-030 Supervision of health care assistants.

A health care assistant may be supervised by either the delegator or by another practitioner who can order the act under his or her own license. The practitioner who is supervising the health care assistant must be physically present and immediately available in the facility during the administration of injections, vaccines or drugs authorized in RCW 18.135.130. The supervising practitioner need not be present during procedures to withdraw blood.

[Statutory Authority: RCW 18.135.030 and 2009 c 43, 10-19-044, § 246-826-030, filed 9/13/10, effective 10/14/10. Statutory Authority: RCW 18.135.030, 2008 c 58, 09-02-081, § 246-826-030, filed 1/7/09, effective 2/7/09. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-826-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030, 85-06-018 (Order PL 515), § 308-175-020, filed 2/25/85.]

WAC 246-826-100 Health care assistant classification.

(1) There are seven categories of health care assistants. The table in this subsection outlines the tasks authorized for each category of health care assistant. The administration of drugs under RCW 18.135.130 expires on July 1, 2013.

Categories	A	B	C	D	E	F	G
May perform:	Venous and capillary invasive procedures for blood withdrawal	Arterial invasion procedures for blood withdrawal	Intradermal, subcutaneous and intramuscular injections for diagnostic agents and administer skin tests	Intravenous injections for diagnostic agents	Intradermal, subcutaneous and intramuscular injections for therapeutic agents and administer skin tests	Intravenous injections for therapeutic agents	Hemodialysis
Injection	Not authorized	Not authorized	V, I	I	V, I	I	***
Oral	V	V	D, V	V	D, V	V	V
Topical	D, V	D, V	D, V	D, V	D, V	D, V	D, V
Nasal	D, V	D, V	D, V	D, V	D, V	D, V	D, V
Rectal	D	D	D	D	D	D	D
Otic	D	D	D	D	D	D	D

Categories	A	B	C	D	E	F	G
May perform:	Venous and capillary invasive procedures for blood withdrawal	Arterial invasion procedures for blood withdrawal	Intradermal, subcutaneous and intramuscular injections for diagnostic agents and administer skin tests	Intravenous injections for diagnostic agents	Intradermal, subcutaneous and intramuscular injections for therapeutic agents and administer skin tests	Intravenous injections for therapeutic agents	Hemodialysis
Ophthalmic	D	D	D	D	D	D	D
Inhaled	D	D	D	D	D	D	D

D - Drugs administered under RCW 18.135.130.
 I - Drugs by injection under WAC 246-826-200.
 V - Vaccines administered under RCW 18.135.120.
 *** - Drugs by injection listed under WAC 246-826-303 (2)(c).

(2) A written order from a supervising health care practitioner authorizing the administration of drugs listed in RCW 18.135.130 must be provided to the health care assistant.

(3) Health care assistants may perform supervised delegated functions as provided under WAC 246-826-020 and 246-826-030.

(4) Health care assistants must be able to demonstrate initial and ongoing competency to the supervisor or delegator on the administration of authorized drugs listed in RCW 18.135.130. Competency may be demonstrated by:

- (a) Practicing techniques in a simulated situation; or
- (b) Observing and performing procedures on patients until the health care assistant demonstrates proficiency to administer authorized drugs identified in the table in subsection (1) of this section; or
- (c) Documenting all training on a checklist appropriate to the facility of the administration of drugs by the health care assistant. The health care assistant must complete and sign the form, have the form signed by the supervisor and the delegator, and have the form placed in their employee personnel file; or
- (d) Other methods determined by the delegator.

(5) The supervisor or delegator is responsible for the patient's care. The tasks delegated to any category of health care assistant must be based on the health care assistant's individual education and training.

[Statutory Authority: RCW 18.135.030 and 2009 c 43. 10-19-044, § 246-826-100, filed 9/13/10, effective 10/14/10. Statutory Authority: RCW 18.135.030, 2008 c 58. 09-02-081, § 246-826-100, filed 1/7/09, effective 2/7/09. Statutory Authority: RCW 18.135.030 and 18.135.020. 02-06-115, § 246-826-100, filed 3/6/02, effective 4/6/02. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-075, filed 11/12/87.]

WAC 246-826-200 Hospital or nursing home drug injection. (1) Health care assistants certified in categories C, D, E or F and working in a hospital or nursing home may administer by injection the drugs listed in subsection (2) of this section if:

- (a) Authorized and directed by a delegator; and
 - (b) It is within their scope of practice as identified in the table of WAC 246-826-100.
- (2) Drugs authorized to be administered by injection include:

- Antihistamines
- Antiinfective agents
- Antineoplastic agents
- Autonomic drugs
- Blood derivatives

- Blood formation and coagulation
- Cardiovascular drugs
- CNS agents
- Diagnostic agents
- Electrolytic, caloric and water balance
- Enzymes
- Gastrointestinal drugs
- Gold compounds
- Heavy metal antagonists
- Hormones/synthetic substitutes
- Local anesthetics
- Oxytocics
- Radioactive agents
- Serums toxoids, vaccines
- Skin and mucous membrane agents
- Smooth muscle relaxants
- Vitamins
- Unclassified therapeutic agents

(3) The schedule of drugs in subsection (2) of this section shall not include the following unless the delegator is physically present in the immediate area where the drug is administered:

- (a) Any controlled substances as defined in RCW 69.50.-101 (1)(d); or
- (b) Any experimental drug; or
- (c) Any cancer chemotherapy agent.

[Statutory Authority: RCW 18.135.030 and 2009 c 43. 10-19-044, § 246-826-200, filed 9/13/10, effective 10/14/10. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-130, filed 11/12/87.]

WAC 246-826-300 Definitions. The definitions in this section apply throughout hemodialysis rules, WAC 246-826-301 through 246-826-303, unless the context clearly requires otherwise.

- (1) "Competency" means the demonstration of knowledge in a specific area and the ability to perform specific skills and tasks in a safe, efficient manner.
- (2) "Dialysis facility or center" means a place awarded conditional or unconditional status by the center for medic-aid/medicare services to provide dialysis services. This does not include in the home setting.
- (3) "Direct supervision" means the licensed health care practitioner, as required by or authorized by RCW 18.135.-020, is physically present and accessible in the immediate patient care area and available to intervene, if necessary.
- (4) "End-stage renal disease" (ESRD) means the stage of renal impairment that appears irreversible and permanent,

and requires either the replacement of kidney functions through renal transplantation or the permanent assistance of those functions through dialysis.

(5) "Hemodialysis" means a process by which dissolved substances are removed from a patient's body by diffusion from one fluid compartment to another across a semipermeable membrane.

(6) "Hemodialysis technician" means a person certified as a health care assistant, Category G, by the department of health, who is authorized under chapter 18.135 RCW and these rules to assist with the direct care of patients undergoing hemodialysis and to perform certain invasive procedures under proper delegation and supervision by health care practitioners.

(7) "Preceptor" means the licensed health care practitioner, as required by or authorized by RCW 18.135.020, who supervises, trains, and/or observes students providing direct patient care in a dialysis facility or center.

(8) "Training monitor" means the certified hemodialysis technician who with limited accountability mentors skill building and monitors for safety. The training monitor does not replace or substitute for the preceptor.

[Statutory Authority: RCW 18.135.030 and 2009 c 43. 10-19-044, § 246-826-300, filed 9/13/10, effective 10/14/10. Statutory Authority: RCW 18.135.030 and 18.135.020. 02-06-115, § 246-826-300, filed 3/6/02, effective 4/6/02.]

Chapter 246-828 WAC HEARING AND SPEECH

WAC

246-828-025	Definitions.
246-828-075	Supervisors of students.
246-828-112	Speech-language pathology assistants—Minimum standards of practice.
246-828-300	Expired license or certification.
246-828-305	How to obtain a temporary practice permit while the national background check is completed.
246-828-617	Requirements for speech-language pathology assistant certification.
246-828-990	Hearing instrument fitter/dispenser, audiologist, speech language pathologist, and speech-language pathology assistant fees and renewal cycle.

WAC 246-828-025 Definitions. (1) "Board-approved institution of higher education" means:

(a) An institution offering a program in audiology or speech-language pathology leading to a master's degree, or its equivalent, or a doctorate degree or its equivalent, that has been accredited by the council on academic accreditation in audiology and speech-language pathology, or an equivalent program.

(b) An institution offering a speech-language pathology assistant program or a speech, language, and hearing program approved by the state board for community and technical colleges, the higher education coordinating board, or an equivalent body from another state or province. This program must lead to an associate of arts or sciences degree, certificate of proficiency, or bachelor of arts or sciences degree.

(c) A board-approved institution shall integrate instruction in multicultural health as part of its basic education preparation curriculum under RCW 43.70.615.

(2) "Postgraduate professional work experience" means a supervised full-time professional experience, or the part-

time equivalent, as defined in these rules, involving direct patient/client contact, consultations, recordkeeping, and administrative duties relevant to a bona fide program of clinical work.

(a) "Full-time professional experience" means at least 30 hours per week over 36 weeks. Postgraduate professional work experience must be obtained over a period of at least 36 weeks. Applicants who obtain an Au.D. at a board-approved institution of higher education are considered to have met the postgraduate professional work experience requirement.

(b) "Part-time equivalent" means any of the following:

(i) 15-19 hours per week over 72 weeks;

(ii) 20-24 hours per week over 60 weeks;

(iii) 25-29 hours per week over 48 weeks.

(3) "Supervising speech-language pathologist" means a licensed speech-language pathologist or speech-language pathologist certified as an educational staff associate by the superintendent of public instruction.

(4) "Direct supervision of a speech-language pathology assistant" means the supervising speech-language pathologist is on-site and in view during the procedures or tasks.

(5) "Indirect supervision of a speech-language pathology assistant" means the procedures or tasks are performed under the speech-language pathologist's overall direction and control, but the speech-language pathologist's presence is not required during the performance of the procedures or tasks.

[Statutory Authority: RCW 18.35.161, 43.70.250, 10-15-093, § 246-828-025, filed 7/20/10, effective 7/26/10. Statutory Authority: RCW 18.35.161, 06-19-109, § 246-828-025, filed 9/20/06, effective 10/21/06. Statutory Authority: RCW 18.35.040(2) and 18.35.161, 98-13-109, § 246-828-025, filed 6/17/98, effective 7/18/98.]

WAC 246-828-075 Supervisors of students. (1) Students enrolled in a board approved program may perform the duties of a hearing instrument fitter/dispenser, audiologist, speech-language pathologist, or speech-language pathology assistant in the course of their training under appropriate supervision.

(a) Speech-language pathology students must be supervised by a speech-language pathologist licensed under chapter 18.35 RCW, in good standing for at least two years.

(b) Audiology students must be supervised by an audiologist licensed under chapter 18.35 RCW, in good standing for at least two years.

(c) Hearing instrument fitter and dispenser students must be supervised by either a hearing instrument fitter/dispenser or a licensed audiologist licensed under chapter 18.35 RCW, in good standing for at least two years.

(2) Students may perform only those activities that are within the scope of the profession as defined by the training program in which they are enrolled.

(3) The student shall at all times wear an identification badge readily visible to the public that identifies him or her as a student.

(4) The licensee who is supervising hearing instrument fitting and dispensing students must be physically present on the premises at all times. The supervisor must cosign all purchase agreements for the sale of hearing instruments.

(5) The licensee who is supervising speech-language pathology or audiology students may include simultaneous observations with the student or the submission of written

reports or summaries by the student for supervisor monitoring, review and approval. At least fifty percent of each student's time in each diagnostic evaluation, including screening and identification, must be observed directly by a supervisor. The observations may take place on site or by closed-circuit television.

[Statutory Authority: RCW 18.35.161, 43.70.250. 10-15-093, § 246-828-075, filed 7/20/10, effective 7/26/10. Statutory Authority: RCW 18.35.161. 06-19-109, § 246-828-075, filed 9/20/06, effective 10/21/06; 04-02-068, § 246-828-075, filed 1/7/04, effective 2/7/04; 98-06-079, § 246-828-075, filed 3/3/98, effective 4/3/98. Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-075, filed 9/7/95, effective 10/8/95.]

WAC 246-828-112 Speech-language pathology assistants—Minimum standards of practice. (1) A speech-language pathology assistant may only perform procedures or tasks delegated by the speech-language pathologist and must maintain patient/client/student confidentiality as directed by the speech-language pathologist.

(2) Speech-language pathology assistants may not represent themselves as speech-language pathologists.

(3) The speech-language pathology assistant must be continually supervised by the speech-language pathologist. The following procedures or tasks may only be performed under direct supervision and at the speech-language pathologist's discretion:

(a) Participating during parent conferences, case conferences, or interdisciplinary team meetings with the speech-language pathologist present.

(b) Assisting the speech-language pathologist during evaluations/assessments of patients/clients/students.

(4) The following procedures or tasks may be performed under direct or indirect supervision at the discretion of the supervising speech-language pathologist:

(a) Perform speech-language and hearing screenings for the speech-language pathologist. The speech-language pathology assistant may not interpret the results.

(b) Document patient/client/student performance (such as data, charts, graphs, progress notes, and treatment notes) and report this information to the speech-language pathologist.

(c) Implement treatment plans and protocols including individualized education programs (IEP) or individualized family service plans (IFSP) developed by the speech-language pathologist. These plans, programs, and protocols may include speech, language, augmentative and alternative communication (AAC), assistive technology (AT), and oral-motor therapies.

(d) Perform clerical duties such as preparing materials and scheduling activities as directed by the speech-language pathologist.

(e) Check and maintain equipment as directed by the speech-language pathologist.

(f) Sign treatment notes, progress notes, and other paperwork as directed by the speech-language pathologist.

(5) The following procedures and tasks are excluded from the speech-language pathology assistant scope of practice:

(a) Tasks that require diagnosis, evaluation, or clinical interpretation.

(b) Screening and diagnosis of feeding and swallowing disorders.

(c) Development or modification of treatment plans.

(d) Implementation of therapy outside of the treatment plan.

(e) Selection of caseload.

(f) Discharge or exit patients/clients/students.

(g) Referral of patients/clients/students for additional services.

[Statutory Authority: RCW 18.35.161, 43.70.250. 10-15-093, § 246-828-112, filed 7/20/10, effective 7/26/10.]

WAC 246-828-300 Expired license or certification.

(1) If the license or certification has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the license or certification has expired for over three years, and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

(3) If the license or certification has expired for over three years, and the practitioner has not been in active practice in another United States jurisdiction, the practitioner must:

(a) Successfully pass the examination as provided in RCW 18.35.050;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 18.35.161, 43.70.250. 10-15-093, § 246-828-300, filed 7/20/10, effective 7/26/10. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-828-300, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017, § 246-828-300, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-300, filed 5/8/91, effective 6/8/91; 89-04-017 (Order PM 818), § 308-50-350, filed 1/23/89. Statutory Authority: 1983 c 39 § 7. 83-23-056 (Order PL 447), § 308-50-350, filed 11/15/83.]

WAC 246-828-305 How to obtain a temporary practice permit while the national background check is completed. Fingerprint-based national background checks may cause a delay in licensing or certification. Individuals who satisfy all other licensing or certification requirements and qualifications may receive a temporary practice permit while the national background check is completed.

(1) A temporary practice permit may be issued to an applicant who:

(a) Holds an unrestricted, active license or certification to practice as a speech-language pathologist, speech-language pathology assistant, audiologist, or hearing instrument fitter/dispenser in another state that has substantially equivalent licensing or certification standards to those in Washington state;

(b) Is not subject to denial of a license or certification or issuance of a conditional or restricted license or certification; and

(c) Does not have a criminal record in Washington state.

(2) A temporary practice permit grants the individual the full scope of practice under this chapter.

(3) A temporary practice permit will not be renewed, reissued, or extended. A temporary practice permit expires when any one of the following occurs:

- (a) The license or certification is granted;
- (b) A notice of decision on application is mailed to the applicant, unless the notice of decision on the application specifically extends the duration of the temporary practice permit; or
- (c) One hundred eighty days after the temporary practice permit is issued.

(4) To receive a temporary practice permit, the applicant must:

- (a) Submit the necessary application, fee(s), and documentation for the license or certification.
- (b) Meet all requirements and qualifications for the license or certification, except the results from a fingerprint-based national background check, if required.
- (c) Provide verification of having an active unrestricted license or certification to practice as a speech-language pathologist, speech-language pathology assistant, audiologist, or hearing instrument fitter/dispenser from another state that has substantially equivalent licensing or certification standards as Washington state.

(d) Submit the fingerprint card and a written request for a temporary practice permit when the department notifies the applicant the national background check is required.

[Statutory Authority: RCW 18.35.161, 18.130.064, and 18.130.075. 10-16-116, § 246-828-305, filed 8/2/10, effective 9/2/10.]

WAC 246-828-617 Requirements for speech-language pathology assistant certification. An applicant for certification as a speech-language pathology assistant must have the following minimum qualifications:

(1) An associate of arts or sciences degree, or a certificate of proficiency, with transcripts showing forty-five quarter hours or thirty semester hours of speech-language pathology course work and transcripts showing forty-five quarter hours or thirty semester hours of general education credit from a board-approved institution of higher education as defined in WAC 246-828-025 (1)(b). Transcripts must reflect, or applicant must demonstrate, one hundred hours of supervised patient/client/student work experience completed within a one-year time frame, or clinical experience practicum, with at least fifty of those hours under direct supervision; or

(2) A bachelor of arts or bachelor of sciences degree with transcripts from a speech, language, and hearing program from a board-approved institution of higher education as defined in WAC 246-828-025 (1)(b). Transcripts must reflect, or applicant must demonstrate, one hundred hours of supervised patient/client/student work experience completed within a one-year time frame, or clinical experience practicum, with at least fifty of those hours under direct supervision; or

(3) A completed work experience verification form and competency checklist form developed by the board and submitted as part of the application verifying 600 hours of supervised experience within three years of application. Both forms must be submitted by July 1, 2011, to qualify for certification under this subsection. The competency checklist

form shall indicate and verify that the applicant has demonstrated competencies in all the following categories:

- (a) Interpersonal skills;
- (b) Understanding of critical supervision issues;
- (c) Administering treatment protocols;
- (d) Maintaining clinical documentation and communication;
- (e) Upholding ethical behavior and maintaining confidentiality;
- (f) Following health and safety precautions;
- (g) Foundational knowledge of the profession.

[Statutory Authority: RCW 18.35.161, 43.70.250. 10-15-093, § 246-828-617, filed 7/20/10, effective 7/26/10.]

WAC 246-828-990 Hearing instrument fitter/dispenser, audiologist, speech language pathologist, and speech-language pathology assistant fees and renewal cycle.

(1) Credentials must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. The secretary may require payment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

(2) Practitioners must pay the following nonrefundable fees:

Audiologist/Speech-Language Pathologist

Fee Type:	Fee
Interim permit	
Application	\$125.00
Permit	100.00
Initial license	
Application	125.00
License	100.00
Renewal	200.00
Inactive license	75.00
Late renewal penalty	100.00
Expired license reissuance	100.00
Expired inactive license reissuance	50.00
License verification	15.00
Duplicate license	15.00

Hearing Instrument Fitter/Dispenser

Fee Type:	Fee
License application	\$125.00
Initial license	100.00
Renewal	200.00
Inactive license	75.00
Late renewal penalty	100.00
Expired license reissuance	100.00
Expired inactive license reissuance	50.00
License verification	15.00
Duplicate license	15.00

Speech-Language Pathology Assistant Fee Type:	Fee
Application	\$125.00
Renewal	70.00
Inactive credential	50.00
Late renewal penalty	50.00
Expired credential reissuance	50.00
Expired inactive credential reissuance	50.00
Credential verification	15.00
Duplicate credential	15.00

[Statutory Authority: RCW 18.35.161, 43.70.250, 10-15-093, § 246-828-990, filed 7/20/10, effective 7/26/10. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329, 08-15-014, § 246-828-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110, 05-12-012, § 246-828-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 18.35.161, 04-02-068, § 246-828-990, filed 1/7/04, effective 2/7/04. Statutory Authority: RCW 43.70.280, 98-05-060, § 246-828-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.35.090 and 43.70.250, 97-04-043, § 246-828-990, filed 1/31/97, effective 1/31/97. Statutory Authority: RCW 18.35.161 (1) and (3), 95-19-017, § 246-828-990, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 43.70.250, 94-08-038, § 246-828-990, filed 3/31/94, effective 5/1/94; 93-14-011, § 246-828-990, filed 6/24/93, effective 7/25/93; 91-13-002 (Order 173), § 246-828-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040, 91-11-030 (Order 139), recodified as § 246-828-990, filed 5/8/91, effective 6/8/91. Statutory Authority: RCW 43.70.250, 90-04-094 (Order 029), § 308-50-440, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086, 87-18-031 (Order PM 667), § 308-50-440, filed 8/27/87.]

**Chapter 246-830 WAC
MESSAGE PRACTITIONERS**

**DISPOSITION OF SECTIONS FORMERLY
CODIFIED IN THIS CHAPTER**

246-830-460	Continuing education requirement—Amount. [Statutory Authority: RCW 43.70.280, 98-05-060, § 246-830-460, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.108.025(1), 94-13-181, § 246-830-460, filed 6/21/94, effective 7/22/94.] Repealed by 10-18-100, filed 9/1/10, effective 10/2/10. Statutory Authority: RCW 18.108.025. Later promulgation, see WAC 246-830-475.
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**Chapter 246-834 WAC
MIDWIVES**

WAC	
246-834-990	Midwifery fees and renewal cycle.

WAC 246-834-990 Midwifery fees and renewal cycle.

(1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. The secretary may require payment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

(2) The following fees are nonrefundable:

Title of Fee	Fee
Initial application	\$500.00

Title of Fee	Fee
National examination administration (initial/retake)	103.00
State examination (initial/retake)	155.00
Renewal	500.00
Late renewal penalty	250.00
Duplicate license	25.00
Certification of license	25.00
Application fee—Midwife-in-training program	978.75
Expired license reissuance	300.00

[Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37, 10-19-071, § 246-834-990, filed 9/16/10, effective 10/15/10. Statutory Authority: 2006 c 372, RCW 43.70.250 and 18.50.135, 06-13-012, § 246-834-990, filed 6/9/06, effective 7/1/06. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110, 05-12-012, § 246-834-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250 and 18.50.135, 04-22-113, § 246-834-990, filed 11/3/04, effective 2/17/05. Statutory Authority: RCW 43.70.250, 2001 2nd sp.s. c 7 and RCW 18.50.102, 01-23-101, § 246-834-990, filed 11/21/01, effective 1/21/02. Statutory Authority: RCW 18.50.102 and 43.70.250, 98-11-069, § 246-834-990, filed 5/19/98, effective 7/13/98. Statutory Authority: RCW 43.70.250, 91-13-002 (Order 173), § 246-834-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-834-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250, 90-04-094 (Order 029), § 308-115-405, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 18.50.135, 89-08-008 (Order PM 827), § 308-115-405, filed 3/24/89. Statutory Authority: RCW 43.24.086, 87-18-031 (Order PM 667), § 308-115-405, filed 8/27/87. Statutory Authority: 1983 c 168 § 12, 83-17-031 (Order PL 442), § 308-115-405, filed 8/10/83. Formerly WAC 308-115-400.]

**Chapter 246-840 WAC
PRACTICAL AND REGISTERED NURSING**

WAC	
246-840-010	Definitions.
246-840-020	Credentials issued to nurses in Washington.
246-840-095	Temporary practice permits.
246-840-111	Expired license.
246-840-120	Inactive credential.
246-840-201	Continuing competency purpose statement.
246-840-202	Continuing competency definitions.
246-840-203	Continuing competency requirements—Active status.
246-840-204	Continuing competency requirements—Reactivation from expired status.
246-840-205	Continuing competency requirements—Reactivation from inactive status.
246-840-206	Continuing competency audit process and compliance.
246-840-207	Failure to meet continuing competency requirements.
246-840-581	Early remediation program purpose.
246-840-582	Early remediation program definitions.
246-840-583	Early remediation program criteria.
246-840-990	Fees and renewal cycle.

WAC 246-840-010 Definitions. (1) An "advanced registered nurse practitioner (ARNP)" is a registered nurse who has had formal graduate education and has achieved national specialty certification for the nurse practitioner, nurse anesthetist, or nurse midwife role. A nurse with this preparation may qualify as an ARNP as described in WAC 246-840-300.

(2) "Advanced nursing practice" is the delivery of nursing care by registered nurses who have acquired experience and formal education that prepares them for independent practice.

(3) "Client advocate" means a licensed registered nurse or practical nurse who actively supports client's rights and choices, including the client's right to receive safe, high quality care, and who facilitates the client's ability to exercise those rights and/or choices by providing the client with adequate information about their care and options.

(4) "Commission" means the Washington state nursing care quality assurance commission.

(5) "Competency" means demonstrated knowledge, skill and ability in the practice of nursing.

(6) "Conditional approval" of a school of nursing is the approval given a school of nursing that has not met the requirements of the law and the rules and regulations of the commission; conditions are specified that must be met within a designated time to rectify the deficiency.

(7) "Delegation" means the licensed practical nurse or registered nurse transfers the performance of selected nursing tasks to competent individuals in selected situations. The licensed practical nurse or registered nurse delegating the task retains the responsibility and accountability for the nursing care of the client. The licensed practical nurse or registered nurse delegating the task supervises the performance of the unlicensed person. Delegation in community and in-home care settings is defined by WAC 246-840-910 through 246-840-970.

(a) Nursing acts delegated by the licensed practical nurse or registered nurse shall:

(i) Be within the area of responsibility of the licensed practical nurse or registered nurse delegating the act;

(ii) Be such that, in the opinion of the licensed practical nurse or registered nurse, it can be properly and safely performed by the unlicensed person without jeopardizing the patient welfare;

(iii) Be acts that a reasonable and prudent licensed practical nurse or registered nurse would find are within the scope of sound nursing judgment.

(b) Nursing acts delegated by the licensed practical nurse or registered nurse shall not require the unlicensed person to exercise nursing judgment nor perform acts which must only be performed by a licensed practical nurse or registered nurse, except in an emergency situation (RCW 18.79.240 (1)(b) and (2)(b)).

(c) When delegating a nursing act to an unlicensed person it is the licensed practical nurse or the registered nurse who shall:

(i) Make an assessment of the patient's nursing care need before delegating the task;

(ii) Instruct the unlicensed person in the delegated task or verify competency to perform or be assured that the person is competent to perform the nursing task as a result of the systems in place by the health care agency;

(iii) Recognize that some nursing interventions require nursing knowledge, judgment, and skill and therefore may not lawfully be delegated to unlicensed persons.

(8) "Faculty" means persons who are responsible for the educational nursing program and who hold faculty appointment in the school.

(9) "Full approval" of a school of nursing is the approval signifying that a nursing program meets the requirements of the law and the rules and regulations of the commission.

(10) "Good cause" as used in WAC 246-840-860 for extension of a nurse technician registration means that the nurse technician has had undue hardship such as difficulty scheduling the examination through no fault of their own, receipt of the examination results after thirty days after the nurse technician's date of graduation, or an unexpected fam-

ily crisis which caused him or her to delay sitting for the examination. Failure of the examination is not "good cause."

(11) "Good standing" as applied to a nursing technician, means the nursing technician is enrolled in a registered nursing program approved by the commission and is successfully meeting all program requirements.

(12) "Immediately available" as applied to nursing technicians, means that a registered nurse who has agreed to act as supervisor is on the premises and is within audible range and available for immediate response as needed. This may include the use of two-way communication devices which allow conversation between the nursing technician and a registered nurse who has agreed to act as supervisor.

(a) In a hospital setting, a registered nurse who has agreed to act as supervisor is on the same patient care unit as the nursing technician and the patient has been assessed by the registered nurse prior to the delegation of duties to the nursing technician.

(b) In a nursing home setting, a registered nurse who has agreed to act as supervisor is in the same building and on the same floor as the nursing technician and the patient has been assessed by the registered nurse prior to the delegation of duties to the nursing technician.

(13) "Initial approval" of nursing programs is the approval given a new nursing program based on its proposal prior to the graduation of its first class.

(14) "Limited educational authorization" is an authorization to perform clinical training through a commission approved refresher course. This authorization does not permit practice for employment. A limited educational authorization may be issued to:

(a) A person whose Washington state license has been expired or inactive for three years or more and who applies for reinstatement and enrolls in a refresher course; or

(b) An applicant endorsing from another state or territory if the applicant's license from that jurisdiction is on inactive or expired status. The applicant must be enrolled in a refresher course.

(15) "Minimum standards of competency" means the knowledge, skills and abilities that are expected of the beginning practitioner.

(16) "Nontraditional program of nursing" means a school that has a curriculum which does not include a faculty supervised teaching/learning component in clinical settings.

(17) "Nurse administrator" is an individual who meets the qualifications contained in WAC 246-840-555 and who has been designated as the person primarily responsible for the direction of the program in nursing. Titles for this position may include, among others, dean, director, coordinator or chairperson.

(18) "Nursing technician" means a nursing student preparing for registered nurse licensure who is employed in a hospital licensed under chapter 70.41 RCW or a nursing home licensed under chapter 18.51 RCW, and who:

(a) Is currently enrolled in good standing and attending a nursing program approved by the commission and has not graduated; or

(b) Is a graduate of a nursing program approved by the commission who graduated:

(i) Within the past thirty days; or

(ii) Within the past sixty days and has received a determination that there is good cause to continue the registration period.

(c) Approved schools for nursing technicians include the list of registered nursing programs (schools) approved by state boards of nursing as preparation for the NCLEX registered nurse examination, and listed in the NCLEX bulletin as meeting minimum standards. Approved schools do not include nontraditional schools as defined in subsection (16) of this section.

(19) "Philosophy" means the beliefs and principles upon which the curriculum is based.

(20) "Program" means a division or department within a state supported educational institution, or other institution of higher learning charged with the responsibility of preparing persons to qualify for the licensing examination.

(21) "Registered nurse" as used in these rules shall mean a nurse as defined by RCW 18.79.030(1).

(22) "Supervision" of licensed or unlicensed nursing personnel means the provision of guidance and evaluation for the accomplishment of a nursing task or activity with the initial direction of the task or activity; periodic inspection of the actual act of accomplishing the task or activity; and the authority to require corrective action.

(a) "Direct supervision" means the licensed registered nurse who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is quickly and easily available, and has assessed the patient prior to the delegation of the duties.

(b) "Immediate supervision" means the licensed registered nurse who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is within audible and visual range of the patient, and has assessed the patient prior to the delegation of duties.

(c) "Indirect supervision" means the licensed registered nurse who provides guidance to nursing personnel and evaluation of nursing tasks is not on the premises but has given either written or oral instructions for the care and treatment of the patient and the patient has been assessed by the registered nurse prior to the delegation of duties.

(23) "Traditional program of nursing" means a program that has a curriculum which includes a faculty supervised teaching/learning component in clinical settings.

[Statutory Authority: RCW 18.79.010 and 18.79.110, 10-24-047, § 246-840-010, filed 11/24/10, effective 1/1/11. Statutory Authority: RCW 18.79.110, 08-11-019, § 246-840-010, filed 5/12/08, effective 6/12/08. Statutory Authority: Chapter 18.79 RCW and 2003 c 258, 04-13-053, § 246-840-010, filed 6/11/04, effective 6/11/04. Statutory Authority: RCW 43.70.280, 98-05-060, § 246-840-010, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW, 97-13-100, § 246-840-010, filed 6/18/97, effective 7/19/97.]

WAC 246-840-020 Credentials issued to nurses in Washington. The following credentials are issued to nurses in Washington.

(1) Active status license. A license is issued upon completion of all requirements for licensure. The license holder may use the title licensed practical nurse or registered nurse and the use of its abbreviation, LPN or RN. The license allows practice as a licensed practical nurse or registered nurse in the state of Washington. See WAC 246-840-201

through 246-840-207 for continuing competency program requirements.

A student who has graduated from a basic professional nursing course and who is pursuing a baccalaureate degree in nursing, an advanced degree in nursing or an advanced certification in nursing must hold an active Washington RN license before participating in the practice of nursing as required to fulfill the learning objectives in a clinical course.

(2) Inactive status license. A license issued to a person previously holding an active license in this state, is in good standing, and does not practice in Washington state. Refer to chapter 246-12 WAC, Part 4.

(3) Advanced registered nurse practitioner (ARNP) license. An ARNP license may be issued to any person who meets the requirements of the commission as contained in WAC 246-840-300 through 246-840-365. Only persons holding this license have the right to use the title "advanced registered nurse practitioner" or the abbreviation "ARNP" or any title or abbreviation which indicates that the person is entitled to practice at an advanced and specialized role as a nurse practitioner, a nurse midwife, or a nurse anesthetist. The ARNP may engage in the scope allowed for his or her area of national certification as approved by the commission. The license is valid only with a current registered nurse license. The ARNP's scope of practice is defined by national certification standards and approved by the commission.

[Statutory Authority: RCW 18.79.010 and 18.79.110, 10-24-047, § 246-840-020, filed 11/24/10, effective 1/1/11. Statutory Authority: RCW 18.79.110, 08-11-019, § 246-840-020, filed 5/12/08, effective 6/12/08; 99-10-079, § 246-840-020, filed 5/4/99, effective 6/4/99. Statutory Authority: RCW 43.70.280, 98-05-060, § 246-840-020, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW, 97-13-100, § 246-840-020, filed 6/18/97, effective 7/19/97.]

WAC 246-840-095 Temporary practice permits. The nursing care quality assurance commission (NCQAC) conducts background checks on applicants to assure safe patient care. Completion of a fingerprint-based national background check may cause a delay in licensing.

(1) The NCQAC may issue a temporary practice permit to an applicant who holds an unrestricted, active license in another state which has substantially equivalent licensing standards to those in Washington. The applicant must not be subject to denial of a license or issuance of a conditional or restricted license.

(2) A temporary practice permit serves as a license to practice nursing during the time period specified on the permit.

(3) A temporary practice permit expires when:

(a) A license is granted;

(b) A notice of decision on application is mailed to the applicant, unless the notice of decision on application specifically extends the duration of the temporary practice permit; or

(c) One hundred eighty days after the temporary practice permit is issued.

If, at the expiration of the original temporary practice permit, the department has not received information from the fingerprint-based national background check, the NCQAC may renew the temporary practice permit for an additional one hundred eighty days.

(4) To receive a temporary practice permit, the applicant must:

(a) Submit the necessary application fee(s) and documentation for the license.

(b) Submit a completed national background check fingerprint card, if required.

(c) Meet all other requirements and qualifications for the license, except for the results from a fingerprint-based national background check, if required.

(d) Provide verification of holding an unrestricted nursing license from another state that has substantially equivalent licensing standards to those in Washington.

(e) Submit a separate application for a temporary practice permit.

[Statutory Authority: RCW 18.130.075 and 18.130.064, 10-07-015, § 246-840-095, filed 3/5/10, effective 4/5/10; 09-17-053, § 246-840-095, filed 8/13/09, effective 9/13/09.]

WAC 246-840-111 Expired license. (1) If the license has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the license has expired for more than three years and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Meet the requirements of chapter 246-12 WAC, Part 2;

(c) Meet the continuing competency requirements of WAC 246-840-201 through 246-840-207.

(3) If the license has expired for more than three years and the practitioner has not been in active practice in another United States jurisdiction, the practitioner must:

(a) Successfully complete a commission approved refresher course. The practitioner will be issued a limited educational license to enroll in the refresher course. The limited educational license is valid only while working under the direct supervision of a preceptor and is not valid for employment as a licensed practical or registered nurse;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 18.79.010 and 18.79.110, 10-24-047, § 246-840-111, filed 11/24/10, effective 1/1/11. Statutory Authority: RCW 43.70.-280, 98-05-060, § 246-840-111, filed 2/13/98, effective 3/16/98.]

WAC 246-840-120 Inactive credential. (1) A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

(2) Practitioners with an inactive credential for three years or less who wish to return to active status must meet the requirements of chapter 246-12 WAC, Part 4 and WAC 246-840-204.

(3) Practitioners with an inactive credential for more than three years, who have been in active practice in another United States jurisdiction, and wish to return to active status must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Meet the requirements of chapter 246-12 WAC, Part 4;

(c) Meet the requirements of WAC 246-840-201 through 246-840-207.

(4) Practitioners with an inactive credential for more than three years, who have not been in active practice in another United States jurisdiction, and wish to return to active status must:

(a) Successfully complete a commission approved refresher course. The practitioner will be issued a limited educational license to enroll in the refresher course. The limited educational license is valid only while working under the direct supervision of a preceptor and is not valid for employment as a licensed practical or registered nurse;

(b) Meet the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 18.79.010 and 18.79.110, 10-24-047, § 246-840-120, filed 11/24/10, effective 1/1/11. Statutory Authority: RCW 43.70.-280, 98-05-060, § 246-840-120, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW, 97-13-100, § 246-840-120, filed 6/18/97, effective 7/19/97.]

WAC 246-840-201 Continuing competency purpose statement. Patients, families, and communities expect safe, competent, and compassionate nursing care. These rules establish a self-directed continuing competency program that includes participation in active practice, self-assessment and reflection, and continuing nursing education for registered nurses and licensed practical nurses, as a mechanism to help keep patients safe and improve nursing practice.

[Statutory Authority: RCW 18.79.010 and 18.79.110, 10-24-047, § 246-840-201, filed 11/24/10, effective 1/1/11.]

WAC 246-840-202 Continuing competency definitions. The definitions in this section apply throughout WAC 246-840-201 through 246-840-207 unless the context clearly requires otherwise.

(1) **Active nursing practice** means engagement in paid, unpaid, or volunteer activity performing acts requiring a nursing license as described in RCW 18.79.040, 18.79.050, or 18.79.060. Active nursing practice may include working as a nursing administrator, nursing quality manager, nursing policy officer, public health nurse, parish nurse, home health nurse, nursing educator, nursing consultant, nursing regulator or any practice requiring nursing knowledge and a nursing license.

(2) **Attestation** means the affirmation by signature of the nurse indicating compliance with the standards and terms of the continuing competency requirements.

(3) **Continuing competency** is the ongoing ability of a nurse to maintain, update and demonstrate sufficient knowledge, skills, judgment, and qualifications necessary to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice. A nurse achieves continuing competency through active practice, self-assessment and reflection, and continuing nursing education.

(4) **Continuing nursing education** refers to systematic professional learning experiences obtained after initial licensure designed to augment the knowledge, skills, and judgment of nurses and enrich nurses' contributions to quality health care and his or her pursuit of professional career goals. The education hours should relate to the nurse's area of pro-

professional practice or areas identified through self-assessment and reflection for professional growth and development. There are various types of continuing nursing education activities. Some involve participant attendance where the pace of the activity is determined by the provider who plans and schedules the activity. Others are designed for completion by the learner, independently, at the learner's own pace and at a time of the learner's choice. Continuing nursing education hours may be obtained through mentorship, certification, presentations, and specialty certification.

(5) **Review period** is three full licensing renewal cycles. For purposes of a compliance audit, the review period will be the three years preceding the audit form due date.

(6) **Self-assessment and reflection** means the process of the nurse assessing his or her active nursing practice to determine strengths and opportunities for new learning. The purpose of this process is for the nurse to assess and reflect on:

- (a) Making patient safety a priority;
- (b) Familiarity with current laws and rules related to nursing practice; and
- (c) Existing knowledge and skills (e.g., infection prevention techniques, open communication, and clinical competency). Nurses complete the self-assessment and reflection process when selecting education and training opportunities in his or her nursing careers.

(7) **Technical assistance** means help provided by commission members or staff based on the needs of the nurse to comply with rules and regulations.

[Statutory Authority: RCW 18.79.010 and 18.79.110. 10-24-047, § 246-840-202, filed 11/24/10, effective 1/1/11.]

WAC 246-840-203 Continuing competency requirements—Active status. (1) Continuing competency applies to registered nurses and practical nurses licensed in Washington state who hold an active license. To renew an active license a registered nurse or a practical nurse must complete the following continuing competency requirements every three years:

(a) Document compliance with the continuing competency requirements every three years. Beginning January 1, 2014, and every three years thereafter, each nurse must sign an attestation on a form provided by the department of health declaring completion of the required active nursing practice and continuing nursing education hours. Each nurse will have a full three years to meet the requirements. The review period begins on the first birth date after receiving the initial license. Nursing practice means the performance of acts requiring substantial specialized nursing knowledge, judgment, and skills described under RCW 18.79.040, 18.79.050, and 18.79.060. For purposes of the continuing competency requirements, the commission recognizes "nursing practice" as being performance in either a paid or unpaid position requiring a nursing license.

(i) A minimum of five hundred thirty-one hours must be in active nursing practice, which may include working as a nursing administrator, nursing quality manager, nursing policy officer, public health nurse, parish nurse, home health nurse, nursing educator, nursing consultant, nursing regulator or any practice requiring nursing knowledge and a nursing license.

(ii) A minimum of forty-five hours must be in continuing nursing education.

(ii) Compliance audit is a review of documents to determine fulfillment of requirements. A continuing competency compliance audit requires a nurse to submit documents demonstrating five hundred thirty-one hours of active nursing practice and forty-five hours of continuing nursing education over a three-year review period.

(A) Continuing nursing education is defined as systematic professional learning experiences obtained after initial licensure designed to augment the knowledge, skills, and judgment of nurses and enrich nurses' contributions to quality health care and his or her pursuit of professional career goals.

(B) Continuing nursing education hours should relate to the nurse's area of professional practice or areas identified through reflection and self-assessment for professional growth and development.

(C) Continuing nursing education hours may be obtained through mentorship, certification, presentations, and specialty certification.

(D) Complete continuing nursing education. Each nurse must complete a minimum of forty-five hours of continuing nursing education in the previous three-year review period.

(E) There are various types of continuing nursing education activities. Some involve participant attendance where the pace of the activity is determined by the provider who plans and schedules the activity. Others are designed for completion by the learner, independently, at the learner's own pace and at a time of the learner's choice.

(F) One quarter credit equals ten to thirty hours. One semester credit equals fifteen to forty-five hours, depending on documentation from the educational institution.

(b) The hours may be accumulated in a single year or spread throughout the three-year review period.

(c) Nurses are encouraged to complete the self-assessment and reflection process when selecting education and training opportunities. This assessment and reflection is for the nurses' own professional development and professional competence. The assessment and reflection is not submitted to the commission.

(2) Failure to complete the attestation every three years may be grounds to deny the license or place the license on expired status according to WAC 246-12-010 (11)(b) and chapter 34.05 RCW.

[Statutory Authority: RCW 18.79.010 and 18.79.110. 10-24-047, § 246-840-203, filed 11/24/10, effective 1/1/11.]

WAC 246-840-204 Continuing competency requirements—Reactivation from expired status. (1) Beginning January, 2014, if a license has expired for three years or less, to return to active status a registered nurse or practical nurse must:

- (a) Meet the requirements of WAC 246-12-040.
- (b) Complete an attestation provided by the department indicating the intention to complete a minimum of one hundred seventy-seven hours of active nursing practice and fifteen hours of continuing nursing education within the first year following reactivation.

(2) A nurse renewing an expired license following a review period of less than three years will be audited at the end of the first year following reactivation and must provide

documentation of completion of the one hundred seventy-seven active nursing practice hours and fifteen continuing nursing education hours upon renewal.

(3) If the practice hours and continuing nursing education hours required in subsection (1)(b) of this section are not completed within one year of reactivation a license will not be renewed without completion of a refresher course as outlined in WAC 246-840-130.

(4) If a license has expired for more than three years the registered nurse or practical nurse must comply with the requirements of WAC 246-840-111 (2) or (3).

[Statutory Authority: RCW 18.79.010 and 18.79.110. 10-24-047, § 246-840-204, filed 11/24/10, effective 1/1/11.]

WAC 246-840-205 Continuing competency requirements—Reactivation from inactive status. (1) Beginning January 1, 2014, if a license is inactive for less than three years to return to active status a registered nurse or practical nurse must:

(a) Meet the requirement of chapter 246-976 WAC, Part 4;

(b) Complete an attestation provided by the department indicating the intention to complete a minimum of one hundred seventy-seven practice hours of active nursing practice and fifteen continuing nursing education hours within the first year following reactivation.

(2) A nurse reactivating an inactive license following a period of less than three years will be audited and must provide documentation of completion of the one hundred seventy-seven active nursing practice hours and fifteen continuing nursing education hours upon renewal.

(3) If the practice hours and continuing nursing education hours required in subsection (1)(b) of this section are not completed within one year of reactivation a license will not be renewed without completion of a refresher course as outlined in WAC 246-840-130.

(4) If a license has been inactive for three years or more the registered nurse or practical nurse must comply with the requirements under RCW 18.79.230 and WAC 246-840-120 (3) or (4).

[Statutory Authority: RCW 18.79.010 and 18.79.110. 10-24-047, § 246-840-205, filed 11/24/10, effective 1/1/11.]

WAC 246-840-206 Continuing competency audit process and compliance. (1) The commission shall audit:

(a) All late renewals; and

(b) A percentage up to five percent of registered nurses and practical nurses renewing their license.

(2) The commission will send an audit form to the registered nurse or practical nurse at the address on record with the department.

(3) A registered nurse or practical nurse being audited will have thirty calendar days to complete and submit to the commission the audit form documenting five hundred thirty-one hours of active practice and forty-five hours of continuing nursing education.

(4) To document practice hours a licensed registered nurse or licensed practical nurse may provide:

(a) Verification from employers of hours worked;

(b) Pay stubs showing hours worked or end of year work hours and payment statements;

(c) Verification from an appropriate representative of the institution validating the hours by his or her signature;

(d) A statement including description of the practice setting, whether they were paid or unpaid, a description of duties and responsibilities and the signature of a supervisor. Unpaid practice means providing uncompensated services considered within the scope and domain of the nursing profession. Examples of unpaid practice include: A nurse volunteering time to a church such as a parish nurse or a nurse volunteering nursing services at a community clinic. There is a wide range of opportunities within the nursing profession to participate in unpaid service to the community;

(e) A log book documenting active nursing practice and the signature of a primary health care practitioner verifying the hours;

(f) Verification from an appropriate health care provider documenting the number of hours of home care for a friend or family member.

(5) To document continuing nursing education a registered nurse or a licensed practical nurse may provide:

(a) Certificates of satisfactory course completion and statement describing relevance to professional development plan goals;

(b) A current certificate from a nationally recognized certifying body;

(c) Meeting minutes or meeting attendance rosters documenting participation in professional nursing organizations or employer-sponsored committees;

(d) A final transcript or transcript of classes documenting current progress towards an advanced degree in a field related to nursing practice;

(e) Documentation of completion of a nursing research project as the principal investigator, coinvestigator, or project director. Documentation may include summary of findings, thesis, dissertation, abstract, or granting agency summary;

(f) Publication or submission for publication a health care related article, book chapter, or other scholarly work. Documentation may include a copy of submitted/published article or book chapter and research;

(g) Presentations on a health care or health care system-related topic. Documentation may include a program brochure, agenda, course syllabi or a letter from the offering provider identifying the nurse's participation;

(h) Documentation of independent study or research. Documentation may include a list of activities and time spent on completing these activities.

[Statutory Authority: RCW 18.79.010 and 18.79.110. 10-24-047, § 246-840-206, filed 11/24/10, effective 1/1/11.]

WAC 246-840-207 Failure to meet continuing competency requirements. (1) A licensed registered nurse or practical nurse must comply with the continuing competency requirements in WAC 246-840-203. A nurse may place his or her license on inactive status as outlined in WAC 246-12-090 if the nurse does not meet the continuing competency requirements. See WAC 246-840-205 for additional steps on reactivation from inactive status.

(2) The commission will send an audit form requesting documentation of the required continuing competency requirements to the registered nurse or practical nurse being audited at the address on record with the department.

(3) If the commission does not receive the required documentation within thirty calendar days of the commission's original request for documentation, a second request will be sent by the commission to the nurse at the address of record with the department.

(4) If the commission does not receive the required documentation within thirty calendar days following the second request, a third request will be sent to the address of record with the department.

(5) If the commission does not receive the required documentation thirty calendar days following the third letter, the commission shall place the license on inactive status.

(6) If the nurse's documentation does not match the hours in the attestation, technical assistance will be provided. Technical assistance may include providing information on the web site or at stakeholder meetings, and reviewing materials and offering assistance on the telephone.

(7) If the nurse cannot provide the required documentation, the nurse may place his or her license on inactive status according to WAC 246-12-090.

(8) If the nurse repeatedly fails to demonstrate continuing competency according to these rules, the nurse may be charged with unprofessional conduct under RCW 18.130.180, and appropriate disciplinary action will be taken which may include license suspension. License suspension may only occur after a hearing as provided in chapter 34.05 RCW.

[Statutory Authority: RCW 18.79.010 and 18.79.110. 10-24-047, § 246-840-207, filed 11/24/10, effective 1/1/11.]

WAC 246-840-581 Early remediation program purpose. WAC 246-840-582 and 246-840-583 establish the early remediation program and its eligibility criteria and procedures. The intent of this program is to effectively and efficiently protect patients by resolving allegations of practice deficiencies of a less serious nature through a plan of remedial education, training, and supervision. Such allegations may not include substance abuse or drug diversions. The nursing care quality assurance commission may resolve allegations of practice deficiencies through early remediation during an investigation.

[Statutory Authority: RCW 18.79.110 and 18.130.050. 10-17-107, § 246-840-581, filed 8/17/10, effective 9/17/10.]

WAC 246-840-582 Early remediation program definitions. The definitions in this section apply throughout WAC 246-840-581 and 246-840-583 unless the context clearly requires otherwise.

(1) "Action plan" means a documented agreement between the nurse named in the complaint(s) and the commission listing remedial steps to be taken by the nurse to resolve the identified practice deficiencies. Action plans may require remedial education, on-the-job training, and follow-up monitoring of the nurse's clinical practice by the current employer or other practice monitor.

(2) "Commission" means the Washington state nursing care quality assurance commission.

(3) "Complaint" means a documented report of a possible violation of the Uniform Disciplinary Act which the commission shall assess and may subsequently authorize an investigation.

(4) "Early remediation program" means a process in which a complaint alleging practice deficiencies is resolved through an action plan without initiating disciplinary procedures.

(5) "Practice deficiencies" include, but are not limited to:

(a) Substandard nursing practice;

(b) Failure to properly conduct a patient assessment, document treatment, or administer medications; and

(c) Failure to comply with scope of practice requirements or delegation laws and regulations.

(d) Practice deficiencies do not include drug diversion, patient abuse, fraud, theft, deceit or other willful misconduct, or conduct resulting in more than minor patient harm.

[Statutory Authority: RCW 18.79.110 and 18.130.050. 10-17-107, § 246-840-582, filed 8/17/10, effective 9/17/10.]

WAC 246-840-583 Early remediation program criteria. (1) In any complaint where the commission identifies practice deficiencies, the commission may resolve the matter through the early remediation program.

(2) The commission shall use the following criteria to determine eligibility for early remediation:

(a) The identified practice deficiencies could be corrected by remedial education, on-the-job training and practice monitoring within six months or less, and patient protection does not require significant long-term practice limits;

(b) The nurse is willing and able to participate in the early remediation program;

(c) The nurse's current employer agrees to participate in the action plan;

(d) The nurse has no current charges or disciplinary history of unprofessional conduct and has not previously participated in an action plan; and

(e) The degree of patient harm suffered as a result of the nurse's substandard practice is minor, if any.

(3) The commission shall use the following process to implement the early remediation program:

(a) After a preliminary investigation identifies the practice deficiencies the commission will apply criteria in subsection (2)(a) through (e) of this section to determine eligibility for early remediation;

(b) If all of the criteria are met, and if the commission determines the nurse is eligible for participation in the early remediation program the commission shall propose an action plan to the nurse and employer.

(c) If the nurse complies with the agreed action plan, the commission may consider the nurse's completion of the action plan as grounds to close the matter without further action.

(d) The commission shall evaluate whether the practice deficiencies have been corrected and are unlikely to recur; and

(e) The commission may decide to conduct a full investigation and consider disciplinary action if additional facts become known or circumstances change such that the nurse is no longer eligible based on the criteria in subsection (2)(a) through (e) of this section.

[Statutory Authority: RCW 18.79.110 and 18.130.050. 10-17-107, § 246-840-583, filed 8/17/10, effective 9/17/10.]

WAC 246-840-990 Fees and renewal cycle. (1) Applicants for a practical nurse license must pay the application fee and the nursing center surcharge fee when applying for a license. Licenses for practical nurse must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. Practical nurses must pay the renewal fee and the nursing center surcharge fee when renewing licenses.

(2) Applicants for a registered nurse license must pay the application fee, the RN UW library fee, and the nursing center surcharge fee when applying for a license. Licenses for registered nurse must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. Registered nurses must pay the renewal fee, the RN UW library fee, and the nursing center surcharge fee when renewing licenses.

(3) Licenses for advanced registered nurse must be renewed every two years on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(4) Registrations for nursing technicians must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. The renewal must be accompanied by an attestation as described in RCW 18.79.370. This attestation will include the nursing technician's anticipated graduation date. If the anticipated graduation date is within one year, the registration will expire thirty days after the anticipated graduation date. The expiration date may be extended to sixty days after graduation if the nursing technician can show good cause as defined in WAC 246-840-010(15).

(5) The secretary may require payment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

(6) The following nonrefundable fees shall be charged by the health professions quality assurance division of the department of health. Persons who hold an RN and an LPN license shall be charged separate fees for each license. Persons who are licensed as an advanced registered nurse practitioner in more than one specialty will be charged a fee for each specialty:

RN/LPN fees:

Title of Fee	Fee
RN application (initial or endorsement)	\$67.00
LPN application (initial or endorsement)	87.00
RN license renewal	76.00
LPN license renewal	91.00
Late renewal penalty	50.00
Expired license reissuance	70.00
Inactive renewal	40.00
Expired inactive license reissuance	40.00
Inactive late renewal penalty	30.00
Duplicate license	20.00
Verification of licensure/education (written)	25.00
Nursing center surcharge	5.00

Title of Fee	Fee
RN UW library fee	20.00

Advanced registered nurse fees:

Title of Fee	Fee
ARNP application with or without prescriptive authority (per specialty)	\$92.00
ARNP renewal with or without prescriptive authority (per specialty)	96.00
ARNP late renewal penalty (per specialty)	50.00
ARNP duplicate license (per specialty)	20.00
ARNP written verification of license (per specialty)	25.00

Nurse technologist fees:

Title of Fee	Fee
Application fee registration	\$92.00
Renewal of registration	91.00
Duplicate registration	15.00
Registration late renewal penalty	50.00

[Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. 10-19-071, § 246-840-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. 08-15-014, § 246-840-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.010, 43.70.250, and 2005 c 268. 05-20-107, § 246-840-990, filed 10/5/05, effective 11/5/05. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. 05-12-012, § 246-840-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250 and chapter 18.79 RCW. 04-04-054, § 246-840-990, filed 1/30/04, effective 1/30/04. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-990, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-23-075, § 246-840-990, filed 11/19/97, effective 1/12/98. Statutory Authority: RCW 18.79.200. 95-12-021, § 246-840-990, filed 5/31/95, effective 7/1/95.]

Chapter 246-841 WAC NURSING ASSISTANTS

WAC

246-841-990 Nursing assistant—Fees and renewal cycle.

WAC 246-841-990 Nursing assistant—Fees and renewal cycle. (1) Certificates and registrations must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. The secretary may require payment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

(2) The following nonrefundable fees will be charged for registrations:

Title of Fee	Fee
Application - registration	\$48.00
Renewal of registration	53.00
Duplicate registration	10.00
Registration late penalty	53.00
Expired registration reissuance	52.00

(3) The following nonrefundable fees will be charged for certifications:

Title of Fee	Fee
Application for certification	48.00
Certification renewal	53.00
Duplicate certification	10.00
Certification late penalty	53.00
Expired certification reissuance	52.00

[Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. 10-19-071, § 246-841-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. 08-15-014, § 246-841-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. 05-12-012, § 246-841-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 18.88A.050(1). 99-24-062, § 246-841-990, filed 11/29/99, effective 12/30/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-841-990, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.88A RCW. 96-03-051, § 246-841-990, filed 1/12/96, effective 3/1/96. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-173-130, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 88-20-075 (Order 783), § 308-173-130, filed 10/5/88.]

Chapter 246-851 WAC OPTOMETRISTS

WAC

246-851-110	Courses presumed to qualify for credit.
246-851-495	How to obtain a temporary practice permit while the national background check is completed.
246-851-570	Certification required for use or prescription of drugs administered orally for diagnostic or therapeutic purposes.
246-851-600	Certification required for administration of epinephrine by injection for treatment of anaphylactic shock.
246-851-990	Optometry fees and renewal cycle.

WAC 246-851-110 Courses presumed to qualify for credit. Courses offered by the following organizations are presumed to qualify as continuing education courses without specific prior approval of the board. However, the board reserves the right to not accept credits if the board determines that a course did not provide appropriate information or training.

- (1) The American Optometric Association.
- (2) Any college or school of optometry whose scholastic standards are deemed sufficient by the board under RCW 18.53.060(2).
- (3) The Optometric Physicians of Washington.
- (4) Any state optometric association which is recognized by the licensing authority of its state as a qualified professional association or educational organization.
- (5) The state optometry board.
- (6) The optometry licensing authority of any other state.
- (7) The American Academy of Optometry.
- (8) The Optometric Extension Program.
- (9) The College of Optometrists in Vision Development.
- (10) The National Eye Research Foundation.
- (11) Regional congresses of any of the organizations listed in subsections (1) through (10) of this section.
- (12) The Council on Post-Graduate Education of the American Optometric Association.
- (13) The Council on Optometric Practitioner Education (C.O.P.E.).

[Statutory Authority: RCW 18.54.070. 10-04-067, § 246-851-110, filed 1/29/10, effective 3/1/10. Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-110, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 94-04-041, § 246-851-110, filed 1/27/94, effective 2/27/94; 93-18-092 (Order 393B), § 246-851-110, filed 9/1/93, effective 10/2/93; 91-06-025 (Order 119B), recodified as § 246-851-110, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-120, filed 4/27/89. Statutory Authority: RCW 18.54.070. 88-07-047 (Order PM 710), § 308-53-120, filed 3/11/88. Statutory Authority: RCW 18.54.070(5). 84-09-082 (Order PL 465), § 308-53-120, filed 4/18/84; Order PL 239, § 308-53-120, filed 3/3/76.]

WAC 246-851-495 How to obtain a temporary practice permit while the national background check is completed. Fingerprint-based national background checks may cause a delay in licensing. Individuals who satisfy all other licensing requirements and qualifications may receive a temporary practice permit while the national background check is completed.

(1) A temporary practice permit may be issued to an applicant who:

- (a) Holds an unrestricted, active license to practice optometry in another state that has substantially equivalent licensing standards to those in Washington state;
- (b) Is not subject to denial of a license or issuance of a conditional or restricted license; and
- (c) Does not have a criminal record in Washington state.

(2) A temporary practice permit grants the individual the full scope of the practice of optometry.

(3) A temporary practice permit will not be renewed, reissued, or extended. A temporary practice permit expires when any one of the following occurs:

- (a) The license is granted;
 - (b) A notice of decision on application is mailed to the applicant, unless the notice of decision on the application specifically extends the duration of the temporary practice permit; or
 - (c) One hundred eighty days after the temporary practice permit is issued.
- (4) To receive a temporary practice permit, the applicant must:

- (a) Submit the necessary application, fee(s), and documentation for the optometry license.
- (b) Meet all requirements and qualifications for the license, except the results from a fingerprint-based national background check, if required.
- (c) Provide verification of having an active unrestricted license to practice optometry from another state that has substantially equivalent licensing standards to Washington state.
- (d) Submit the fingerprint card and a written request for a temporary practice permit when the department notifies the applicant the national background check is required.

[Statutory Authority: RCW 18.54.070, 18.130.064, and 18.130.075. 10-06-055, § 246-851-495, filed 2/24/10, effective 3/27/10.]

WAC 246-851-570 Certification required for use or prescription of drugs administered orally for diagnostic or therapeutic purposes. (1) To qualify for certification to use or prescribe drugs administered orally for diagnostic or therapeutic purposes, a licensed optometrist must provide documentation that he or she:

- (a) Is certified to use or prescribe topical drugs for diagnostic and therapeutic purposes under WAC 246-851-400

and has successfully completed a minimum of sixteen hours of didactic and eight hours of supervised clinical instruction from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Postsecondary Accreditation; or

(b) Holds a current active optometry license in another state that has licensing standards substantially equivalent to those in Washington state. The licensee's level of licensure must also be substantially equivalent to the licensing standards in Washington state.

(2) The didactic instruction must include a minimum of sixteen hours in the following subject area:

- (a) Basic principles of systemic drug therapy;
- (b) Side effects, adverse reactions and drug interactions in systemic therapy;
- (c) Review of oral pharmaceuticals:
 - (i) Prescription writing;
 - (ii) Legal regulations in oral prescription writing;
 - (iii) Systemic antibacterials in primary eye care;
 - (iv) Systemic antivirals in eye care;
 - (v) Systemic antifungal in eye care;
 - (vi) Systemic antihistamines and decongestants and their uses in eye care;
 - (vii) Oral dry eye agents;
 - (viii) Anti-emetics and their use in eye care;
 - (ix) Systemic diuretics and their management of elevated IOP;
 - (x) Systemic epinephrine;
- (d) Review of systemic medication in ocular pain management:
 - (i) Legal regulations with scheduled medication;
 - (ii) Systemic nonsteroidal anti-inflammatory drugs (NSAIDs);
 - (iii) Systemic noncontrolled analgesics;
 - (iv) Systemic controlled substances;
- (e) Review of oral medications used for sedation and anti-anxiety properties in eye care:
 - (i) Controlled anti-anxiety/sedative substances;
 - (ii) Legal ramifications of prescribing anti-anxiety drugs;
- (f) Review of systemic medications used during pregnancy and in pediatric eye care:
 - (i) Legal ramifications in prescribing to this population;
 - (ii) Dosage equivalent with pregnancy and pediatrics;
 - (iii) Medications to avoid with pregnancy and pediatrics;
 - (g) Applied systemic pharmacology:
 - (i) Eyelid and adnexal tissue;
 - (ii) Lacrimal system and peri-orbital sinuses;
 - (iii) Conjunctival and corneal disorders;
 - (iv) Iris and anterior chamber disorders;
 - (v) Posterior segment disorders;
 - (vi) Optic nerve disease;
 - (vii) Peripheral vascular disease and its relationship with ocular disease;
 - (viii) Atherosclerotic disease;
 - (ix) Other/course review.
- (3) The supervised clinical instruction must include at least eight hours in the following subject areas:
 - (a) Vital signs;
 - (b) Auscultation;
 - (c) Ear, nose and throat;

(d) Screening neurological exam.

(4) Written examination to cover required curriculum.

[Statutory Authority: RCW 18.54.070(2) and 18.53.010. 10-21-067, § 246-851-570, filed 10/15/10, effective 11/15/10. Statutory Authority: 2003 c 142 and RCW 18.54.072(2). 04-05-004, § 246-851-570, filed 2/5/04, effective 3/7/04.]

WAC 246-851-600 Certification required for administration of epinephrine by injection for treatment of anaphylactic shock. (1) To qualify for certification to administer epinephrine by injection for anaphylactic shock, licensed optometrists must provide documentation that he or she:

(a) Is certified to use or prescribe topical drugs for diagnostic and therapeutic purposes under WAC 246-851-400 and has successfully completed a minimum of four hours of didactic and supervised clinical instruction from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Postsecondary Accreditation to qualify for certification by the optometry board to administer epinephrine by injection; or

(b) Holds a current active license in another state that has licensing standards substantially equivalent to those in Washington state. The licensee's level of licensure must also be substantially equivalent to the licensing standards in Washington state.

(2) The didactic instruction must include the following subject area:

- (a) Review of urgencies, emergencies and emergency-use agents;
- (b) Ocular urgencies:
 - (i) Thermal burns-direct and photosensitivity-based ultraviolet burn;
 - (ii) Electrical injury;
 - (iii) Cryo-injury and frostbite;
 - (iv) Insect stings and bites;
 - (v) Punctures, perforations, and lacerations;
- (c) General urgencies and emergencies:
 - (i) Anaphylaxis;
 - (ii) Hypoglycemic crisis;
 - (iii) Narcotic overdose.

(3) The supervised clinical instruction must include the following subject areas:

- (a) Instrumentation;
- (b) Informed consent;
- (c) Preparation (patient and equipment);
- (d) All routes of injections.

(4) With the exception of the administration of epinephrine by injection for treatment of anaphylactic shock, no injections or infusions may be administered by an optometrist.

[Statutory Authority: RCW 18.54.070(2) and 18.53.010. 10-21-067, § 246-851-600, filed 10/15/10, effective 11/15/10. Statutory Authority: 2003 c 142 and RCW 18.54.072(2). 04-05-004, § 246-851-600, filed 2/5/04, effective 3/7/04.]

WAC 246-851-990 Optometry fees and renewal cycle. (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. The secretary may require payment of renewal fees less than those established in this section if the current level of fees is

likely to result in a surplus of funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Application	\$175.00
Out-of-state seminar	100.00
License renewal	199.00
Late renewal penalty	100.00
Expired license reissuance	75.00
Inactive license renewal	75.00
Duplicate license	15.00
Certification of license	25.00
UW library fee	25.00

[Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. 10-19-071, § 246-851-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. 08-15-014, § 246-851-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.250. 06-24-048, § 246-851-990, filed 12/1/06, effective 1/1/07. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. 05-12-012, § 246-851-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250. 99-08-101, § 246-851-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-851-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 96-20-088, § 246-851-990, filed 10/1/96, effective 11/1/96; 95-14-111, § 246-851-990, filed 6/30/95, effective 7/31/95; 92-23-006 (Order 311), § 246-851-990, filed 11/5/92, effective 12/6/92; 92-06-029 (Order 246), § 246-851-990, filed 2/26/92, effective 3/28/92. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-851-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-06-028 (Order 137), recodified as § 246-851-990, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-53-020, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-53-020, filed 8/10/83. Formerly WAC 308-53-310.]

Chapter 246-853 WAC

OSTEOPATHIC PHYSICIANS AND SURGEONS

WAC

246-853-135	Temporary practice permit.
246-853-650	Safe and effective analgesia and anesthesia administration in office-based settings.

WAC 246-853-135 Temporary practice permit. A temporary permit to practice osteopathic medicine and surgery may be issued to an individual licensed in another state that has substantially equivalent licensing standards to those in Washington.

(1) The temporary permit may be issued upon receipt of:

(a) Documentation from the reciprocal state that the licensing standards used for issuing the license are substantially equivalent to the current Washington licensing standards;

(b) A completed application form on which the applicant indicates he or she wishes to receive a temporary permit and application and temporary permit fees;

(c) Verification of all state licenses, whether active or inactive, indicating that the applicant is not subject to charges

or disciplinary action for unprofessional conduct or impairment;

(d) Verification from the federation of state medical board's disciplinary action data bank that the applicant has not been disciplined by a state board or federal agency.

(2) A temporary practice permit grants the individual the full scope to practice osteopathic medicine and surgery.

(3) The temporary permit shall expire upon issuance of a license by the board or one hundred eighty days after issuance of the temporary permit, whichever occurs first. The applicant must not be subject to denial of a license or issuance of a conditional license under this chapter.

(4) A temporary permit shall be issued only once to each applicant. An applicant who does not complete the application process shall not receive a subsequent temporary permit.

[Statutory Authority: RCW 18.57.005 and 18.130.075. 10-03-071, § 246-853-135, filed 1/15/10, effective 2/15/10. Statutory Authority: RCW 18.57.005 and chapter 18.57 RCW. 92-20-001 (Order 303B), § 246-853-135, filed 9/23/92, effective 10/24/92.]

WAC 246-853-650 Safe and effective analgesia and anesthesia administration in office-based settings.

(1) Purpose. The purpose of this rule is to promote and establish consistent standards, continuing competency, and to promote patient safety. The board of osteopathic medicine and surgery establishes the following rule for physicians licensed under chapter 18.57 RCW who perform surgical procedures and use anesthesia, analgesia or sedation in office-based settings.

(2) Definitions. The following terms used in this subsection apply throughout this rule unless the text clearly indicates otherwise:

(a) "Board" means the board of osteopathic medicine and surgery.

(b) "Deep sedation" or "analgesia" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is maintained.

(c) "General anesthesia" means a state of unconsciousness intentionally produced by anesthetic agents, with absence of pain sensation over the entire body, in which the patient is without protective reflexes and is unable to maintain an airway. Sedation that unintentionally progresses to the point at which the patient is without protective reflexes and is unable to maintain an airway is not considered general anesthesia.

(d) "Local infiltration" means the process of infusing a local anesthetic agent into the skin and other tissues to allow painless wound irrigation, exploration and repair, and other procedures, including procedures such as retrobulbar or periorbital ocular blocks only when performed by a board eligible or board certified ophthalmologist. It does not include procedures in which local anesthesia is injected into areas of the body other than skin or muscle where significant cardiovascular or respiratory complications may result.

(e) "Major conduction anesthesia" means the administration of a drug or combination of drugs to interrupt nerve impulses without loss of consciousness, such as epidural,

caudal, or spinal anesthesia, lumbar or brachial plexus blocks, and intravenous regional anesthesia. Major conduction anesthesia does not include isolated blockade of small peripheral nerves, such as digital nerves.

(f) "Minimal sedation" or "analgesia" means a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected. Minimal sedation is limited to oral or intramuscular medications, or both.

(g) "Moderate sedation" or "analgesia" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is maintained.

(h) "Office-based surgery" means any surgery or invasive medical procedure requiring analgesia or sedation, including, but not limited to, local infiltration for tumescent liposuction performed in a location other than a hospital, or hospital-associated surgical center licensed under chapter 70.41 RCW, or an ambulatory surgical facility licensed under chapter 70.230 RCW.

(i) "Physician" means an osteopathic physician licensed under chapter 18.57 RCW.

(3) Exemptions. This rule does not apply to physicians when:

(a) Performing surgery and medical procedures that require only minimal sedation (anxiolysis), or infiltration of local anesthetic around peripheral nerves. Infiltration around peripheral nerves does not include infiltration of local anesthetic agents in an amount that exceeds the manufacturer's published recommendations.

(b) Performing surgery in a hospital or hospital-associated surgical center licensed under chapter 70.41 RCW, or an ambulatory surgical facility licensed under chapter 70.230 RCW.

(c) Performing surgery using general anesthesia. Facilities in which physicians perform procedures in which general anesthesia is a planned event are regulated by rules related to hospitals or hospital-associated surgical centers licensed under chapter 70.41 RCW, or ambulatory surgical facilities licensed under chapter 70.230 RCW.

(d) Performing oral and maxillofacial surgery, and the physician:

(i) Is licensed both as a physician under chapter 18.57 RCW and as a dentist under chapter 18.32 RCW;

(ii) Complies with dental quality assurance commission regulations;

(iii) Holds a valid:

(A) Moderate sedation permit; or

(B) Moderate sedation with parenteral agents permit; or

(C) General anesthesia and deep sedation permit; and

(iv) Practices within the scope of his or her specialty.

(4) Application of rule. This rule applies to physicians practicing independently or in a group setting who perform office-based surgery employing one or more of the following levels of sedation or anesthesia:

(a) Moderate sedation or analgesia; or

(b) Deep sedation or analgesia; or

(c) Major conduction anesthesia.

(5) Accreditation or certification. Within three hundred sixty-five calendar days of the effective date of this rule, a physician who performs a procedure under this rule must ensure that the procedure is performed in a facility that is appropriately equipped and maintained to ensure patient safety through accreditation or certification and in good standing from one of the following:

(a) The Joint Commission (JC);

(b) The Accreditation Association for Ambulatory Health Care (AAAHC);

(c) The American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF);

(d) The Centers for Medicare and Medicaid Services (CMS); or

(e) Planned Parenthood Federation of America or the National Abortion Federation, for facilities limited to office-based surgery for abortion or abortion-related services.

(6) Competency. When an anesthesiologist or certified registered nurse anesthetist is not present, the physician performing office-based surgery and using a form of sedation defined in subsection (4) of this section must be competent and qualified both to perform the operative procedure and to oversee the administration of intravenous sedation and analgesia.

(7) Qualifications for administration of sedation and analgesia may include:

(a) Completion of a continuing medical education course in conscious sedation; or

(b) Relevant training in a residency training program; or

(c) Having privileges for conscious sedation granted by a hospital medical staff.

(8) Resuscitative preparedness. At least one licensed health care practitioner currently certified in advanced resuscitative techniques appropriate for the patient age group (e.g., advanced cardiac life support (ACLS), pediatric advanced life support (PALS) or advanced pediatric life support (APLS)) must be present or immediately available with age-size appropriate resuscitative equipment throughout the procedure and until the patient has met the criteria for discharge from the facility.

(9) Sedation, assessment and management.

(a) Sedation is a continuum. Depending on the patient's response to drugs, the drugs administered, and the dose and timing of drug administration, it is possible that a deeper level of sedation will be produced than initially intended.

(b) If an anesthesiologist or certified registered nurse anesthetist is not present, a physician intending to produce a given level of sedation should be able to "rescue" patients who enter a deeper level of sedation than intended.

(c) If a patient enters into a deeper level of sedation than planned, the physician must return the patient to the lighter level of sedation as quickly as possible, while closely monitoring the patient to ensure the airway is patent, the patient is breathing, and that oxygenation, the heart rate, and blood pressure are within acceptable values. A physician who returns a patient to a lighter level of sedation in accordance with this subsection (c) does not violate subsection (10) of this section.

(10) Separation of surgical and monitoring functions.

(a) The physician performing the surgical procedure must not administer the intravenous sedation, or monitor the patient.

(b) The licensed health care practitioner, designated by the physician to administer intravenous medications and monitor the patient who is under moderate sedation, may assist the operating physician with minor, interruptible tasks of short duration once the patient's level of sedation and vital signs have been stabilized, provided that adequate monitoring of the patient's condition is maintained. The licensed health care practitioner who administers intravenous medications and monitors a patient under deep sedation or analgesia must not perform or assist in the surgical procedure.

(11) Emergency care and transfer protocols. A physician performing office-based surgery must ensure that in the event of a complication or emergency:

(a) All office personnel are familiar with a written and documented plan to timely and safely transfer patients to an appropriate hospital.

(b) The plan must include arrangements for emergency medical services and appropriate escort of the patient to the hospital.

(12) Medical record. The physician performing office-based surgery must maintain a legible, complete, comprehensive and accurate medical record for each patient.

(a) The medical record must include:

- (i) Identity of the patient;
- (ii) History and physical, diagnosis and plan;
- (iii) Appropriate lab, X ray or other diagnostic reports;
- (iv) Appropriate preanesthesia evaluation;
- (v) Narrative description of procedure;
- (vi) Pathology reports, if relevant;
- (vii) Documentation of which, if any, tissues and other specimens have been submitted for histopathologic diagnosis;

(viii) Provision for continuity of postoperative care; and

(ix) Documentation of the outcome and the follow-up plan.

(b) When moderate or deep sedation or major conduction anesthesia is used, the patient medical record must include a separate anesthesia record that documents:

- (i) Type of sedation or anesthesia used;
- (ii) Drugs (name and dose) and time of administration;
- (iii) Documentation at regular intervals of information obtained from intraoperative and postoperative monitoring;
- (iv) Fluids administered during the procedure;
- (v) Patient weight;
- (vi) Level of consciousness;
- (vii) Estimated blood loss;
- (viii) Duration of procedure; and
- (ix) Any complication or unusual events related to the procedure or sedation/anesthesia.

[Statutory Authority: RCW 18.57.005 and 18.130.050, 11-01-117, § 246-853-650, filed 12/17/10, effective 1/17/11.]

Chapter 246-863 WAC PHARMACISTS—LICENSING

WAC

246-863-035 Temporary permits.

WAC 246-863-035 Temporary permits. (1) A temporary practice permit to practice pharmacy may be issued to an applicant who meets all of the requirements and qualifications for the license, except the results of the fingerprint-based national background check, if required.

(2) A temporary practice permit to practice pharmacy may be issued to an applicant who:

(a) Holds an unrestricted, active license by examination in another state which participates in the license transfer or reciprocity process;

(b) Has completed a Washington application for pharmacist license by transfer or reciprocity;

(c) Has submitted pharmacist license application fees;

(d) Has passed the Washington state jurisprudence exam;

(e) Is not subject to denial of a license or issuance of a conditional or restricted license; and

(f) Does not have a criminal record in Washington state.

(3) A temporary practice permit grants the individual the full scope of practice of pharmacy, except the ability to qualify as a responsible pharmacist manager.

(4) A temporary practice permit expires when any one of the following occurs:

(a) The license is granted;

(b) A notice of decision on the application is mailed to the applicant, unless the notice of decision specifically extends the duration of the temporary practice permit; or

(c) One hundred eighty days after the temporary practice permit is issued.

(5) To receive a temporary practice permit, the applicant must submit the fingerprint card, a written request for a temporary practice permit, and applicable fees.

[Statutory Authority: RCW 18.130.075, 18.130.064, 18.64.005 and 18.64.080, 10-23-080, § 246-863-035, filed 11/15/10, effective 12/16/10. Statutory Authority: RCW 18.64.005, 92-23-058 (Order 317B), § 246-863-035, filed 11/17/92, effective 12/18/92.]

Chapter 246-883 WAC

PHARMACEUTICAL—SALES REQUIRING PRESCRIPTIONS

WAC

246-883-020 Identification of legend drugs for purposes of chapter 69.41 RCW.

WAC 246-883-020 Identification of legend drugs for purposes of chapter 69.41 RCW. (1) In accordance with chapter 69.41 RCW, the board of pharmacy finds that those drugs which have been determined by the Food and Drug Administration, under the Federal Food, Drug and Cosmetic Act, to require a prescription under federal law should also be classified as legend drugs under state law because of their toxicity or potential for harmful effect, the methods of their use and the collateral safeguards necessary to their use, indicate that they are only safe for use under the supervision of a practitioner.

(2) For the purposes of chapter 69.41 RCW, legend drugs are drugs which have been designated as legend drugs under federal law and are listed as such in the 2009 edition of the *Drug Topics Red Book*. Copies of the list of legend drugs as contained in the *Drug Topics Red Book* are available for public inspection at the headquarters office of the State Board

of Pharmacy, 310 Israel Road S.E., P.O. BOX 47863, Olympia, Washington 98504-7863. To obtain copies of this list from the department, interested persons must submit a written request, indicating which format they wish to receive, and payment of the actual cost of the text or CD, including shipping and handling charges from the publisher. Requestors may also contact the publisher directly to obtain copies. The department takes no responsibility for periodic updates or on-line access. Arrangements for periodic updates or on-line access must be made directly with the publisher.

(3) There may be changes in the marketing status of drugs after the publication of the above reference. Upon application of a manufacturer or distributor, the board may grant authority for the over the counter distribution of certain drugs which had been designated as legend drugs in this reference. These determinations will be made after public hearing and will be published as an amendment to this chapter.

[Statutory Authority: RCW 18.64.005 and 69.41.075. 10-02-081, § 246-883-020, filed 1/5/10, effective 2/5/10. Statutory Authority: RCW 69.41.075 and 18.64.005(7). 02-14-049, § 246-883-020, filed 6/27/02, effective 7/28/02. Statutory Authority: RCW 69.41.075, 18.64.005. 00-06-078, § 246-883-020, filed 3/1/00, effective 4/1/00. Statutory Authority: RCW 69.41.075. 96-21-041, § 246-883-020, filed 10/11/96, effective 11/11/96. Statutory Authority: RCW 18.64.005. 92-09-070 (Order 264B), § 246-883-020, filed 4/14/92, effective 5/15/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-883-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-32-050, filed 9/4/85. Statutory Authority: RCW 18.64.005 and 69.41.075. 83-20-053 (Order 176), § 360-32-050, filed 9/29/83. Statutory Authority: RCW 69.41.075. 81-10-025 (Order 160), § 360-32-050, filed 4/28/81. Statutory Authority: 1979 1st ex. s. c 139. 79-09-138 (Order 149, Resolution No. 9/79), § 360-32-050, filed 9/5/79.]

Chapter 246-887 WAC

PHARMACY—REGULATIONS IMPLEMENTING THE UNIFORM CONTROLLED SUBSTANCES ACT

WAC

246-887-170 Schedule IV.

WAC 246-887-170 Schedule IV. The board finds that the following substances have a low potential for abuse relative to substances in Schedule III and have currently accepted medical use in treatment in the United States and that the abuse of the substances may lead to limited physical dependence or psychological dependence relative to the substances in Schedule III. The board, therefore, places each of the following substances in Schedule IV.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule IV.

(b) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below:

(1) Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

(2) Dextropropoxyphene (alpha-(+)-e-dimethylamino-1,2-diphenyl-3-methyl-2 propionoxybutane).

(c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture,

or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Alprazolam;
- (2) Barbital;
- (3) Bromazepam;
- (4) Camazepam;
- (5) Carisoprodol;
- (6) Chloral betaine;
- (7) Chloral hydrate;
- (8) Chlordiazepoxide;
- (9) Clobazam;
- (10) Clonazepam;
- (11) Clorazepate;
- (12) Clotiazepam;
- (13) Cloxazolam;
- (14) Delorazepam;
- (15) Diazepam;
- (16) Estazolam;
- (17) Ethchlorvynol;
- (18) Ethinamate;
- (19) Ethyl loflazepate;
- (20) Fludiazepam;
- (21) Flunitrazepam;
- (22) Flurazepam;
- (23) Halazepam;
- (24) Haloxazolam;
- (25) Ketazolam;
- (26) Loprazolam;
- (27) Lorazepam;
- (28) Lormetazepam;
- (29) Mebutamate;
- (30) Medazepam;
- (31) Meprobamate;
- (32) Methohexital;
- (33) Methylphenobarbital (mephobarbital);
- (34) Midazolam;
- (35) Nimetazepam;
- (36) Nitrazepam;
- (37) Nordiazepam;
- (38) Oxazepam;
- (39) Oxazolam;
- (40) Paraldehyde;
- (41) Petrichloral;
- (42) Phenobarbital;
- (43) Pinazepam;
- (44) Prazepam;
- (45) Quazepam;
- (46) Temazepam;
- (47) Tetrazepam;
- (48) Triazolam;
- (49) Zolpidem.

(d) Fenfluramine. Any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers (whether optical, position or geometric), and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible.

(e) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following

substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Cathine ((+) - norpseudoephedrine);
 - (2) Diethylpropion;
 - (3) Fencamfamin;
 - (4) Fenproporex;
 - (5) Mazindol;
 - (6) Mefenorex;
 - (7) Pemoline (including organometallic complexes and chelates thereof);
 - (8) Phentermine;
 - (9) Pipradrol;
 - (10) SPA ((-)-1-dimethylamino-1, 2-dephenylethane.
- (f) Other substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts:

- (1) Pentazocine;
- (2) Butorphanol.

[Statutory Authority: RCW 69.50.201 and 18.64.005. 10-02-080, § 246-887-170, filed 1/5/10, effective 2/5/10. 98-02-084 § 246-887-170, filed 1/7/98, effective 1/7/98. Statutory Authority: RCW 18.64.005. 94-08-098, § 246-887-170, filed 4/6/94, effective 5/7/94; 92-04-029 (Order 239B), § 246-887-170, filed 1/28/92, effective 2/29/92. Statutory Authority: RCW 18.64.-005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-170, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-440, filed 8/8/89, effective 9/8/89. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.-207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-440, filed 11/7/84.]

Chapter 246-918 WAC

PHYSICIAN ASSISTANTS—MEDICAL QUALITY ASSURANCE COMMISSION

WAC

246-918-075 Background check—Temporary practice permit.
246-918-126 Nonsurgical medical cosmetic procedures.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-918-010 Delegation of authority to initiate investigations. [Statutory Authority: RCW 18.71.017, 18.71A.020, 18.130.-050(12), 18.130.080. 07-03-150, § 246-918-010, filed 1/23/07, effective 2/23/07.] Repealed by 10-20-138, filed 10/5/10, effective 11/5/10. Statutory Authority: RCW 18.130.050(1), 18.71.017.

WAC 246-918-075 Background check—Temporary practice permit. The medical quality assurance commission (MQAC) conducts background checks on applicants to assure safe patient care. Completion of a national criminal background check may require additional time. The MQAC may issue a temporary practice permit when the applicant has met all other licensure requirements, except the national criminal background check requirement. The applicant must not be subject to denial of a license or issuance of a conditional license under this chapter.

(1) If there are no violations identified in the Washington criminal background check and the applicant meets all other licensure conditions, including receipt by the department of

health of a completed Federal Bureau of Investigation (FBI) fingerprint card, the MQAC may issue a temporary practice permit allowing time to complete the national criminal background check requirements.

The MQAC will issue a temporary practice permit that is valid for six months. A one time extension of six months will be granted if the national background check report has not been received by the MQAC.

(2) The temporary practice permit allows the applicant to work in the state of Washington as a physician assistant during the time period specified on the permit. The temporary practice permit is a license to practice medicine as a physician assistant.

(3) The MQAC issues a license after it receives the national background check report if the report is negative and the applicant otherwise meets the requirements for a license.

(4) The temporary practice permit is no longer valid after the license is issued or action is taken on the application because of the background check.

[Statutory Authority: RCW 18.130.064 and 18.130.075. 10-05-029, § 246-918-075, filed 2/9/10, effective 2/11/10.]

WAC 246-918-126 Nonsurgical medical cosmetic

procedures. (1) The purpose of this rule is to establish the duties and responsibilities of a physician assistant who injects medication or substances for cosmetic purposes or uses prescription devices for cosmetic purposes. These procedures can result in complications such as visual impairment, blindness, inflammation, burns, scarring, disfiguration, hypopigmentation and hyperpigmentation. The performance of these procedures is the practice of medicine under RCW 18.71.011.

(2) This section does not apply to:

- (a) Surgery;
- (b) The use of prescription lasers, noncoherent light, intense pulsed light, radiofrequency, or plasma as applied to the skin; this is covered in WAC 246-919-605 and 246-918-125;

(c) The practice of a profession by a licensed health care professional under methods or means within the scope of practice permitted by such license;

(d) The use of nonprescription devices; and

(e) Intravenous therapy.

(3) Definitions. These definitions apply throughout this section unless the context clearly requires otherwise.

(a) "Nonsurgical medical cosmetic procedure" means a procedure or treatment that involves the injection of a medication or substance for cosmetic purposes, or the use of a prescription device for cosmetic purposes. Laser, light, radiofrequency and plasma devices that are used to topically penetrate the skin are devices used for cosmetic purposes, but are excluded under subsection (2)(b) of this section, and are covered by WAC 246-919-605 and 246-918-125.

(b) "Physician" means an individual licensed under chapter 18.71 RCW.

(c) "Physician assistant" means an individual licensed under chapter 18.71A RCW.

(d) "Prescription device" means a device that the federal Food and Drug Administration has designated as a prescription device, and can be sold only to persons with prescriptive authority in the state in which they reside.

PHYSICIAN ASSISTANT RESPONSIBILITIES

(4) A physician assistant may perform a nonsurgical medical cosmetic procedure only after the commission approves a practice plan permitting the physician assistant to perform such procedures. A physician assistant must ensure that the supervising or sponsoring physician is in full compliance with WAC 246-919-606.

(5) A physician assistant may not perform a nonsurgical cosmetic procedure unless his or her supervising or sponsoring physician is fully and appropriately trained to perform that same procedure.

(6) Prior to performing a nonsurgical medical cosmetic procedure, a physician assistant must have appropriate training in, at a minimum:

- (a) Techniques for each procedure;
- (b) Cutaneous medicine;
- (c) Indications and contraindications for each procedure;
- (d) Preprocedural and postprocedural care;
- (e) Recognition and acute management of potential complications that may result from the procedure; and
- (f) Infectious disease control involved with each treatment.

(7) The physician assistant must keep a record of his or her training in the office and available for review upon request by a patient or a representative of the commission.

(8) Prior to performing a nonsurgical medical cosmetic procedure, either the physician assistant or the delegating physician must:

- (a) Take a history;
- (b) Perform an appropriate physical examination;
- (c) Make an appropriate diagnosis;
- (d) Recommend appropriate treatment;
- (e) Obtain the patient's informed consent including disclosing the credentials of the person who will perform the procedure;
- (f) Provide instructions for emergency and follow-up care; and
- (g) Prepare an appropriate medical record.

(9) The physician assistant must ensure that there is a written office protocol for performing the nonsurgical medical cosmetic procedure. A written office protocol must include, at a minimum, the following:

- (a) A statement of the activities, decision criteria, and plan the physician assistant must follow when performing procedures under this rule;
- (b) Selection criteria to screen patients for the appropriateness of treatment;
- (c) A description of appropriate care and follow-up for common complications, serious injury, or emergencies; and
- (d) A statement of the activities, decision criteria, and plan the physician assistant must follow if performing a procedure delegated by a physician pursuant to WAC 246-919-606, including the method for documenting decisions made and a plan for communication or feedback to the authorizing physician concerning specific decisions made.

(10) A physician assistant may not delegate the performance of a nonsurgical medical cosmetic procedure to another individual.

(11) A physician assistant may perform a nonsurgical medical cosmetic procedure that uses a medication or sub-

stance that the federal Food and Drug Administration has not approved, or that the federal Food and Drug Administration has not approved for the particular purpose for which it is used, so long as the physician assistant's sponsoring or supervising physician is on-site during the entire procedure.

(12) A physician assistant may perform a nonsurgical medical cosmetic procedure at a remote site. A physician assistant must comply with the established regulations governing physician assistants working in remote sites, including obtaining commission approval to work in a remote site under WAC 246-918-120.

(13) A physician assistant must ensure that each treatment is documented in the patient's medical record.

(14) A physician assistant may not sell or give a prescription device to an individual who does not possess prescriptive authority in the state in which the individual resides or practices.

(15) A physician assistant must ensure that all equipment used for procedures covered by this section is inspected, calibrated, and certified as safe according to the manufacturer's specifications.

(16) A physician assistant must participate in a quality assurance program required of the supervising or sponsoring physician under WAC 246-919-606.

[Statutory Authority: RCW 18.71.017, 18.71A.020 and 18.130.050(4). 10-11-001, § 246-918-126, filed 5/5/10, effective 6/5/10.]

Chapter 246-919 WAC

MEDICAL QUALITY ASSURANCE COMMISSION

WAC

246-919-396	Background check—Temporary practice permit.
246-919-601	Safe and effective analgesia and anesthesia administration in office-based surgical settings.
246-919-606	Nonsurgical medical cosmetic procedures.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-919-615	Delegation of authority to initiate investigations. [Statutory Authority: RCW 18.71.017, 18.71A.020, 18.130.050(12), 18.130.080, 07-03-150, § 246-919-615, filed 1/23/07, effective 2/23/07.] Repealed by 10-20-138, filed 10/5/10, effective 11/5/10. Statutory Authority: RCW 18.130.050(1), 18.71.017.
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WAC 246-919-396 Background check—Temporary practice permit. The medical quality assurance commission (MQAC) conducts background checks on applicants to assure safe patient care. Completion of a national criminal background check may require additional time. The MQAC may issue a temporary practice permit when the applicant has met all other licensure requirements, except the national criminal background check requirement. The applicant must not be subject to denial of a license or issuance of a conditional license under this chapter.

(1) If there are no violations identified in the Washington criminal background check and the applicant meets all other licensure conditions, including receipt by the department of health of a completed Federal Bureau of Investigation (FBI) fingerprint card, the MQAC may issue a temporary practice permit allowing time to complete the national criminal background check requirements.

The MQAC will issue a temporary practice permit that is valid for six months. A one time extension of six months will be granted if the national background check report has not been received by the MQAC.

(2) The temporary practice permit allows the applicant to work in the state of Washington as a physician during the time period specified on the permit. The temporary practice permit is a license to practice medicine.

(3) The MQAC issues a license after it receives the national background check report if the report is negative and the applicant otherwise meets the requirements for a license.

(4) The temporary practice permit is no longer valid after the license is issued or action is taken on the application because of the background check.

[Statutory Authority: RCW 18.130.064 and 18.130.075. 10-05-029, § 246-919-396, filed 2/9/10, effective 2/11/10.]

WAC 246-919-601 Safe and effective analgesia and anesthesia administration in office-based surgical settings.

(1) Purpose. The purpose of this rule is to promote and establish consistent standards, continuing competency, and to promote patient safety. The medical quality assurance commission establishes the following rule for physicians licensed under this chapter who perform surgical procedures and use anesthesia, analgesia or sedation in office-based settings.

(2) Definitions. The following terms used in this subsection apply throughout this rule unless the context clearly indicates otherwise:

(a) "Commission" means the medical quality assurance commission.

(b) "Deep sedation" or "analgesia" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(c) "General anesthesia" means a state of unconsciousness intentionally produced by anesthetic agents, with absence of pain sensation over the entire body, in which the patient is without protective reflexes and is unable to maintain an airway. Sedation that unintentionally progresses to the point at which the patient is without protective reflexes and is unable to maintain an airway is not considered general anesthesia.

(d) "Local infiltration" means the process of infusing a local anesthetic agent into the skin and other tissues to allow painless wound irrigation, exploration and repair, and other procedures, including procedures such as retrobulbar or periorbital ocular blocks only when performed by a board eligible or board certified ophthalmologist. It does not include procedures in which local anesthesia is injected into areas of the body other than skin or muscle where significant cardiovascular or respiratory complications may result.

(e) "Major conduction anesthesia" means the administration of a drug or combination of drugs to interrupt nerve impulses without loss of consciousness, such as epidural, caudal, or spinal anesthesia, lumbar or brachial plexus blocks, and intravenous regional anesthesia. Major conduc-

tion anesthesia does not include isolated blockade of small peripheral nerves, such as digital nerves.

(f) "Minimal sedation" means a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected. Minimal sedation is limited to oral or intramuscular medications, or both.

(g) "Moderate sedation" or "analgesia" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

(h) "Office-based surgery" means any surgery or invasive medical procedure requiring analgesia or sedation, including, but not limited to, local infiltration for tumescent liposuction, performed in a location other than a hospital or hospital-associated surgical center licensed under chapter 70.41 RCW, or an ambulatory surgical facility licensed under chapter 70.230 RCW.

(i) "Physician" means an individual licensed under chapter 18.71 RCW.

(3) Exemptions. This rule does not apply to physicians when:

(a) Performing surgery and medical procedures that require only minimal sedation (anxiolysis), or infiltration of local anesthetic around peripheral nerves. Infiltration around peripheral nerves does not include infiltration of local anesthetic agents in an amount that exceeds the manufacturer's published recommendations.

(b) Performing surgery in a hospital or hospital-associated surgical center licensed under chapter 70.41 RCW, or an ambulatory surgical facility licensed under chapter 70.230 RCW.

(c) Performing surgery utilizing general anesthesia. Facilities in which physicians perform procedures in which general anesthesia is a planned event are regulated by rules related to hospital or hospital-associated surgical center licensed under chapter 70.41 RCW, or an ambulatory surgical facility licensed under chapter 70.230 RCW.

(d) Performing oral and maxillofacial surgery, and the physician:

(i) Is licensed both as a physician under chapter 18.71 RCW and as a dentist under chapter 18.32 RCW;

(ii) Complies with dental quality assurance commission regulations;

(iii) Holds a valid:

(A) Moderate sedation permit; or

(B) Moderate sedation with parenteral agents permit; or

(C) General anesthesia and deep sedation permit; and

(iv) Practices within the scope of his or her specialty.

(4) Application of rule.

This rule applies to physicians practicing independently or in a group setting who perform office-based surgery employing one or more of the following levels of sedation or anesthesia:

(a) Moderate sedation or analgesia; or

(b) Deep sedation or analgesia; or

(c) Major conduction anesthesia.

(5) Accreditation or certification. Within three hundred sixty-five calendar days of the effective date of this rule, a physician who performs a procedure under this rule must ensure that the procedure is performed in a facility that is appropriately equipped and maintained to ensure patient safety through accreditation or certification and in good standing from one of the following:

- (a) The Joint Commission;
- (b) The Accreditation Association for Ambulatory Health Care;
- (c) The American Association for Accreditation of Ambulatory Surgery Facilities;
- (d) The Centers for Medicare and Medicaid Services; or
- (e) Planned Parenthood Federation of America or the National Abortion Federation, for facilities limited to office-based surgery for abortion or abortion-related services.

(6) Competency. When an anesthesiologist or certified registered nurse anesthetist is not present, the physician performing office-based surgery and using a form of sedation defined in subsection (4) of this section must be competent and qualified both to perform the operative procedure and to oversee the administration of intravenous sedation and analgesia.

(7) Qualifications for administration of sedation and analgesia may include:

- (a) Completion of a continuing medical education course in conscious sedation;
- (b) Relevant training in a residency training program; or
- (c) Having privileges for conscious sedation granted by a hospital medical staff.

(8) At least one licensed health care practitioner currently certified in advanced resuscitative techniques appropriate for the patient age group (e.g., ACLS, PALS or APLS) must be present or immediately available with age-size-appropriate resuscitative equipment throughout the procedure and until the patient has met the criteria for discharge from the facility.

(9) Sedation assessment and management.

(a) Sedation is a continuum. Depending on the patient's response to drugs, the drugs administered, and the dose and timing of drug administration, it is possible that a deeper level of sedation will be produced than initially intended.

(b) If an anesthesiologist or certified registered nurse anesthetist is not present, a physician intending to produce a given level of sedation should be able to "rescue" a patient who enters a deeper level of sedation than intended.

(c) If a patient enters into a deeper level of sedation than planned, the physician must return the patient to the lighter level of sedation as quickly as possible, while closely monitoring the patient to ensure the airway is patent, the patient is breathing, and that oxygenation, heart rate and blood pressure are within acceptable values. A physician who returns a patient to a lighter level of sedation in accordance with this subsection (c) does not violate subsection (10) of this section.

(10) Separation of surgical and monitoring functions.

(a) The physician performing the surgical procedure must not administer the intravenous sedation, or monitor the patient.

(b) The licensed health care practitioner, designated by the physician to administer intravenous medications and monitor the patient who is under moderate sedation, may

assist the operating physician with minor, interruptible tasks of short duration once the patient's level of sedation and vital signs have been stabilized, provided that adequate monitoring of the patient's condition is maintained. The licensed health care practitioner who administers intravenous medications and monitors a patient under deep sedation or analgesia must not perform or assist in the surgical procedure.

(11) Emergency care and transfer protocols. A physician performing office-based surgery must ensure that in the event of a complication or emergency:

(a) All office personnel are familiar with a written and documented plan to timely and safely transfer patients to an appropriate hospital.

(b) The plan must include arrangements for emergency medical services and appropriate escort of the patient to the hospital.

(12) Medical record. The physician performing office-based surgery must maintain a legible, complete, comprehensive and accurate medical record for each patient.

(a) The medical record must include:

- (i) Identity of the patient;
- (ii) History and physical, diagnosis and plan;
- (iii) Appropriate lab, X ray or other diagnostic reports;
- (iv) Appropriate preanesthesia evaluation;
- (v) Narrative description of procedure;
- (vi) Pathology reports, if relevant;
- (vii) Documentation of which, if any, tissues and other specimens have been submitted for histopathologic diagnosis;
- (viii) Provision for continuity of postoperative care; and
- (ix) Documentation of the outcome and the follow-up plan.

(b) When moderate or deep sedation, or major conduction anesthesia is used, the patient medical record must include a separate anesthesia record that documents:

- (i) The type of sedation or anesthesia used;
- (ii) Drugs (name and dose) and time of administration;
- (iii) Documentation at regular intervals of information obtained from the intraoperative and postoperative monitoring;
- (iv) Fluids administered during the procedure;
- (v) Patient weight;
- (vi) Level of consciousness;
- (vii) Estimated blood loss;
- (viii) Duration of procedure; and
- (ix) Any complication or unusual events related to the procedure or sedation/anesthesia.

[Statutory Authority: RCW 18.71.017 and 18.130.050(4), 10-16-109, § 246-919-601, filed 8/2/10, effective 9/2/10.]

WAC 246-919-606 Nonsurgical medical cosmetic procedures. (1) The purpose of this rule is to establish the duties and responsibilities of a physician who delegates the injection of medication or substances for cosmetic purposes or the use of prescription devices for cosmetic purposes. These procedures can result in complications such as visual impairment, blindness, inflammation, burns, scarring, discoloration, hypopigmentation and hyperpigmentation. The performance of these procedures is the practice of medicine under RCW 18.71.011(3).

(2) This rule does not apply to:

(a) Surgery;

(b) The use of prescription lasers, noncoherent light, intense pulsed light, radiofrequency, or plasma as applied to the skin; this is covered in WAC 246-919-605 and 246-918-125;

(c) The practice of a profession by a licensed health care professional under methods or means within the scope of practice permitted by such license;

(d) The use of nonprescription devices; and

(e) Intravenous therapy.

(3) Definitions. These definitions apply throughout this section unless the context clearly requires otherwise.

(a) "Nonsurgical medical cosmetic procedure" means a procedure or treatment that involves the injection of a medication or substance for cosmetic purposes, or the use of a prescription device for cosmetic purposes. Laser, light, radiofrequency and plasma devices that are used to topically penetrate the skin are devices used for cosmetic purposes, but are excluded under subsection (2)(b) of this section, and are covered by WAC 246-919-605 and 246-918-125.

(b) "Physician" means an individual licensed under chapter 18.71 RCW.

(c) "Prescription device" means a device that the federal Food and Drug Administration has designated as a prescription device, and can be sold only to persons with prescriptive authority in the state in which they reside.

PHYSICIAN RESPONSIBILITIES

(4) A physician must be fully and appropriately trained in a nonsurgical medical cosmetic procedure prior to performing the procedure or delegating the procedure. The physician must keep a record of his or her training in the office and available for review upon request by a patient or a representative of the commission.

(5) Prior to authorizing a nonsurgical medical cosmetic procedure, a physician must:

(a) Take a history;

(b) Perform an appropriate physical examination;

(c) Make an appropriate diagnosis;

(d) Recommend appropriate treatment;

(e) Obtain the patient's informed consent;

(f) Provide instructions for emergency and follow-up care; and

(g) Prepare an appropriate medical record.

(6) Regardless of who performs the nonsurgical medical cosmetic procedure, the physician is ultimately responsible for the safety of the patient.

(7) Regardless of who performs the nonsurgical medical cosmetic procedure, the physician is responsible for ensuring that each treatment is documented in the patient's medical record.

(8) The physician must ensure that there is a quality assurance program for the facility at which nonsurgical medical cosmetic procedures are performed regarding the selection and treatment of patients. An appropriate quality assurance program must include the following:

(a) A mechanism to identify complications and untoward effects of treatment and to determine their cause;

(b) A mechanism to review the adherence of supervised health care professionals to written protocols;

(c) A mechanism to monitor the quality of treatments;

(d) A mechanism by which the findings of the quality assurance program are reviewed and incorporated into future protocols required by subsection (10)(d) of this section and physician supervising practices; and

(e) Ongoing training to maintain and improve the quality of treatment and performance of supervised health care professionals.

(9) A physician may not sell or give a prescription device to an individual who does not possess prescriptive authority in the state in which the individual resides or practices.

(10) The physician must ensure that all equipment used for procedures covered by this section is inspected, calibrated, and certified as safe according to the manufacturer's specifications.

PHYSICIAN DELEGATION

(11) A physician who meets the above requirements may delegate a nonsurgical medical cosmetic procedure to a properly trained physician assistant, registered nurse or licensed practical nurse, provided all the following conditions are met:

(a) The treatment in no way involves surgery as that term is understood in the practice of medicine;

(b) The physician delegates procedures that are within the delegate's lawful scope of practice;

(c) The delegate has appropriate training in, at a minimum:

(i) Techniques for each procedure;

(ii) Cutaneous medicine;

(iii) Indications and contraindications for each procedure;

(iv) Preprocedural and postprocedural care;

(v) Recognition and acute management of potential complications that may result from the procedure; and

(vi) Infectious disease control involved with each treatment.

(d) The physician has a written office protocol for the delegate to follow in performing the nonsurgical medical cosmetic procedure. A written office protocol must include, at a minimum, the following:

(i) The identity of the physician responsible for the delegation of the procedure;

(ii) Selection criteria to screen patients for the appropriateness of treatment;

(iii) A description of appropriate care and follow-up for common complications, serious injury, or emergencies; and

(iv) A statement of the activities, decision criteria, and plan the delegate shall follow when performing delegated procedures, including the method for documenting decisions made and a plan for communication or feedback to the authorizing physician concerning specific decisions made.

(e) The physician ensures that the delegate performs each procedure in accordance with the written office protocol;

(f) Each patient signs a consent form prior to treatment that lists foreseeable side effects and complications, and the identity and license of the delegate or delegates who will perform the procedure; and

(g) Each delegate performing a procedure covered by this section must be readily identified by a name tag or simi-

lar means so that the patient understands the identity and license of the treating delegate.

(12) If a physician delegates the performance of a procedure that uses a medication or substance that the federal Food and Drug Administration has not approved, or that the federal Food and Drug Administration has not approved for the particular purpose for which it is used, the physician must be on-site during the entire duration of the procedure.

(13) If a physician delegates the performance of a procedure that uses a medication or substance that is approved by the federal Food and Drug Administration for the particular purpose for which it is used, the physician need not be on-site during the procedure, but must be reachable by phone and able to respond within thirty minutes to treat complications.

(14) If the physician is unavailable to supervise a delegate as required by this section, the physician must make arrangements for an alternate physician to provide the necessary supervision. The alternate supervisor must be familiar with the protocols in use at the site, will be accountable for adequately supervising the treatment under the protocols, and must have comparable training as the primary supervising physician.

(15) A physician performing or delegating nonsurgical cosmetic procedures may not sponsor more than three physician assistants at any one time.

(16) A physician may not permit a delegate to further delegate the performance of a nonsurgical medical cosmetic procedure to another individual.

[Statutory Authority: RCW 18.71.017, 18.71A.020 and 18.130.050(4). 10-11-001, § 246-919-606, filed 5/5/10, effective 6/5/10.]

Chapter 246-922 WAC

PODIATRIC PHYSICIANS AND SURGEONS

WAC

246-922-650 Safe and effective analgesia and anesthesia administration in office-based settings.

WAC 246-922-650 Safe and effective analgesia and anesthesia administration in office-based settings. (1) Purpose. The purpose of this rule is to promote and establish consistent standards, continuing competency, and to promote patient safety. The podiatric medical board establishes the following rule for physicians licensed under chapter 18.22 RCW who perform surgical procedures and use analgesia or sedation in office-based settings. This rule does not apply to any office-based procedures performed with the use of general anesthesia.

(2) Definitions. The following terms used in this subsection apply throughout this rule unless the context clearly indicates otherwise:

(a) "Board" means the podiatric medical board.

(b) "Deep sedation" or "analgesia" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(c) "General anesthesia" means a state of unconsciousness intentionally produced by anesthetic agents, with absence of pain sensation over the entire body, in which the patient is without protective reflexes and is unable to maintain an airway. Sedation that unintentionally progresses to the point at which the patient is without protective reflexes and is unable to maintain an airway is not considered general anesthesia.

(d) "Local infiltration" means the process of infusing a local anesthetic agent into the skin and other tissues to allow painless wound irrigation, exploration and repair, and other procedures.

(e) "Major conduction anesthesia" means the administration of a drug or combination of drugs to interrupt nerve impulses without loss of consciousness, such as epidural, caudal, or spinal anesthesia, lumbar or brachial plexus blocks, and intravenous regional anesthesia. Major conduction anesthesia does not include isolated blockade of small peripheral nerves, such as digital nerves.

(f) "Minimal sedation" or "analgesia" means a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected. Minimal sedation is limited to oral or intramuscular medications, or both.

(g) "Moderate sedation" or "analgesia" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

(h) "Office-based surgery" means any surgery or invasive medical procedure requiring analgesia or sedation, performed in a location other than a hospital, or hospital-associated surgical center licensed under chapter 70.41 RCW, or an ambulatory surgical facility licensed under chapter 70.230 RCW.

(i) "Physician" means a podiatric physician licensed under chapter 18.22 RCW.

(3) Exemptions. This rule does not apply to physicians when:

(a) Performing surgery and medical procedures that require only minimal sedation (anxiolysis) or analgesia, or infiltration of local anesthetic around peripheral nerves;

(b) Performing surgery in a hospital, or hospital-associated surgical center licensed under chapter 70.41 RCW, or an ambulatory surgical facility licensed under chapter 70.230 RCW;

(c) Performing surgery using general anesthesia. General anesthesia cannot be a planned event in an office-based surgery setting. Facilities in which physicians perform procedures in which general anesthesia is a planned event are regulated by rules related to hospitals, or hospital-associated surgical centers licensed under chapter 70.41 RCW, or ambulatory surgical facilities licensed under chapter 70.230 RCW.

(4) Application of rule. This rule applies to physicians practicing independently or in a group setting who perform office-based surgery employing one or more of the following levels of sedation or anesthesia:

- (a) Moderate sedation or analgesia; or
- (b) Deep sedation or analgesia; or
- (c) Major conduction anesthesia below the ankle.

(5) Accreditation or certification. Within three hundred sixty-five calendar days of the effective date of this rule, a physician who performs a procedure under this rule must ensure that the procedure is performed in a facility that is appropriately equipped and maintained to ensure patient safety through accreditation or certification from one of the following:

- (a) The Joint Commission (JC);
- (b) The Accreditation Association for Ambulatory Health Care (AAAHC);
- (c) The American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF); or
- (d) The Centers for Medicare and Medicaid Services (CMS).

(6) Presence of an anesthesiologist or anesthetist. For procedures requiring spinal or major conduction anesthesia above the ankle, a physician authorized under chapter 18.71 or 18.57 RCW or a certified registered nurse anesthetist authorized under chapter 18.79 RCW must administer the anesthesia. Under RCW 18.22.035 (4)(b), podiatrists shall not administer spinal anesthetic or any anesthetic that renders the patient unconscious.

(7) Qualifications for administration of sedation and analgesia shall include:

- (a) Completion of a continuing medical education course in conscious sedation; or
- (b) Relevant training in a residency training program; or
- (c) Having privileges for conscious sedation granted by a hospital medical staff.

(8) At least one licensed health care practitioner currently certified in advanced resuscitative techniques appropriate for the patient age group (e.g., advanced cardiac life support (ACLS), pediatric advanced life support (PALS) or advanced pediatric life support (APLS)) must be present or immediately available with age-size-appropriate resuscitative equipment throughout the procedure and until the patient has met the criteria for discharge from the facility.

(9) Sedation assessment and management.

(a) Sedation is a continuum. Depending on the patient's response to drugs, the drugs administered, and the dose and timing of drug administration, it is possible that a deeper level of sedation will be produced than initially intended.

(b) Licensed health care practitioners intending to produce a given level of sedation should be able to "rescue" patients who enter a deeper level of sedation than intended.

(c) If a patient enters into a deeper level of sedation than planned, the licensed health care practitioner must return the patient to the lighter level of sedation as quickly as possible, while closely monitoring the patient to ensure the airway is patent, the patient is breathing, and that oxygenation, the heart rate and blood pressure are within acceptable values.

(10) Separation of surgical and monitoring functions.

(a) The physician performing the surgical procedure must not provide the anesthesia or monitoring.

(b) The licensed health care practitioner, designated by the physician to administer intravenous medications and monitor the patient who is under moderate sedation, may assist the operating physician with minor, interruptible tasks

of short duration once the patient's level of sedation and vital signs have been stabilized, provided that adequate monitoring of the patient's condition is maintained. The licensed health care practitioner who administers intravenous medications and monitors a patient under deep sedation or analgesia must not perform or assist in the surgical procedure.

(11) Emergency care and transfer protocols. A physician performing office-based surgery must ensure that in the event of a complication or emergency:

(a) All office personnel are familiar with a written and documented plan to timely and safely transfer patients to an appropriate hospital.

(b) The plan must include arrangements for emergency medical services and appropriate transfer of the patient to the hospital.

(12) Medical record. The physician performing office-based surgery must maintain a legible, complete, comprehensive and accurate medical record for each patient.

(a) The medical record must include:

- (i) Identity of the patient;
- (ii) History and physical, diagnosis, and plan;
- (iii) Appropriate lab, X-ray, or other diagnostic reports;
- (iv) Appropriate preanesthesia evaluation;
- (v) Narrative description of procedure;
- (vi) Pathology reports, if relevant;
- (vii) Documentation of which, if any, tissues and other specimens have been submitted for histopathologic diagnosis;
- (viii) Provision for continuity of post-operative care; and
- (ix) Documentation of the outcome and the follow-up plan.

(b) When moderate or deep sedation, or major conduction anesthesia is used, the patient medical record must include a separate anesthesia record that documents:

- (i) Type of sedation or anesthesia used;
- (ii) Drugs (name and dose) and time of administration;
- (iii) Documentation at regular intervals of information obtained from the intraoperative and post-operative monitoring;
- (iv) Fluids administered during the procedure;
- (v) Patient weight;
- (vi) Level of consciousness;
- (vii) Estimated blood loss;
- (viii) Duration of procedure; and
- (ix) Any complication or unusual events related to the procedure or sedation/anesthesia.

[Statutory Authority: RCW 18.22.015 and 18.130.050. 11-01-141, § 246-922-650, filed 12/21/10, effective 1/21/11.]

Chapter 246-924 WAC PSYCHOLOGISTS

WAC

246-924-483

How to obtain a temporary practice permit while the national background check is completed.

WAC 246-924-483 How to obtain a temporary practice permit while the national background check is completed. Fingerprint-based national background checks may cause a delay in licensing. Individuals who satisfy all other licensing requirements and qualifications may receive a tem-

porary practice permit while the national background check is completed.

(1) A temporary practice permit may be issued to an applicant who:

(a) Holds an unrestricted, active license to practice psychology in another state that has substantially equivalent licensing standards to those in Washington state;

(b) Is not subject to denial of a license or issuance of a conditional or restricted license; and

(c) Does not have a criminal record in Washington state.

(2) A temporary practice permit grants the individual the full scope of practice of psychology.

(3) A temporary practice permit will not be renewed, reissued, or extended. A temporary practice permit expires when any one of the following occurs:

(a) The license is granted;

(b) A notice of decision on application is mailed to the applicant, unless the notice of decision on the application specifically extends the duration of the temporary practice permit; or

(c) Two hundred ten days after the temporary practice permit is issued.

(4) To receive a temporary practice permit, the applicant must:

(a) Submit the necessary application, fee(s), and documentation for the license.

(b) Meet all requirements and qualifications for the license, except the results from a fingerprint-based national background check, if required.

(c) Provide verification of having an active unrestricted license to practice psychology from another state that has substantially equivalent licensing standards as Washington state.

(d) Submit the fingerprint card and a written request for a temporary practice permit when the department notifies the applicant the national background check is required.

[Statutory Authority: RCW 18.83.050, 18.130.064, and 18.130.075. 10-16-114, § 246-924-483, filed 8/2/10, effective 9/2/10.]

Chapter 246-926 WAC

RADIOLOGICAL TECHNOLOGISTS

WAC

246-926-020	Definitions.
246-926-140	Approved schools for diagnostic, therapeutic, or nuclear medicine radiologic technologists.
246-926-150	Certification designation for diagnostic, therapeutic, or nuclear medicine radiologic technologists.
246-926-180	Parenteral procedures for diagnostic or therapeutic radiologic technologists.
246-926-190	State examination/examination waiver/examination application deadline for diagnostic, therapeutic, or nuclear medicine radiologic technologists.
246-926-300	Radiologist assistant scope of practice.
246-926-310	What are the requirements to be certified as a radiologist assistant?
246-926-320	Radiologist assistant—Supervisory plans.
246-926-990	Radiologist assistants; diagnostic, therapeutic, and nuclear medicine radiologic technologists; X-ray technicians—Certification and registration fees and renewal cycle.

WAC 246-926-020 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "ARRT" means the American Registry of Radiologic Technologists.

(2) "Department" means the department of health.

(3) "Direct supervision" means the appropriate licensed practitioner is on the premises and is quickly and easily available.

(a) For a diagnostic, therapeutic, or nuclear medicine radiologic technologist, the appropriate licensed practitioner is a physician licensed under chapter 18.71 or 18.57 RCW.

(b) For a radiologist assistant, the appropriate licensed practitioner is a radiologist.

(4) "General supervision" for a radiologist assistant means the procedure is furnished under the supervising radiologist's overall direction and control. The supervising radiologist must be on-call or be available for consultation.

(5) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(6) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(7) "Personal supervision" for a radiologist assistant means the supervising radiologist must be in the room during the performance of the procedure.

(8) "Radiological technologist" means a person certified under chapter 18.84 RCW.

(9) "Radiologist" means a licensed physician licensed under chapter 18.71 or 18.57 RCW and certified by the American Board of Radiology or the American Osteopathic Board of Radiology.

(10) "Radiologist assistant" means an advanced-level diagnostic radiologic technologist certified under chapter 18.84 RCW.

(11) "Registered X-ray technician" means a person who is registered with the department, and who applies ionizing radiation at the direction of a licensed practitioner.

(12) "Unprofessional conduct" as used in this chapter means the conduct described in RCW 18.130.180.

[Statutory Authority: RCW 18.84.040. 10-10-043, § 246-926-020, filed 4/27/10, effective 5/28/10; 06-01-104, § 246-926-020, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-020, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-010, filed 6/30/89.]

WAC 246-926-140 Approved schools for diagnostic, therapeutic, or nuclear medicine radiologic technologists.

Approved schools and standards of instruction for diagnostic radiologic technologist, therapeutic radiologic technologist, and nuclear medicine technologist are those recognized as radiography, radiation therapy technology, and nuclear medicine technology educational programs that have obtained accreditation from the Joint Review Committee on Education in Radiologic Technology, the Joint Review Committee for Educational Programs in Nuclear Medicine Technology or the former American Medical Association Committee on Allied Health Education and Accreditation.

[Statutory Authority: RCW 18.84.040. 10-10-043, § 246-926-140, filed 4/27/10, effective 5/28/10; 06-01-104, § 246-926-140, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-130, filed 12/9/88.]

WAC 246-926-150 Certification designation for diagnostic, therapeutic, or nuclear medicine radiologic technologists. A certificate shall be designated in a particular field of radiologic technology by:

(1) The educational program completed; diagnostic radiologic technologist - radiography program; therapeutic radiologic technologist - radiation therapy technology program; and nuclear medicine technologist - nuclear medicine technology program; or

(2) By meeting the alternative training requirements established in WAC 246-926-100 and 246-926-110, 246-926-120, or 246-926-130.

[Statutory Authority: RCW 18.84.040. 10-10-043, § 246-926-150, filed 4/27/10, effective 5/28/10. Statutory Authority: RCW 18.84.040 and 18.84.-080. 92-05-010 (Order 237), § 246-926-150, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-140, filed 12/9/88.]

WAC 246-926-180 Parenteral procedures for diagnostic or therapeutic radiologic technologists. (1) A certified diagnostic or therapeutic radiologic technologist may administer diagnostic and therapeutic agents under the direct supervision of a physician licensed under chapter 18.71 or 18.57 RCW. Diagnostic and therapeutic agents may be administered via intravenous, intramuscular, or subcutaneous injection. In addition to direct supervision, before the radiologic technologist may administer diagnostic and therapeutic agents, the following guidelines must be met:

(a) The radiologic technologist has had the prerequisite training and thorough knowledge of the particular procedure to be performed;

(b) Appropriate facilities are available for coping with any complication of the procedure as well as for emergency treatment of severe reactions to the diagnostic or therapeutic agent itself, including readily available appropriate resuscitative drugs, equipment, and personnel; and

(c) After parenteral administration of a diagnostic or therapeutic agent, competent personnel and emergency facilities must be available to the patient for at least thirty minutes in case of a delayed reaction.

(2) A certified radiologic technologist may perform venipuncture under the direct supervision of a physician licensed under chapter 18.71 or 18.57 RCW.

[Statutory Authority: RCW 18.84.040. 10-10-043, § 246-926-180, filed 4/27/10, effective 5/28/10; 06-01-104, § 246-926-180, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 43.70.040. 92-19-060 (Order 302), § 246-926-180, filed 9/11/92, effective 10/12/92; 91-02-049 (Order 121), recodified as § 246-926-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-170, filed 12/9/88.]

WAC 246-926-190 State examination/examination waiver/examination application deadline for diagnostic, therapeutic, or nuclear medicine radiologic technologists.

(1) The ARRT certification examinations for radiography, radiation therapy technology, and nuclear medicine technology are the state examinations for certification as a radiologic technologist.

(2) The examination shall be conducted in accordance with the ARRT security measures and contract.

(3) Applicants taking the state examination must submit the application, supporting documents, and fees to the depart-

ment of health for approval prior to being scheduled to take the examination.

(4) Examination candidates shall be advised of the results of their examination in writing by the department of health.

(5) The examination candidate must have a minimum scaled score of seventy-five to pass the examination.

[Statutory Authority: RCW 18.84.040. 10-10-043, § 246-926-190, filed 4/27/10, effective 5/28/10; 06-01-104, § 246-926-190, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-190, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-190, filed 12/9/88.]

WAC 246-926-300 Radiologist assistant scope of practice. (1) In addition to diagnostic radiologic technologist tasks, a radiologist assistant may perform advanced diagnostic imaging procedures under the direction of a supervising radiologist. Those procedures include, but are not limited to:

(a) Enteral and parenteral procedures;

(b) Injecting diagnostic agents to sites other than intravenous;

(c) Diagnostic aspirations and localizations; and

(d) Assisting radiologists with other invasive procedures.

(2) The tasks a radiologist assistant may perform include the following:

(a) Preimaging procedures.

(i) Procedures that may be performed under general supervision:

(A) Review of medical records to verify patient and procedure; obtain medical history and vital signs; perform physical examination, evaluate medical record, history, and physical examination for contraindications for the procedure (e.g., compliance with preparation instructions for the procedure, pregnancy, medications). Discrepancies and/or contraindications must be reviewed with the supervising radiologist;

(B) Discuss examination/procedure details (including risks, benefits, and follow-up instructions) with patient or patient representative;

(C) Obtain informed consent (patients must be able to communicate with the radiologist for questions or further information as needed);

(D) Apply electrocardiography (ECG) leads and recognize life threatening abnormalities;

(E) Routine urinary catheterization;

(F) Venipuncture;

(G) Administer oxygen as prescribed; and

(H) Position patients to perform required procedure, using immobilization devices and modifying technique as necessary.

(ii) Procedures that may be performed under direct supervision: Nonroutine catheterization (known anatomic anomalies, recent surgeries).

(b) Pharmaceuticals.

(i) Imaging agent procedures that may be performed under general supervision:

(A) Monitor intravenous (IV) flow rate; and

(B) Monitor patients for side effects or complications and report findings to the supervising radiologist as appropriate.

- (ii) Imaging contrast agent under direct supervision:
 - (A) Administer contrast agents and/or radiopharmaceuticals as prescribed by the radiologist; and
 - (B) Provide information to patients on the effects and potential side effects of the pharmaceutical required for the examination.
- (iii) Oral medications, excluding imaging agents, always require direct supervision.
- (iv) Parenteral medication administration procedures, excluding imaging agents, requiring direct supervision:
 - (A) Monitor IV flow rate; and
 - (B) Monitor patients for side effects or complications and report findings to the supervising radiologist as appropriate.
- (v) Parenteral medication administration procedures, excluding imaging agents, requiring personal supervision:
 - (A) Administer general medications as prescribed by the radiologist;
 - (B) Administer conscious sedation medications as prescribed by the radiologist; and
 - (C) Provide information to patients on the effects and potential side effects of the pharmaceutical required for the examination.
- (c) Imaging procedures.
 - (i) Procedures that may be performed under general supervision:
 - (A) Operate a fixed/mobile fluoroscopic unit;
 - (B) Document fluoroscopy time; and
 - (C) Assess patient's vital signs and level of anxiety and/or pain, and inform the radiologist when appropriate.
 - (ii) Fluoroscopic examinations and procedures that require direct supervision:
 - (A) Upper GI;
 - (B) Esophagus;
 - (C) Small bowel studies;
 - (D) Barium enema;
 - (E) Cystogram;
 - (F) T-tube cholangiogram;
 - (G) Hysterosalpingogram (imaging only) if OB/GYN is present in the room;
 - (H) Retrograde urethrogram;
 - (I) Nasoenteric and oroenteric feeding tube placement;
 - (J) Port injection;
 - (K) Fistulogram/sonogram;
 - (L) Loopogram; and
 - (M) Swallowing study.
 - (iii) Fluoroscopic examinations and procedures that require personal supervision: Hysterosalpingogram (imaging only) if OB/GYN is not present in the room.
 - (iv) Contrast media administration and needle or catheter placement.
 - (A) Procedures that may be performed under general supervision: Basic peripherally inserted central catheter (PICC) placement.
 - (B) Procedures that may be performed under direct supervision:
 - (I) Joint injection and aspiration;
 - (II) Arthrogram (conventional, computed tomography (CT), and magnetic resonance (MR));
 - (III) Complex peripherally inserted central catheter (PICC) placement;
 - (IV) Thoracentesis and paracentesis with appropriate image guidance; and
 - (V) Lower extremity venography.
 - (C) Procedures that may be performed under personal supervision:
 - (I) Lumbar puncture under fluoroscopic guidance;
 - (II) Lumbar, thoracic, and cervical myelogram;
 - (III) Nontunneled venous central line placement;
 - (IV) Venous catheter placement for dialysis;
 - (V) Breast needle localization; and
 - (VI) Ductogram (galactogram).
 - (d) Image review, requires general supervision:
 - (i) Evaluate images for completeness and diagnostic quality;
 - (ii) Recommend additional images in the same modality as required (general radiography, CT, MR);
 - (iii) Evaluate images for diagnostic utility and report clinical observations to the radiologist;
 - (iv) Review imaging procedures, make initial observations, and communicate observations only to the radiologist; and
 - (v) Perform post-processing procedures:
 - (A) Routine CT (e.g., 3D reconstruction, modifications to field of vision (FOV), slice spacing, algorithm);
 - (B) Specialized CT (e.g., cardiac scoring, shunt graft measurements); and
 - (C) MR data analysis (e.g., 3D reconstructions, maximum intensity projection (MIP), 3D surface rendering, volume rendering).
 - (e) Postprocedures, requires general supervision:
 - (i) Record previously communicated initial observations of imaging procedures according to approved protocols;
 - (ii) Communicate radiologist's report to referring physician;
 - (iii) Provide radiologist-prescribed post care instructions to patients;
 - (iv) Perform follow-up patient evaluation and communicate findings to the radiologist;
 - (v) Document procedure in appropriate record and document exceptions from established protocol or procedure; and
 - (vi) Write patient discharge summary for review and cosignature by radiologist.
 - (f) Other procedures.
 - (i) Procedures that may be performed under general supervision:
 - (A) Participate in quality improvement activities within radiology practice (e.g., quality of care, patient flow, reject-repeat analysis, patient satisfaction); and
 - (B) Assist with data collection and review for clinical trials or other research.
 - (ii) Procedures that may be performed under personal supervision: Additional procedures deemed appropriate by the radiologist.
 - (g) When performing any task or procedure, the radiologist assistant must be able to recognize and respond to medical emergencies (e.g., drug reactions, cardiac arrest, hypoglycemia) and activate emergency response systems, including notification of the radiologist.
 - (3) Initial findings and observations made by a radiologist assistant communicated solely to the supervising radiologist do not constitute diagnoses or interpretations.

(4) At the direction of the supervising radiologist, a radiologist assistant may administer imaging agents and prescribed medications; however, nothing in this chapter allows a radiologist assistant to prescribe medications.

[Statutory Authority: RCW 18.84.040. 10-10-043, § 246-926-300, filed 4/27/10, effective 5/28/10.]

WAC 246-926-310 What are the requirements to be certified as a radiologist assistant? (1) Individuals wanting to be certified as a radiologist assistant must:

- (a) Graduate from an educational program recognized by the ARRT;
- (b) Obtain a passing score on the national ARRT registered radiologist assistant examination; and
- (c) Submit the application, supporting documents, and fees to the department of health.

(2) An individual certified as a radiologist practitioner assistant through the certification board of radiology practitioner assistants who takes and passes the national ARRT registered radiologist assistant examination by December 31, 2011, shall be considered to have met the education and examination requirements for certification as a radiologist assistant.

[Statutory Authority: RCW 18.84.040. 10-10-043, § 246-926-310, filed 4/27/10, effective 5/28/10.]

WAC 246-926-320 Radiologist assistant—Supervisory plans. (1) A radiologist assistant must submit to the department a supervisory plan on a form approved by the department.

- (a) The plan must be approved before the radiologist assistant can practice.
 - (b) The plan must be signed by both the radiologist assistant and a radiologist licensed in this state.
 - (c) A radiologist assistant may assist a radiologist other than his or her supervising radiologist so long as it is done with the knowledge and agreement of the supervising radiologist, and is reflected in an approved supervisory plan.
- (2) A radiologist assistant can have multiple supervisory plans provided each one is approved by the department.
- (3) A radiologist assistant does not have to be employed by his or her supervising radiologist.
- (4) Changes to supervisory plans.
- (a) The radiologist assistant must submit a new supervisory plan to change any part of the supervisory plan. The changes are not effective until the new plan is approved by the department.
 - (b) If the supervisory relationship ends, the radiologist assistant must immediately cease practice under that plan and must notify the department in writing within seven calendar days.

[Statutory Authority: RCW 18.84.040. 10-10-043, § 246-926-320, filed 4/27/10, effective 5/28/10.]

WAC 246-926-990 Radiologist assistants; diagnostic, therapeutic, and nuclear medicine radiologic technologists; X-ray technicians—Certification and registration fees and renewal cycle. (1) Certificates and registrations must be renewed every two years on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

Title of Fee	Fee
(2) The following nonrefundable fees will be charged for certified diagnostic, therapeutic, and nuclear medicine radiologic technologists:	
Application	\$150.00
Renewal	105.00
Late renewal penalty	50.00
Expired certificate reissuance	80.00
Certification of registration or certificate	15.00
Duplicate registration or certificate	15.00
(3) The following nonrefundable fees will be charged for registered X-ray technicians:	
Application	105.00
Renewal	103.00
Late renewal penalty	50.00
Expired reissuance	50.00
Certification of registration or certificate	15.00
Duplicate registration or certificate	15.00
(4) The following nonrefundable fees will be charged for certified radiologist assistants:	
Application	150.00
Renewal	150.00
Late renewal penalty	75.00
Expired reissuance	75.00
Certification of registration or certificate	15.00
Duplicate registration or certificate	15.00

[Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. 10-19-071, § 246-926-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 18.84.040. 10-10-043, § 246-926-990, filed 4/27/10, effective 5/28/10. Statutory Authority: RCW 43.70.110, 43.70.250 and 2008 c 329. 08-16-008, § 246-926-990, filed 7/24/08, effective 7/25/08. Statutory Authority: RCW 18.84.040. 06-01-104, § 246-926-990, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. 05-12-012, § 246-926-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250. 99-08-101, § 246-926-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-926-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.84.040 and 18.84.100. 92-05-010 (Order 237), § 246-926-990, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-180, filed 12/9/88.]

**Chapter 246-927 WAC
RECREATION THERAPY**

WAC
246-927-990 Recreation therapy fees and renewal cycle.

WAC 246-927-990 Recreation therapy fees and renewal cycle. (1) Registrations must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. The secretary may require payment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

(2) The following nonrefundable fees will be charged for registered recreational therapists:

Title of Fee	Fee
Application	\$205.00
Renewal	230.00
Late renewal penalty	116.00
Expired registration reissuance	90.00
Duplicate registration	15.00
Certification of certificate	25.00

[Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. 10-19-071, § 246-927-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 43.70.110, 43.70.250 and 2008 c 329. 08-16-008, § 246-927-990, filed 7/24/08, effective 7/25/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. 05-12-012, § 246-927-990, filed 5/20/05, effective 7/1/05. Statutory Authority: Chapter 18.230 RCW and RCW 43.70.250. 03-09-065, § 246-927-990, filed 4/15/03, effective 7/1/03.]

Chapter 246-928 WAC

RESPIRATORY CARE PRACTITIONERS

WAC

246-928-990 Respiratory care fees and renewal cycle.

WAC 246-928-990 Respiratory care fees and renewal cycle. (1) Licenses must be renewed every two years on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. The secretary may require payment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Application	\$210.00
Temporary practice permit	50.00
Duplicate license	15.00
Verification of licensure	15.00
Renewal	165.00
Late renewal penalty	110.00
Expired license reissuance	65.00

[Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. 10-19-071, § 246-928-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 43.70.110, 43.70.250 and 2008 c 329. 08-16-008, § 246-928-990, filed 7/24/08, effective 7/25/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. 05-12-012, § 246-928-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-990, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 43.70.250. 99-08-101, § 246-928-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-928-990, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.89 RCW and RCW 43.70.040. 95-18-019, § 246-928-990, filed 8/24/95, effective 9/24/95. Statutory Authority: RCW 43.70.250. 92-15-032 (Order 285), § 246-928-990, filed 7/7/92, effective 8/7/92. Statutory Authority: RCW 18.89.050 and 43.70.250. 92-02-018 (Order 224), § 246-928-990, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. 88-17-099 (Order PM 741), § 308-195-110, filed 8/23/88.]

Chapter 246-933 WAC

VETERINARIANS—VETERINARY BOARD

WAC

246-933-255 How to obtain a temporary practice permit while the national background check is completed.
246-933-320 General requirements for all veterinary medical facilities.

WAC 246-933-255 How to obtain a temporary practice permit while the national background check is completed. Fingerprint-based national background checks may cause a delay in licensing. Individuals who satisfy all other licensing requirements and qualifications may receive a temporary practice permit while the national background check is completed.

(1) A temporary practice permit may be issued to an applicant who:

(a) Holds an unrestricted, active license to practice veterinary medicine, surgery and dentistry in another state that has substantially equivalent licensing standards to those in Washington state;

(b) Is not subject to denial of a license or issuance of a conditional or restricted license; and

(c) Does not have a criminal record in Washington state.

(2) A temporary practice permit grants the individual the full scope of practice of veterinary medicine, surgery and dentistry.

(3) A temporary practice permit will not be renewed, reissued, or extended. A temporary practice permit expires when any one of the following occurs:

(a) The license is granted;

(b) A notice of decision on application is mailed to the applicant, unless the notice of decision on the application specifically extends the duration of the temporary practice permit; or

(c) One hundred eighty days after the temporary practice permit is issued.

(4) To receive a temporary practice permit, the applicant must:

(a) Submit the necessary application, fee(s), and documentation for the license.

(b) Meet all requirements and qualifications for the license, except the results from a fingerprint-based national background check, if required.

(c) Provide verification of having an active unrestricted license to practice veterinary medicine, dentistry and surgery from another state that has substantially equivalent licensing standards as Washington state.

(d) Submit the fingerprint card and a written request for a temporary practice permit when the department notifies the applicant the national background check is required.

[Statutory Authority: RCW 18.130.064, 18.130.075, and 18.92.030. 10-06-056, § 246-933-255, filed 2/24/10, effective 3/27/10.]

WAC 246-933-320 General requirements for all veterinary medical facilities. (1) **Construction and maintenance:** All facilities shall be so constructed and maintained as to provide comfort and safety for patients and clients. All areas of the premises shall be maintained in a clean and orderly condition, free of objectionable odors. All facilities

shall comply with applicable state, county and municipal laws, ordinances and regulations.

(2) **Ventilation:** Adequate heating and cooling shall be provided for the comfort of the animals, and the facility shall have sufficient ventilation in all areas.

(3) **Lighting:** Proper lighting shall be provided in all rooms utilized for the practice of veterinary medicine. Outside lighting shall be adequate to identify the building and to assist the clients.

(4) **Water:** Potable water shall be provided.

(5) **Basic sanitation:** Any equipment, instruments or facilities used in the treatment of animals shall be clean and sanitary at all times to protect against the spread of diseases, parasites and infection.

(6) **Waste disposal:** Covered waste containers, impermeable by water, shall be used for the removal and disposal of animal and food wastes, bedding, animal tissues, debris and other waste.

Disposal facilities shall be so operated as to minimize insect or other vermin infestation, and to prevent odor and disease hazards or other nuisance conditions.

The facility shall use refrigeration and employ a procedure for the prompt, sanitary and esthetic disposal of dead animals which complies with all applicable state, county and municipal laws, ordinances and regulations.

(7) **Records:**

(a) Every veterinarian shall keep daily written records of the animals he or she treats.

(b) Separate records for companion animals shall be kept for each animal.

(c) The medical record for a litter may be recorded either on the dam's record or on a litter record until the individual animals are permanently placed or reach the age of three months.

(d) Records for food and fibre producing animals and animals kept in herds or flocks, etc., may be maintained on a group or owner or authorized agent basis.

(e) All records shall be legible, readily retrievable and shall be kept for a period of three years following the last treatment or examination.

(f) The author of all medical record entries must be identified by code or employee number, or initials.

(g) The records shall include, but not be limited to, the following:

(i) Name, address and telephone number of the owner or authorized agent.

(ii) Name, number or other identification of the animal or group.

(iii) Species, breed, age, sex, weight and color of the animal.

(iv) Immunization record.

(v) Beginning and ending dates of custody of the animal.

(h) The records must include sufficient information to justify the tentative diagnosis and to warrant the treatment. This would include, but not be limited to:

(i) A short history of the animal's condition as it pertains to its medical status.

(ii) Physical examination findings and any laboratory or other diagnostic tests performed or recommended.

(iii) Provisional or final diagnosis.

(iv) Treatment administered or recommended.

(v) Dosage and route of medications administered, prescribed or dispensed.

(vi) Anesthesia dosage and route of administration.

(vii) Description of surgery performed.

(viii) Progress of the case.

(8) Veterinary medical records and medical images are the property of the veterinarian or the veterinary facility that originally ordered their preparation.

(9) When requested by the owner or authorized agent, copies of records will be made available as promptly as required by medical necessity or public health circumstances, but no later than ten working days upon the owner or authorized agent's request.

(a) The veterinarian may charge the copying fee as set forth in WAC 246-08-400 as now or hereafter amended.

(b) A medical image shall be released upon the request of another veterinarian who has the authorization of the owner or authorized agent of the animal to which it pertains.

The medical image shall be returned within ten working days following receipt of a written request from the originating veterinarian or veterinary facility. If the originating veterinarian provides a copy of the medical image, he or she may charge the actual costs of duplicating the medical image.

(10) **Storage:** All supplies, including food and bedding, shall be stored in facilities which adequately protect such supplies against infestation, contamination or deterioration. Refrigeration shall be provided for all supplies that are of a perishable nature, including foods, drugs and biologicals.

(11) **Biologicals and drugs:** Biologicals and other drugs shall be stored in such a manner as to prevent contamination and deterioration in accordance with the packaging and storage requirements of the current editions of the *U.S. Pharmacopeia*, 12601 Twinbrook Parkway, Rockville, Maryland 20852, and the *National Formulary*, Mack Publishing Company, 20th and Northampton Streets, Easton, Pennsylvania 18042 or manufacturers' recommendation.

All controlled substances shall be maintained in a locked cabinet or other suitable secure container in accordance with federal and Washington state laws.

Controlled substance records shall be readily retrievable, in accordance with federal and Washington state laws.

[Statutory Authority: RCW 18.92.030, 10-11-120, § 246-933-320, filed 5/18/10, effective 6/18/10. Statutory Authority: RCW 18.92.030 and 18.92.-260, 03-14-035, § 246-933-320, filed 6/23/03, effective 7/24/03. Statutory Authority: RCW 18.92.030, 92-17-076 (Order 299B), § 246-933-320, filed 8/19/92, effective 9/19/92; 91-24-098 (Order 221B), § 246-933-320, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-320, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-153-020, filed 4/1/88. Statutory Authority: RCW 18.92.030, 18.130.050 (1) and (2) and 1986 c 259 § 139, 86-13-070 (Order PM 600), § 308-153-020, filed 6/18/86; Order PL-236, § 308-153-020, filed 2/18/76.]

**Chapter 246-935 WAC
VETERINARY TECHNICIANS**

WAC

246-935-135	How to obtain a temporary practice permit while the national background check is completed.
246-935-145	Purpose and performance of practical experience standard tasks and procedures.
246-935-150	Definitions.
246-935-160	Basic veterinary science knowledge.
246-935-170	Clinical/pathology and laboratory diagnostics.
246-935-180	Hospital standard operating procedures, instruments, and equipment.

246-935-190	Anesthesia and emergency procedures.
246-935-200	Pharmacy.
246-935-210	Public health, infectious diseases, and zoonosis.
246-935-220	Dental.
246-935-230	Imaging equipment and techniques.
246-935-235	Supervised practical experience and unlicensed practice.
246-935-240	Trainee.
246-935-250	Supervising veterinarian's attestation.
246-935-255	Forms.
246-935-400	Citation and purpose.
246-935-410	Definitions.
246-935-420	Delegated nondiscretionary functions used in preparing, and the administration of, legend drugs, nonlegend drugs and controlled substances.
246-935-430	Controlled substance storage and records.
246-935-440	Maintenance of patient medical records.

WAC 246-935-135 How to obtain a temporary practice permit while the national background check is completed. Fingerprint-based national background checks may cause a delay in licensing. Individuals who satisfy all other licensing requirements and qualifications may receive a temporary practice permit while the national background check is completed.

(1) A temporary practice permit may be issued to an applicant who:

(a) Holds an unrestricted, active license to practice as a veterinary technician in another state that has substantially equivalent licensing standards to those in Washington state;

(b) Is not subject to denial of a license or issuance of a conditional or restricted license; and

(c) Does not have a criminal record in Washington state.

(2) A temporary practice permit grants the individual the full scope of practice as a veterinary technician.

(3) A temporary practice permit will not be renewed, reissued, or extended. A temporary practice permit expires when any one of the following occurs:

(a) The license is granted;

(b) A notice of decision on application is mailed to the applicant, unless the notice of decision on the application specifically extends the duration of the temporary practice permit; or

(c) One hundred eighty days after the temporary practice permit is issued.

(4) To receive a temporary practice permit, the applicant must:

(a) Submit the necessary application, fee(s), and documentation for the license.

(b) Meet all requirements and qualifications for the license, except the results from a fingerprint-based national background check, if required.

(c) Provide verification of having an active unrestricted license to practice as a veterinary technician from another state that has substantially equivalent licensing standards as Washington state.

(d) Submit the fingerprint card and a written request for a temporary practice permit when the department notifies the applicant the national background check is required.

[Statutory Authority: RCW 18.130.064, 18.130.075, and 18.92.030. 10-06-056, § 246-935-135, filed 2/24/10, effective 3/27/10.]

WAC 246-935-145 Purpose and performance of practical experience standard tasks and procedures. (1) The purpose of these rules is to identify knowledge areas and

standard tasks and procedures that must be included in the practical experience of a person who qualifies to take the veterinary technician licensing examination through 9500 hours of experience gained within the last seven years. The rules provide categories of required knowledge areas, tasks and procedures.

(2) The supervising veterinarian will attest to the candidate's knowledge and completion of the required tasks and procedures for the categories of animal on forms provided by the secretary.

(3) The tasks and procedures will be performed under the appropriate supervision by the licensed veterinarian under WAC 246-935-040, 246-935-050, and 246-935-235.

[Statutory Authority: RCW 18.92.128. 10-11-119, § 246-935-145, filed 5/18/10, effective 6/18/10.]

WAC 246-935-150 Definitions. The definitions in this section apply to WAC 246-935-145 through 246-935-255 unless the context clearly requires otherwise.

"Board" means the veterinary board of governors.

"Categories of animals" means:

(a) Companion animals - dogs and cats;

(b) Avian and exotic animals;

(c) Equine;

(d) Food animal and camelids - ruminants and nonruminants;

(e) Large animal includes equine, food animals, and camelids - ruminants and nonruminants.

"Knowledge based demonstration of experience" means the candidate can verbally, in writing, or schematically demonstrate an understanding of the essential principles necessary for successful completion of a required task or procedure.

"Practical demonstration of experience" means the candidate can demonstrate the successful completion of the required task or procedure.

"Practical experience" means a minimum of five years (9500 hours) of full-time experience within a seven year period during which a candidate completes required tasks and procedures consistent with the scope of practice of a licensed veterinary technician.

"Secretary" means the secretary of the department of health.

"Supervising veterinarian" means the licensed veterinarian who provides written attestation to the demonstration of knowledge and completion of experience in the required tasks and procedures.

"Trainee" means a person who:

(a) Has submitted documentation to the board of 7600 hours of experience as an unregistered assistant, or other substantially equivalent training approved by the board; and

(b) Has provided a written declaration of his or her intention to sit for the Veterinary Technician National Examination, or other examination approved by the board, within the next calendar year; and

(c) Possesses a current registration as a veterinary medication clerk as provided in this chapter; and

(d) Has received written confirmation from the board that he or she is designated as a "trainee."

[Statutory Authority: RCW 18.92.128. 10-11-119, § 246-935-150, filed 5/18/10, effective 6/18/10.]

WAC 246-935-160 Basic veterinary science knowledge. The supervising veterinarian will attest to knowledge and completion of the following tasks and procedures related to basic veterinary science.

- (1) General animal knowledge (husbandry, nutrition, species and breed identification, behavior and grooming).
- (2) Anatomy, physiology, and organ systems.
- (3) Restraint techniques.
- (4) Euthanasia techniques and protocol.
- (5) Medical charting, documentation, and veterinary terminology.

[Statutory Authority: RCW 18.92.128. 10-11-119, § 246-935-160, filed 5/18/10, effective 6/18/10.]

WAC 246-935-170 Clinical/pathology and laboratory diagnostics. The supervising veterinarian will attest to knowledge and completion of the following tasks and procedures related to clinical/pathology and laboratory diagnostics.

- (1) Parasitology.
- (2) Serology/hematology.
- (3) Ophthalmologic testing.
- (4) Urinalysis.
- (5) Microbiology.
- (6) Necropsy.
- (7) Cytology.

[Statutory Authority: RCW 18.92.128. 10-11-119, § 246-935-170, filed 5/18/10, effective 6/18/10.]

WAC 246-935-180 Hospital standard operating procedures, instruments, and equipment. The supervising veterinarian will attest to knowledge and completion of the following tasks and procedures related to hospital standard surgical operating procedures, instruments, and equipment.

- (1) Surgery room preparation and protocol.
- (2) Equipment operation and maintenance.
- (3) Routine patient treatment.

[Statutory Authority: RCW 18.92.128. 10-11-119, § 246-935-180, filed 5/18/10, effective 6/18/10.]

WAC 246-935-190 Anesthesia and emergency procedures. The supervising veterinarian will attest to completion of the following tasks, procedures, and knowledge related to anesthesia and emergency procedures.

- (1) Triage. Assessment, recognition, and response to common veterinary emergencies.
- (2) General anesthesia.

[Statutory Authority: RCW 18.92.128. 10-11-119, § 246-935-190, filed 5/18/10, effective 6/18/10.]

WAC 246-935-200 Pharmacy. The supervising veterinarian will attest to knowledge and completion of the following tasks and procedures related to clinical and legal pharmacy practices.

- (1) Veterinary medication clerk certification as required in RCW 18.92.015.
- (2) Major drug categories, pharmacology, uses, and side effects.
- (3) Pharmacy law as related to controlled substances.

[Statutory Authority: RCW 18.92.128. 10-11-119, § 246-935-200, filed 5/18/10, effective 6/18/10.]

WAC 246-935-210 Public health, infectious diseases, and zoonosis. The supervising veterinarian will attest to knowledge and completion of the following tasks and procedures related to infectious diseases and zoonosis.

- (1) Pathology, epidemiology and prevention and treatment of common diseases and zoonosis.
- (2) Vaccinations and basic immunology.
- (3) Public health and safety issues.

[Statutory Authority: RCW 18.92.128. 10-11-119, § 246-935-210, filed 5/18/10, effective 6/18/10.]

WAC 246-935-220 Dental. The supervising veterinarian will attest to completion of the following tasks and procedures and equipment knowledge related to dentistry.

- (1) Dental and oral anatomy, charting, and nomenclature.
- (2) Teeth cleaning, polishing, hand instrumentation, and standard dental equipment.
- (3) Dental disease treatment, diagnostics, pathology, and prevention.

[Statutory Authority: RCW 18.92.128. 10-11-119, § 246-935-220, filed 5/18/10, effective 6/18/10.]

WAC 246-935-230 Imaging equipment and techniques. The supervising veterinarian will attest to completion of the following tasks and procedures and equipment knowledge related to veterinary imaging.

- (1) Radiology.
- (2) Additional imaging technology.

[Statutory Authority: RCW 18.92.128. 10-11-119, § 246-935-230, filed 5/18/10, effective 6/18/10.]

WAC 246-935-235 Supervised practical experience and unlicensed practice. (1) A trainee performing the last 1900 hours of practical experience required before taking the veterinary technician exam, under appropriate supervision as set forth in this chapter, shall not be found to have engaged in the unlicensed practice of veterinary medicine or the unlicensed practice of a veterinary technician.

- (2) During the last 1900 hours of the supervised practical experience period, the trainee may perform the same tasks as a licensed veterinary technician as set forth in WAC 246-935-050, but only under the immediate supervision of a licensed veterinarian.

[Statutory Authority: RCW 18.92.128. 10-11-119, § 246-935-235, filed 5/18/10, effective 6/18/10.]

WAC 246-935-240 Trainee. (1) A trainee is a person who:

- (a) Has submitted documentation to the board of 7600 hours of experience as an unregistered assistant, or other substantially equivalent training approved by the board; and
- (b) Has provided a written declaration of his or her intention to sit for the veterinary technician national examination, or other examination approved by the board, within the next calendar year; and
- (c) Possesses a current registration as a veterinary medication clerk as provided in this chapter.

- (2) The trainee designation is valid until the results of the examination scores referred to in subsection (1)(b) of this

section are available or for a period not to exceed one calendar year, whichever occurs first.

(3) If a trainee fails to complete the supervised experience requirements within the last calendar year of the supervised experience time period, or any time extension granted by the board, the person's trainee status expires and the person may only perform tasks as an unregistered assistant.

(4) The board may grant an extension of the time in which a trainee may complete the supervised experience requirements due to illness or other extenuating circumstances. Trainees seeking an extension must petition the board, in writing, at least forty-five days prior to the expiration of the trainee period.

[Statutory Authority: RCW 18.92.128. 10-11-119, § 246-935-240, filed 5/18/10, effective 6/18/10.]

WAC 246-935-250 Supervising veterinarian's attestation. The supervising veterinarian shall complete an attestation, on forms provided by the secretary, verifying successful completion of the required tasks and procedures. These forms are set forth in WAC 246-935-255. The attestation shall include at a minimum:

- (1) Identification or description of the procedure or task.
- (2) Identification of the individual performing the task or procedure.
- (3) Identification of the supervising veterinarian.
- (4) Date the task or procedure was completed.
- (5) Whether the procedure or task was completed using practical demonstration of experience or knowledge based demonstration of experience.

[Statutory Authority: RCW 18.92.128. 10-11-119, § 246-935-250, filed 5/18/10, effective 6/18/10.]

WAC 246-935-255 Forms. (1) Checklist for WAC 246-935-160(1) general animal knowledge.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 1

Checklist for WAC 246-935-160(1) general animal knowledge

GENERAL ANIMAL KNOWLEDGE (HUSBANDRY, NUTRITION, SPECIES AND BREED IDENTIFICATION, BEHAVIOR AND GROOMING)

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
GENERAL ANIMAL KNOWLEDGE			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<i>PRACTICAL DEMONSTRATION/COMPANION ANIMAL</i>			
Properly perform nail trim and anal gland expression on canine.	<input type="checkbox"/>		
Properly perform nail trim and anal gland expression on feline.	<input type="checkbox"/>		
Properly perform bathing of canine.	<input type="checkbox"/>		
Properly perform bathing of feline.	<input type="checkbox"/>		
Demonstrate the ability to identify major cat and dog breeds and physical descriptive terminology.	<input type="checkbox"/>		
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<i>KNOWLEDGE BASE/COMPANION ANIMAL</i>			
Describe daily water and calorie intake requirements for canine and feline.	<input type="checkbox"/>		
Describe the dietary importance of: Carbohydrates, protein, fat, minerals, and water.	<input type="checkbox"/>		
Describe difference between pica and coprophagia.	<input type="checkbox"/>		
Describe three common feline behavioral problems and possible solutions.	<input type="checkbox"/>		
Describe three common canine behavioral problems and possible solutions.	<input type="checkbox"/>		
Describe the gestation period for canine and feline species.	<input type="checkbox"/>		
Describe core vaccines provided to canine and feline.	<input type="checkbox"/>		
Describe the differences between live vaccine, modified and killed.	<input type="checkbox"/>		
Describe the signs of the estrous cycle in canines.	<input type="checkbox"/>		
Describe the protocol for worming and vaccinations in puppies and kittens.	<input type="checkbox"/>		

Describe the minimum caging requirement for avian husbandry.	<input type="checkbox"/>		
Describe the feathers included when trimming wings of birds to prevent flying.	<input type="checkbox"/>		
Describe the basic characteristics seen in the different canine breed groups: Herding, hunting, working dog, terrier, etc.	<input type="checkbox"/>		
PRACTICAL DEMONSTRATION/LARGE ANIMAL	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Successfully prepare a tail tie and tail wrap on a horse.	<input type="checkbox"/>		
Clean hooves of a horse.	<input type="checkbox"/>		
	<input type="checkbox"/>		
KNOWLEDGE BASE/LARGE ANIMAL	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Describe three common equine behavioral problems and possible solutions.	<input type="checkbox"/>		
Accurately identify animals in the correct species for ovine, porcine, caprine, and bovine.	<input type="checkbox"/>		
Describe different methods for identification of large animals (tattoos and various locations, hot branding, hoof branding, trichoglyphs, and freeze branding).	<input type="checkbox"/>		
Describe gestation period for equine, bovine, caprine, porcine and ovine.	<input type="checkbox"/>		
Describe core vaccines for equine.	<input type="checkbox"/>		
Describe three stages of equine labor, signs and associated timelines.	<input type="checkbox"/>		
Describe "foal heat diarrhea."	<input type="checkbox"/>		
Describe when worming and vaccination should occur for foals.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(2) Checklist for WAC 246-935-160(2) anatomy, physiology and organ systems.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 2

Checklist for WAC 246-935-160(2) anatomy, physiology and organ systems

ANATOMY, PHYSIOLOGY AND ORGAN SYSTEMS

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
ANATOMY, PHYSIOLOGY AND ORGAN SYSTEMS			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
KNOWLEDGE BASE/COMPANION ANIMAL			
Accurately describe the body cavities and their subdivisions for canine and feline species.	<input type="checkbox"/>		
Describe the following fractures: Greenstick, transverse, oblique, spiral, comminuted, and physeal.	<input type="checkbox"/>		
Define the difference between cell, tissue, organ and system.	<input type="checkbox"/>		

Define the following visceral terms: Peritoneum, pleura, pericardium.	<input type="checkbox"/>		
Define terms associated with physiology: Atrophy, hypertrophy, aplasia, hyperplasia, hypoplasia, metabolism, anabolism, catabolism, osmosis, isotonic, hypertonic, and hypotonic.	<input type="checkbox"/>		
List the functions of water in the body and the difference between intracellular and intercellular fluid.	<input type="checkbox"/>		
Define the functions of protein in the body.	<input type="checkbox"/>		
Define the process of phagocytosis.	<input type="checkbox"/>		
Describe the four primary types of tissues in the body.	<input type="checkbox"/>		
Describe four epithelial cells in the body.	<input type="checkbox"/>		
Define osteocyte, osteoblast, and osteoclast.	<input type="checkbox"/>		
Define the structure of the following long bones: Epiphysis, diaphysis, cancellous bone, and compact bone.	<input type="checkbox"/>		
List vertebral formula for dogs.	<input type="checkbox"/>		
List three types of cartilage and where found (hyaline, elastic, and fibro).	<input type="checkbox"/>		
List three primary types of joints and where found (fibrous, cartilaginous, synovial).	<input type="checkbox"/>		
Define the difference between a tendon and a ligament.	<input type="checkbox"/>		
List three types of muscle tissue and where found (smooth, cardiac, and skeletal).	<input type="checkbox"/>		
Define the following movement terms: Abduction, adduction, flexion, extension, pronation, and supination.	<input type="checkbox"/>		
Define EKG wave and what each segment represents in terms of heart electrical conduction.	<input type="checkbox"/>		
Describe portal circulation.	<input type="checkbox"/>		
Describe pulmonary circulation.	<input type="checkbox"/>		
Describe systemic circulation.	<input type="checkbox"/>		
Describe the digestive process from ingestion to defecation.	<input type="checkbox"/>		
Describe the primary functions of the liver.	<input type="checkbox"/>		
Describe the disorder called portal systemic shunt.	<input type="checkbox"/>		
Describe the difference between sympathetic and parasympathetic nervous system and the actions of each.	<input type="checkbox"/>		
List in order the segments of the intestine.	<input type="checkbox"/>		
Describe three protective layers of central nervous system and the term "blood brain barrier."	<input type="checkbox"/>		
Describe the structure of the respiratory system in order.	<input type="checkbox"/>		
Define the terms pneumothorax, hemothorax, pyothorax, and chylothorax.	<input type="checkbox"/>		
Define surfactant and atelectasis.	<input type="checkbox"/>		
Define the terms eupnea, apnea, dyspnea, polypnea, hyperpnea, and hypercapnia.	<input type="checkbox"/>		
List five openings to the pharynx.	<input type="checkbox"/>		
List four parts of the larynx.	<input type="checkbox"/>		
Describe five primary functions of the kidney.	<input type="checkbox"/>		
List common waste products found in urine.	<input type="checkbox"/>		
Describe the organs of the urinary system.	<input type="checkbox"/>		
Describe the process of urine formation in the kidneys.	<input type="checkbox"/>		
Define estrogen and progesterone and when and where produced.	<input type="checkbox"/>		
Describe five stages of estrous cycle in canine and what is occurring in each stage.	<input type="checkbox"/>		
Describe "seasonally polyestrous" and list two species associated with this.	<input type="checkbox"/>		
Define colostrum, its importance and time sensitive nature.	<input type="checkbox"/>		
Define ovariectomy.	<input type="checkbox"/>		
Describe pituitary gland and the hormones secreted in anterior and posterior section.	<input type="checkbox"/>		
Define os penis and in what species it occurs.	<input type="checkbox"/>		
Define the two thyroid gland hormones and importance of each.	<input type="checkbox"/>		
Define the parathyroid gland and its importance.	<input type="checkbox"/>		
Describe adrenal glands, location, and importance.	<input type="checkbox"/>		

Describe the location and importance of the pancreas.	<input type="checkbox"/>		
Describe difference between T and B cells and where formed.	<input type="checkbox"/>		
Define canine "tie" and how it is resolved.	<input type="checkbox"/>		
Describe fetal circulation and problems with patent ductus arteriosus.	<input type="checkbox"/>		
Define origin and insertion in terms of anatomical structures.	<input type="checkbox"/>		
Demonstrate knowledge and terminology of the bones of the limbs, axial, skeleton, and the skull.	<input type="checkbox"/>		
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
KNOWLEDGE BASE/LARGE ANIMAL			
Identify the body cavities in the horse and their subdivisions.	<input type="checkbox"/>		
List vertebral formula for a horse.	<input type="checkbox"/>		
List the four parts of the bovine stomach and what occurs in each part.	<input type="checkbox"/>		
Define "hardware disease" seen in cattle.	<input type="checkbox"/>		
Describe "gastric groove" associated with young bovine and importance.	<input type="checkbox"/>		
Describe "heaves" in a horse and what physical changes you would see.	<input type="checkbox"/>		
Describe parts of hoof in a horse.	<input type="checkbox"/>		
Describe "proud flesh" seen in horses.	<input type="checkbox"/>		
Demonstrate knowledge and terminology of the bones of the limbs, axial, skeleton, and the skull.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named Veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(3) Checklist for WAC 246-935-160(3) restrain techniques.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 3

Checklist for WAC 246-935-160(3) restraint techniques

RESTRAINT TECHNIQUES

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
RESTRAINT TECHNIQUES			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
PRACTICAL DEMONSTRATION/COMPANION ANIMAL			
Demonstrate the following restraints:	<input type="checkbox"/>		
• Canine sternal recumbency restraint.	<input type="checkbox"/>		
• Canine lateral recumbency restraint.	<input type="checkbox"/>		
• Canine cephalic venipuncture restraint.	<input type="checkbox"/>		
• Canine saphenous venipuncture restraint.	<input type="checkbox"/>		
• Canine jugular venipuncture restraint.	<input type="checkbox"/>		
• Canine eye/ear medication restraint.	<input type="checkbox"/>		
• Canine intramuscular injection or nail trim restraint.	<input type="checkbox"/>		
• Canine gauze muzzle application.	<input type="checkbox"/>		
• Canine nylon/leather muzzle application.	<input type="checkbox"/>		
• Feline cephalic venipuncture restraint.	<input type="checkbox"/>		

• Feline jugular venipuncture.	<input type="checkbox"/>		
• Feline sternal recumbency "cat press" restraint.	<input type="checkbox"/>		
• Feline lateral recumbency "cat stretch" restraint.	<input type="checkbox"/>		
• Feline towel restraint.	<input type="checkbox"/>		
• Feline muzzle application.	<input type="checkbox"/>		
KNOWLEDGE BASE/COMPANION ANIMAL	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Describe the use of a rabies pole.	<input type="checkbox"/>		
PRACTICAL DEMONSTRATION/LARGE ANIMAL	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Demonstrate haltering and leading a large animal.	<input type="checkbox"/>		
KNOWLEDGE BASE/LARGE ANIMAL	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Describe a chain lead with halter already in place on horse.	<input type="checkbox"/>		
Describe a chain or rope nose twitch to a haltered horse.	<input type="checkbox"/>		
Describe a tail restraint in bovine patient.	<input type="checkbox"/>		
KNOWLEDGE BASE/AVIAN	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Describe a beak trim restraint.	<input type="checkbox"/>		
Describe a pedicure restraint.	<input type="checkbox"/>		
Describe a wing trim restraint.	<input type="checkbox"/>		
Describe a blood draw restraint.	<input type="checkbox"/>		
Describe a medication administration restraint.	<input type="checkbox"/>		
KNOWLEDGE BASE/FERRET	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Describe a physical exam restraint.	<input type="checkbox"/>		
Describe a pedicure restraint.	<input type="checkbox"/>		
Describe a blood draw restraint.	<input type="checkbox"/>		
Describe a medication administration restraint.	<input type="checkbox"/>		
KNOWLEDGE BASE/RABBIT	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Describe a pedicure restraint.	<input type="checkbox"/>		
Describe a tooth trimming restraint.	<input type="checkbox"/>		
Describe a physical exam restraint.	<input type="checkbox"/>		
Describe a blood draw restraint.	<input type="checkbox"/>		
Describe a medication administration restraint.	<input type="checkbox"/>		
Describe the most common injury in rabbit restraints.	<input type="checkbox"/>		
KNOWLEDGE BASE/RODENT	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Describe a pedicure restraint.	<input type="checkbox"/>		
Describe a tooth trimming restraint.	<input type="checkbox"/>		
Describe a physical exam restraint.	<input type="checkbox"/>		
Describe a blood draw restraint.	<input type="checkbox"/>		
Describe a medication administration restraint.	<input type="checkbox"/>		
Describe the difference in restraint between a mouse and a rat.	<input type="checkbox"/>		
Supervising veterinarian signature			

I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.

SIGNATURE OF SUPERVISING VETERINARIAN DATE SIGNED

(4) WAC 246-935-160(4) checklist for euthanasia techniques and protocols.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 4

Checklist for Euthanasia Techniques and Protocols

EUTHANASIA TECHNIQUES AND PROTOCOLS

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
EUTHANASIA TECHNIQUES AND PROTOCOLS			
PRACTICAL DEMONSTRATION	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Demonstrate the explanation to a companion animal owner about what to expect during and immediately after euthanasia of a cat or dog by venous lethal injection.	<input type="checkbox"/>		
KNOWLEDGE BASE	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Describe how the following are important in determining a method of euthanasia.	<input type="checkbox"/>		
• Safety (personal, of bystanders, of the environment).	<input type="checkbox"/>		
• Intended post-mortem diagnostics.	<input type="checkbox"/>		
• Intended consumption/use of animal products.	<input type="checkbox"/>		
• Disposal of remains.	<input type="checkbox"/>		
Describe the two main things that must happen prior to death in order for euthanasia to be considered humane.	<input type="checkbox"/>		
• Minimal stress, pain and anxiety of the animal.	<input type="checkbox"/>		
• Unconsciousness.	<input type="checkbox"/>		
Describe the pros and cons of the following general forms of euthanasia.	<input type="checkbox"/>		
• Lethal chemical injection.	<input type="checkbox"/>		
• Mechanical (gunshot, captive bolt, cervical disarticulation, pithing).	<input type="checkbox"/>		
• Lethal inhalant.	<input type="checkbox"/>		
• Stunning with exsanguination.	<input type="checkbox"/>		
Explain why freezing alone is not considered a humane form of euthanasia.	<input type="checkbox"/>		
Demonstrate the correct place on a cow skull for gunshot or stunning.	<input type="checkbox"/>		
Describe the content and reason for a euthanasia release form.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(5) WAC 246-935-160(5) checklist medical records.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 5

Checklist for WAC 246-935-160(5) medical records

MEDICAL RECORDS

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
MEDICAL RECORDS			
<i>PRACTICAL DEMONSTRATION</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Write at least five legally accurate and complete entries into a medical record consistent with Washington state law.	<input type="checkbox"/>		
<i>KNOWLEDGE BASE</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
You have just administered a drug to a veterinary patient: Under Washington state law, list the five things that must be legally recorded in the medical record for this action.	<input type="checkbox"/>		
Define what each letter of the acronym "SOAP" means in relation to medical record entries.	<input type="checkbox"/>		
Discuss the term "informed consent."	<input type="checkbox"/>		
Define signalment.	<input type="checkbox"/>		
Describe presenting complaints and patient history (signs vs presumed diagnosis).	<input type="checkbox"/>		
Discuss what information to include in the record and the use of non-leading questions.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(6) WAC 246-935-170(1) checklist for parasitology.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 6

Checklist for WAC 246-935-170(1) parasitology

PARASITOLOGY

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
PARASITOLOGY			

	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
PRACTICAL DEMONSTRATION/COMPANION AND LARGE ANIMAL			
Perform proper set up of fecal direct smear.	<input type="checkbox"/>		
Perform proper set up of fecal flotation.	<input type="checkbox"/>		
Perform proper set up of Baehrman flotation.	<input type="checkbox"/>		
Accurately identify protozoa in fecal sample including <i>Coccidia</i> and <i>Giardia</i> .	<input type="checkbox"/>		
Accurately identify roundworm, hookworm, and whipworm eggs in fecal sample.	<input type="checkbox"/>		
Accurately identify spirochetes and bacteria in fecal sample.	<input type="checkbox"/>		
Accurately perform ear cytology and identify ear mites.	<input type="checkbox"/>		
Accurately perform skin scraping and identify <i>Demodex</i> mites.	<input type="checkbox"/>		
Accurately identify tapeworm and tapeworm segments and adult roundworm in gross examination.	<input type="checkbox"/>		
KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL			
Describe the difference between <i>Taenia</i> and <i>Dipylidium</i> species of tapeworm, physical differences, transmission, identification, and prevention.	<input type="checkbox"/>		
Describe the difference between <i>Demodex</i> and <i>Sarcoptes</i> mites and the collection methods.	<input type="checkbox"/>		
Describe proper handling techniques in the collection and testing of fecal samples for various diagnostic tests.	<input type="checkbox"/>		
Define terms: Steatorrhea, amylorrhea, creatorrhea, and what you would see in a fecal exam.	<input type="checkbox"/>		
Describe what you would expect to see using direct smear, fecal flotation medium, and Baehrman technique.	<input type="checkbox"/>		
Describe cellophane tape method to detect pinworms in horses.	<input type="checkbox"/>		
Describe cellophane tape method to detect <i>Cheyletiella</i> .	<input type="checkbox"/>		
Describe physical differences between biting lice and sucking lice, diseases transmitted, and treatment of infestation.	<input type="checkbox"/>		
Describe protozoa (<i>Giardia</i> and <i>Coccidia</i>) and how detected.	<input type="checkbox"/>		
Describe common bacteria seen in fecal samples and how to identify.	<input type="checkbox"/>		
Describe <i>Nanophyetus</i> organism, disease, and treatment.	<input type="checkbox"/>		
Describe common intracellular rickettsial diseases, how identified, and transmission.	<input type="checkbox"/>		
Describe flea lifecycle, identification, and diseases transmitted (<i>Ctenocephalides felis</i>).	<input type="checkbox"/>		
Describe soft and hard ticks, their lifecycle, identification, common diseases transmitted, and treatment of tick infestation.	<input type="checkbox"/>		
Describe common mites seen in veterinary practice, lifecycle of each, identification, symptoms seen with infestation, and treatment (<i>Demodex</i> , <i>Sarcoptes</i> , <i>Otodectes</i> , and <i>Cheyletiella</i>).	<input type="checkbox"/>		
Explain how <i>Giardia</i> snap tests work and sample collection process.	<input type="checkbox"/>		
Describe <i>Cuterebra</i> larvae identification and treatment.	<input type="checkbox"/>		
Define <i>Trichomonas</i> transmission, infection, and treatment.	<input type="checkbox"/>		
Define pinworms, transmission identification, and treatment.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(7) Checklist for WAC 246-935-170(2) serology and hematology.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 7

Checklist for WAC 246-935-170(2) serology and hematology

SEROLOGY AND HEMATOLOGY

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
SEROLOGY AND HEMATOLOGY			
<i>PRACTICAL DEMONSTRATION/COMPANION ANIMAL</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Accurately collect and read a PCV sample.	<input type="checkbox"/>		
Perform blood sample collection using the jugular vein in a dog or cat.	<input type="checkbox"/>		
Perform blood sample collection using a cephalic vein in a dog or cat.	<input type="checkbox"/>		
Perform blood sample collection using the femoral vein in a cat.	<input type="checkbox"/>		
Perform blood sample collection using the saphenous vein in a dog.	<input type="checkbox"/>		
Prepare and stain blood smears.	<input type="checkbox"/>		
Accurately read and document manual differential on a cat.	<input type="checkbox"/>		
Accurately read and document manual differential on a dog.	<input type="checkbox"/>		
Accurately perform sample collection and recording of total protein.	<input type="checkbox"/>		
Accurately identify red blood cell inclusions and abnormalities.	<input type="checkbox"/>		
Accurately identify white blood cell abnormalities.	<input type="checkbox"/>		
Complete one SNAP test (heartworm, FELV, or FIV).	<input type="checkbox"/>		
<i>PRACTICAL DEMONSTRATION/LARGE ANIMAL</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Perform blood sample collection using jugular vein in large animal species.	<input type="checkbox"/>		
<i>KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Describe the difference between whole blood, plasma, and serum.	<input type="checkbox"/>		
Describe the different blood tubes and their additives and purpose (RTT, SST, GTT, BTT, LTT).	<input type="checkbox"/>		
Describe layers and content in a spun RTT or SST or PCV tube.	<input type="checkbox"/>		
Describe the primary function and production of red and white blood cells.	<input type="checkbox"/>		
List the five types of white blood cells, description, and functions.	<input type="checkbox"/>		
Describe thrombocytes: Including a description, the purpose, and production process.	<input type="checkbox"/>		
Define the difference between HCT and PCV.	<input type="checkbox"/>		
Define common terms used in hematology analysis including: Rouleaux, agglutination, polychromasia, hypochromasia, poikilocytes, spherocytes, stomatocytes, acanthocytes, polycythemia, schistocytes, reticulocytes and echinocytes.	<input type="checkbox"/>		
Define and describe common findings associated with red blood cells including: Basophilic stippling, howell-jolly bodies, Heinz bodies, <i>Hemobartonella felis</i> , <i>Hemobartonella canis</i> , <i>babesia</i> , <i>Ehrlichia canis</i> , <i>Dirofilaria immitis</i> vs <i>Dipetalonema reconditum</i> , and Polycythemia.	<input type="checkbox"/>		
Describe what you would expect to see with stress leukogram.	<input type="checkbox"/>		

Define and describe common findings associated with white blood cells including dohle bodies, toxic neutrophils, neutropenia, neutrophilia, left shift, band cells, lymphocytosis, lymphopenia, monocytosis, and eosinophilia.	<input type="checkbox"/>		
Define and describe thrombocythemia and thrombocytopenia.	<input type="checkbox"/>		
Define three indices used in evaluating anemia (MCV, MCHC, and MCH) and how each is calculated.	<input type="checkbox"/>		
Define the difference between regenerative and nonregenerative anemia and what you would expect to see on differential with each.	<input type="checkbox"/>		
Describe proper storage of blood samples.	<input type="checkbox"/>		
Describe proper sample collection and preservation for serum and plasma.	<input type="checkbox"/>		
Define what the three abnormal colors seen in plasma serum signify (yellow, white, and red).	<input type="checkbox"/>		
Describe cross matching and blood typing required prior to blood transfusion in cats and dogs.	<input type="checkbox"/>		
Describe hemocytometers and the process used in a manual count for red and white blood cells.	<input type="checkbox"/>		
Describe when it would not be appropriate to collect samples from a dog or cat using the jugular vein.	<input type="checkbox"/>		
For blood chemistries, define each of the following enzyme tests and what they measure: Bun, Crea, Ck, Alt, Bili, GGT, Alkp, Amyl, Lip, BG, TP, Alb, Glob, A:G Ratio.	<input type="checkbox"/>		
For electrolytes, define each and their primary functions: CA ⁺⁺ , Phos, Na ⁺ , K ⁺ , Mg, Cl ⁻ , BiCarb.	<input type="checkbox"/>		
Define different coagulation tests and process used for each: ACT, PT, PTT, buccal mucosal bleeding time, and fibrinogen assay.	<input type="checkbox"/>		
Define antigen/antibody testing associated with common SNAP tests (heartworm, FELV, and FIV).	<input type="checkbox"/>		
Define titers and titer testing and how it can be used in determining vaccination intervals.	<input type="checkbox"/>		
Supervising veterinarian signature I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(8) Checklist for WAC 246-935-170(3) ophthalmologic testing.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 8

Checklist for WAC 246-935-170(3) ophthalmologic testing

OPHTHALMOLOGIC TESTING

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
OPHTHALMOLOGIC TESTING			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
PRACTICAL DEMONSTRATION/COMPANION ANIMAL			
Perform tear production testing and accurately note results.	<input type="checkbox"/>		
Safely and accurately administer topical eye anesthetic.	<input type="checkbox"/>		
Safely and accurately use fluorescein stain on the cornea.	<input type="checkbox"/>		

	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL			
Describe the process used to test for cornea damage.	<input type="checkbox"/>		
Describe the process for tear testing and normal and abnormal values.	<input type="checkbox"/>		
Describe common topical ophthalmological anesthetics use; process, storage, and risks.	<input type="checkbox"/>		
Define the purpose of tonometry and use in animal practice.	<input type="checkbox"/>		
Describe the anatomy of the eye.	<input type="checkbox"/>		
Describe the characteristics of common eye conditions including: Glaucoma, cataract, entropion, prolapsed gland of the nictitans, lenticular sclerosis, and keratoconjunctiva sicca.	<input type="checkbox"/>		
Supervising veterinarian signature I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(9) Checklist for WAC 246-935-170(4) urinalysis.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 9

Checklist for WAC 246-935-170(4) urinalysis

URINALYSIS

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
URINALYSIS			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
PRACTICAL DEMONSTRATION/COMPANION ANIMAL			
Accurately collect a urine sample using the free catch method in canine.	<input type="checkbox"/>		
Accurately collect urine sample using manual expression method in feline.	<input type="checkbox"/>		
Perform a gross examination of a urine sample.	<input type="checkbox"/>		
Perform urine sample collection via catheterization of a male canine.	<input type="checkbox"/>		
Accurately complete urinalysis including centrifuging a sample, completing a urine chemistry strip, and specific gravity.	<input type="checkbox"/>		
Prepare, read, and record enough urine sediments to accurately identify bacteria, mucous, fat, yeast, sperm, crystals, casts, cellular content, and artifacts.	<input type="checkbox"/>		
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL			
Describe proper urine sample collection and storage.	<input type="checkbox"/>		
Describe changes that occur in urine samples left at room temperature.	<input type="checkbox"/>		
Define common urinary terms including: Polyuria, oliguria, polakiuria, stranguria, and anuria.	<input type="checkbox"/>		
Explain what can cause urine to be the following colors: Yellow, brown, green, red-to-reddish brown, cloudy, and flocculent.	<input type="checkbox"/>		
Define terms hematuria, hemoglobinuria, and myoglobinuria.	<input type="checkbox"/>		

Define specific gravity and why it is tested.	<input type="checkbox"/>		
Define pH and what it measures.	<input type="checkbox"/>		
Regarding urinary chemistry strips, define each: Protein, glucose, ketones, bilirubin, and blood.	<input type="checkbox"/>		
Define the difference between diabetes mellitus and diabetes insipidus.	<input type="checkbox"/>		
Define and describe three common types of casts seen in urine and where in the urinary system they are produced.	<input type="checkbox"/>		
Describe toxicities/conditions seen in urine that produce leucine, ammonium biurate, tyrosine, triple phosphate, and Ca ⁺⁺ oxalate crystals.	<input type="checkbox"/>		
Describe two parasites seen in small animal urine (<i>Capillaria plica</i> and <i>Dioctophyma renale</i>).	<input type="checkbox"/>		
Define radio-opaque vs. radiolucent and what bladder stones are in each category.	<input type="checkbox"/>		
Define and describe four urolith's compositions of the urinary tract system (triple phosphate, urate, cystine, and oxalate).	<input type="checkbox"/>		
Define the process for cystocentesis from a small animal.	<input type="checkbox"/>		
Describe the impact of collection methods on urinalysis interpretation.	<input type="checkbox"/>		
Describe SSA testing.	<input type="checkbox"/>		
Describe micro albuminuria.	<input type="checkbox"/>		
Supervising veterinarian signature I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(10) Checklist for WAC 246-935-170(5) microbiology.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 10

Checklist for WAC 246-935-170(5) microbiology

MICROBIOLOGY

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
MICROBIOLOGY			
<i>PRACTICAL DEMONSTRATION/COMPANION AND LARGE ANIMAL</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Properly collect a sample and inoculate fungal media.	<input type="checkbox"/>		
Accurately read colony growth present on fungal media.	<input type="checkbox"/>		
Properly collect a sample of suspected bacteria for gram staining.	<input type="checkbox"/>		
Accurately identify ear swabs and skin impression cytology, identifying bacteria and yeast.	<input type="checkbox"/>		
<i>KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Describe fungal culture media and the difference in appearance between a true positive and a contaminate result.	<input type="checkbox"/>		
Define process and stains used in gram staining.	<input type="checkbox"/>		
Define the process and importance of gram staining.	<input type="checkbox"/>		

Describe the culture media used to identify bacteria including MacConkey, Blood agar, and Mannitol salt agar.	<input type="checkbox"/>		
Describe antibiotic susceptibility testing such as Mueller-Hinton.	<input type="checkbox"/>		
Describe aerobic and anaerobic bacteria.	<input type="checkbox"/>		
Describe the general differences between viral and bacterial organisms.	<input type="checkbox"/>		
Explain the meaning of MIC.	<input type="checkbox"/>		
Supervising veterinarian signature I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(11) Checklist for WAC 246-935-170(6) necropsy procedure.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 11

Checklist for WAC 246-935-170(6) necropsy procedure

NECROPSY PROCEDURE

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
NECROPSY PROCEDURE			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL			
Describe physical requirements needed to perform necropsy in animal hospital.	<input type="checkbox"/>		
Describe personnel safety procedures to be followed when performing necropsy.	<input type="checkbox"/>		
Describe complete method used to preserve and submit a sample to the state health department when testing for rabies.	<input type="checkbox"/>		
Describe the proper handling and disposal of animal remains that are suspect for zoonotic disease.	<input type="checkbox"/>		
Supervising veterinarian signature I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(12) Checklist for WAC 246-935-170(7) cytology.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 12

Checklist for WAC 246-935-170(7) cytology

CYTOLOGY

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
CYTOLOGY			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<i>PRACTICAL DEMONSTRATION/COMPANION AND LARGE ANIMAL</i>			
Perform an accurate vaginal cytology, and correctly assess the stage of estrous cycle in canine.	<input type="checkbox"/>		
Demonstrate and perform proper sample collection procedure for fine needle aspiration of skin mass or cyst, and an impression smear.	<input type="checkbox"/>		
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<i>KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL</i>			
Describe what you would expect to see on a vaginal cytology from each of the four cycles of canine estrous.	<input type="checkbox"/>		
Describe what you would expect to see in cytology exam in septic wound impression smear.	<input type="checkbox"/>		
Describe what you would expect to see in fluid cytology of nonseptic cyst.	<input type="checkbox"/>		
Supervising veterinarian signature I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(13) Checklist for WAC 246-935-180(1) surgery room preparation and protocol.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 13

Checklist for WAC 246-935-180(1) surgery room preparation and protocol

SURGERY ROOM PREPARATION AND PROTOCOL

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
SURGERY ROOM PREPARATION AND PROTOCOL			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<i>PRACTICAL DEMONSTRATION</i>			
Successful assembly and sterilization of standard surgical packs.	<input type="checkbox"/>		
Identify common surgical instrument names, basic use, cleaning, and maintenance.	<input type="checkbox"/>		
Successfully complete sterile gowning and gloving.	<input type="checkbox"/>		
Demonstrate aseptic surgical field draping and maintenance.	<input type="checkbox"/>		
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<i>KNOWLEDGE BASE</i>			
Describe principles of steam, ethylene oxide gas, and cold sterilization.	<input type="checkbox"/>		
Describe various techniques of aseptic hanging surgical preparation of a limb.	<input type="checkbox"/>		

Identify suture and needle type, size, qualities, nomenclature, and basic usage.	<input type="checkbox"/>		
Describe proper collection and disposal of biohazard materials.	<input type="checkbox"/>		
Identify categories of anesthetic monitoring equipment and what they monitor.	<input type="checkbox"/>		
Describe patient warming devices, their safe operation, and risks.	<input type="checkbox"/>		
Describe aseptic vs. antiseptic.	<input type="checkbox"/>		
Supervising veterinarian signature I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(14) Checklist for WAC 246-935-180(2) equipment operation and maintenance.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 14

Checklist for WAC 246-935-180(2) equipment operation and maintenance

EQUIPMENT OPERATION AND MAINTENANCE

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
EQUIPMENT OPERATION AND MAINTENANCE			
<i>PRACTICAL DEMONSTRATION</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Demonstrate successful operation of three types of surgical patient monitors.	<input type="checkbox"/>		
Set up, pressure test and trouble shoot an anesthetic machine.	<input type="checkbox"/>		
Demonstrate ability to read gas levels and change cylinders for medical gases.	<input type="checkbox"/>		
Successful setup and operation of an IV fluid pump.	<input type="checkbox"/>		
<i>KNOWLEDGE BASE</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Describe the types, uses, and safety issues of compressed gases.	<input type="checkbox"/>		
Describe the basic principles of suction equipment, electrocautery set up, safety, and usage.	<input type="checkbox"/>		
Supervising veterinarian signature I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(15) Checklist for WAC 246-935-180(3) routine patient treatment.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 15

Checklist for WAC 246-935-180(3) routine patient treatment

ROUTINE PATIENT TREATMENT

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
ROUTINE PATIENT TREATMENT			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<i>PRACTICAL DEMONSTRATION/COMPANION ANIMAL</i>			
Administer oral, subQ, IM, and IV medication.	<input type="checkbox"/>		
Perform proper clipping, positioning, and scrubbing technique of three surgical areas.	<input type="checkbox"/>		
Place and secure peripheral IV catheter in a cat and a dog.	<input type="checkbox"/>		
Demonstrate microchip insertion into a cat or a dog.	<input type="checkbox"/>		
Demonstrate force feeding a cat.	<input type="checkbox"/>		
Perform simple interrupted and simple continuous suturing of prepared skin.	<input type="checkbox"/>		
Perform pain assessment of a cat and dog.	<input type="checkbox"/>		
Display accurate assessment of temperature, pulse and respiratory rate in a cat and dog.	<input type="checkbox"/>		
Ability to determine fluid requirements and IV rate based on patient hydration and needs.	<input type="checkbox"/>		
Identify components and apply a three-layer bandage on cat or dog.	<input type="checkbox"/>		
Identify components and apply a Robert Jones bandage.	<input type="checkbox"/>		
Perform bladder expression on anesthetized or debilitated dog or cat.	<input type="checkbox"/>		
Complete effective oral delivery of post-op instructions to owner/agent.	<input type="checkbox"/>		
Calculation of maintenance IV fluid rate.	<input type="checkbox"/>		
Ability to trouble-shoot a nonflowing IV fluid system.	<input type="checkbox"/>		
Demonstrate the management and removal of drains.	<input type="checkbox"/>		
Demonstrate principles of effective in-person and telephone communication.	<input type="checkbox"/>		
<i>PRACTICAL DEMONSTRATION/LARGE ANIMALS</i>			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Perform temperature, pulse, and respiration in large animals.	<input type="checkbox"/>		
Perform general hoof examination in large animals including coloration, texture, temperature, and pulse.	<input type="checkbox"/>		
Place and secure a jugular IV catheter in a large animal.	<input type="checkbox"/>		
Assess GI motility.	<input type="checkbox"/>		
Give an IM injection in three different locations on a horse.	<input type="checkbox"/>		
<i>KNOWLEDGE BASE/COMPANION ANIMAL AND EXOTICS</i>			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Define standard ranges for vital signs for a dog, cat, and one exotic species.	<input type="checkbox"/>		
Identify the optimal venipuncture sites for dog, cat, and at least two exotic species.	<input type="checkbox"/>		
Describe both clean and contaminated wounds.	<input type="checkbox"/>		

Describe the four stages of wound healing.	<input type="checkbox"/>		
Identify common bandaging, splinting, casting materials, and their uses.	<input type="checkbox"/>		
Describe standard bandage, splint, and cast management or care (in hospital and at home).	<input type="checkbox"/>		
Identify the types of IV fluids and their uses.	<input type="checkbox"/>		
Describe nomenclature of catheters, needles, injection ports, and syringes.	<input type="checkbox"/>		
Know process for urinary catheterization of cats and female dogs.	<input type="checkbox"/>		
Identification of all common suture patterns.	<input type="checkbox"/>		
Identify common techniques to prevent patient wound disruption/mutilation.	<input type="checkbox"/>		
Identify routine chemicals for disinfection and their appropriate usage.	<input type="checkbox"/>		
Identify common abnormal behaviors in hospitalized cats, dogs, and horses.	<input type="checkbox"/>		
Define different bandage application including wet to dry, wet to wet, and dry.	<input type="checkbox"/>		
Describe these common medical problems seen in birds, symptoms, causes, and treatment: Feather picking, pododermatitis, knemidocoptic mange, overgrown beak, and metabolic bone disease, hypovitaminosis A, and egg binding.	<input type="checkbox"/>		
Describe common medical problems seen in mice and rats (mammary gland tumors, pulmonis bacteria, and ringtail in rats) cause, symptom, and treatment.	<input type="checkbox"/>		
Describe common medical problems seen in ferrets (hyperestrogenism, hyperadrenocorticism, hyperinsulinism, influenza, and urolithiasis) cause, symptoms, and treatment.	<input type="checkbox"/>		
Describe terms "night" and "day" feces associated with rabbits.	<input type="checkbox"/>		
Describe the process of neonatal tube feeding.	<input type="checkbox"/>		
Accurately define "wind up" pain in animals and how it can be prevented.	<input type="checkbox"/>		
Describe common medical problems seen with rabbits (malocclusion, trichobezoars, diarrhea, mite infestation, and heat stroke) causes, symptoms, and treatment.	<input type="checkbox"/>		
Accurately define the three types of pain: Physiological, clinical, and neurogenic.	<input type="checkbox"/>		
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
KNOWLEDGE BASE/LARGE ANIMAL			
Describe neonatal care to be performed within the first day of life in a pig.	<input type="checkbox"/>		
Describe common internal parasites seen in large animals, how identified, and treated (roundworms, lungworms, threadworms, whipworms, stomach worms, kidney worms, etc.).	<input type="checkbox"/>		
Describe common dehorning methods used with goats and sheep.	<input type="checkbox"/>		
Describe when brucellosis vaccination must occur for cattle and how to identify that the vaccination occurred.	<input type="checkbox"/>		
Describe mastitis, causes, symptoms and treatments.	<input type="checkbox"/>		
Describe caseous lymphadenitis found in goats, the cause, symptom and treatment.	<input type="checkbox"/>		
Describe common lameness problems seen in horses, their location, cause, and treatment (joint mouse, OCD, bucked shins, bowed tendons, splints, laminitis, navicular disease, wind puffs, thrush, and hoof cracks).	<input type="checkbox"/>		
Describe the importance of "meconium."	<input type="checkbox"/>		
List the allowed locations for injections on an animal being raised for food production.	<input type="checkbox"/>		
Describe how you can age a horse by assessing teeth structure.	<input type="checkbox"/>		
Describe "drenching" used in medication administration in cattle, sheep, and goats.	<input type="checkbox"/>		

State maximum ml dose per IM injection site.	<input type="checkbox"/>		
Define normal range of vital signs.	<input type="checkbox"/>		
Supervising veterinarian signature I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(16) Checklist for WAC 246-935-190 Anesthesia and emergency procedures.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 16

Checklist for WAC 246-935-190 Anesthesia and emergency procedures

ANESTHESIA AND EMERGENCY PROCEDURES

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____		
Supervising veterinarian name: _____		
Supervising veterinarian license #: _____		
Check items as completed. Complete all items in each section.		
ANESTHESIA AND EMERGENCY PROCEDURES		
KNOWLEDGE BASE/GENERAL ANESTHESIA	Check as completed	DATE SUCCESSFULLY COMPLETED
Accurately define four stages of anesthesia and the four planes of anesthesia depth, including physical attributes associated for each.	<input type="checkbox"/>	
Accurately describe guidelines for feline and canine and acceptable levels while under general anesthesia (minimum of RR, HR, temperature, ocular signs, palprebral, reflexes, CO ₂ , SPO ₂ , BP).	<input type="checkbox"/>	
Accurately list common anti-cholinergics and their effects and risks for feline, canine, and equine.	<input type="checkbox"/>	
Accurately describe common tranquilizer/sedatives and their effects, risks, and reversing agents if available, for feline, canine, and equine, including: Phenothiazines, benzodiazepines, alpha-2 agonists, opioids, ultra-short acting barbiturates, cyclohexamines, and Propofol.	<input type="checkbox"/>	
<ul style="list-style-type: none"> Using list of drugs above, describe routes and method of administration for each. 	<input type="checkbox"/>	
<ul style="list-style-type: none"> Using list of drugs above, describe length of duration for each and any associated contraindications. 	<input type="checkbox"/>	
Accurately describe common inhalants and their effects and risks, including: Isoflurane, Sevoflurane, and nitrous oxide.	<input type="checkbox"/>	
Describe health hazards of waste anesthetic gases for hospital personnel.	<input type="checkbox"/>	
Describe the basic principles of waste gas scavenging.	<input type="checkbox"/>	
Describe how to select correct size for intubation tube.	<input type="checkbox"/>	
Describe how to respond to emergency situations caused by adverse anesthetic events, cardiopulmonary arrest, and cardiovascular shock.	<input type="checkbox"/>	
Define purpose for endotracheal tube placement, associated risks, and their prevention.	<input type="checkbox"/>	
Define arterial gas monitoring process and what it measures.	<input type="checkbox"/>	
Define purpose for esophageal stethoscopes, use, and placement.	<input type="checkbox"/>	
Describe both in-circuit and out-of-circuit anesthesia machines.	<input type="checkbox"/>	
Define two most common classification of local anesthetics (analgesics), esters and amides, uses, risks, and length of duration.	<input type="checkbox"/>	
Demonstrate successful operation of three types of surgical patient monitors.	<input type="checkbox"/>	

Describe epidural blocks used in canine (purpose, location, and common drugs used in block and their duration).	<input type="checkbox"/>	
Describe how to monitor and assist in patient thermoregulation.	<input type="checkbox"/>	
Describe difference between crystalloid fluids and colloid fluids, types, methods of administration and when applicable.	<input type="checkbox"/>	
Describe the difference between rebreathing and nonrebreathing systems.	<input type="checkbox"/>	
ANESTHESIA/EMERGENCY SUPPORT		
<i>PRACTICAL DEMONSTRATION/COMPANION ANIMAL</i>	Check as completed	DATE SUCCESSFULLY COMPLETED
Perform preanesthetic evaluation on feline and canine species including signalment, medical history, risk assessment, and laboratory evaluation.	<input type="checkbox"/>	
Set-up anesthesia machine(s) for both rebreathing and nonrebreathing and select circuit and equipment for patient.	<input type="checkbox"/>	
Identify all parts of an anesthesia machine and what each part does.	<input type="checkbox"/>	
Ability to interpret normal values for EKG on feline and canine species.	<input type="checkbox"/>	
Ability to assess abnormal rates and rhythms in respiration and heart in both feline and canine species.	<input type="checkbox"/>	
Accurately take blood pressure readings on feline and canine species using a Doppler device.	<input type="checkbox"/>	
Accurately monitor the patient's condition during general anesthetic procedures for both feline and canine species, including manual monitoring of all vital signs.	<input type="checkbox"/>	
Prepare and administer preanesthetics in feline and canine species.	<input type="checkbox"/>	
Prepare and administer intravenous injectable anesthetics.	<input type="checkbox"/>	
Intubate both feline and canine species.	<input type="checkbox"/>	
Demonstrate correct lead placement and preparation of a diagnostic quality EKG strip.	<input type="checkbox"/>	
Ability to obtain femoral pulse in a small animal.	<input type="checkbox"/>	
Ability to determine accurate anesthetic IV fluid rates based on hydration and needs of patient under anesthesia.	<input type="checkbox"/>	
Accurately complete anesthesia monitoring record.	<input type="checkbox"/>	
Extubate feline and canine and monitor recovery.	<input type="checkbox"/>	
Anesthetic recovery of cat and dog.	<input type="checkbox"/>	
Demonstrate proper use of ambu bag on feline or canine species.	<input type="checkbox"/>	
Demonstrate proper oxygen sighing and bagging techniques.	<input type="checkbox"/>	
ANESTHESIA/EMERGENCY SUPPORT		
<i>PRACTICAL DEMONSTRATION/LARGE ANIMAL</i>	Check as completed	DATE SUCCESSFULLY COMPLETED
Perform preanesthetic evaluation on equine species including signalment, medical history, risk assessment, and laboratory evaluation.	<input type="checkbox"/>	
KNOWLEDGE BASE/LARGE ANIMAL		
<i>KNOWLEDGE BASE/LARGE ANIMAL</i>	Check as completed	DATE SUCCESSFULLY COMPLETED
Describe step-by-step placement of jugular catheter placement in equine or large animal.	<input type="checkbox"/>	
Accurately describe common tranquilizer/sedatives and their effects, risks and reversing agents if available, for equine and ruminants.	<input type="checkbox"/>	
Accurately define normal values for equine, ruminants, and nonruminants and minimal acceptable levels while under general anesthesia (minimum of RR, HR, temperature, ocular signs, pupil, reflexes, CO ₂ , SPO ₂).	<input type="checkbox"/>	
Describe epidural blocks used in equine and ruminants (caudal epidural and paravertebral). Purpose, location, and common drugs used in block and their duration.	<input type="checkbox"/>	
Describe symptoms of colic in equine and common emergency treatments.	<input type="checkbox"/>	

Describe symptoms of founder in equine and common emergency treatments.	<input type="checkbox"/>	
Describe bloat in cattle and common emergency treatments.	<input type="checkbox"/>	
KNOWLEDGE BASE/COMPANION ANIMAL	Check as completed	DATE SUCCESSFULLY COMPLETED
Describe five types of shock seen in animals, the symptoms and treatment (hypovolemic, cardiogenic, septic, anaphylactic, and neurogenic).	<input type="checkbox"/>	
Ability to assess pulse to heart rate to determine if there is a deficit.	<input type="checkbox"/>	
Describe components required in triage assessment (ABCs).	<input type="checkbox"/>	
Describe manual cardio pulmonary resuscitation in both feline and canine.	<input type="checkbox"/>	
Describe hemorrhage control techniques in feline and canine.	<input type="checkbox"/>	
Describe initial fracture stabilization in feline and canine.	<input type="checkbox"/>	
Describe common emergency drugs used in small companion animal hospitals.	<input type="checkbox"/>	
Describe common reproductive and neonatal emergency care.	<input type="checkbox"/>	
Describe process involved in performing emergency tracheostomy, chest tube placement, and pharyngostomy in companion animals.	<input type="checkbox"/>	
Supervising veterinarian signature I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.		
SIGNATURE OF SUPERVISING VETERINARIAN		DATE SIGNED

(17) Worksheet for WAC 246-935-200 Pharmacy.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 17

Worksheet for WAC 246-935-200 Pharmacy

PHARMACY

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
PHARMACY			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
PREREQUISITE			
Completion of veterinary medication clerk registration.	<input type="checkbox"/>		
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
PRACTICAL DEMONSTRATION/COMPANION ANIMAL			
Demonstrate appropriate reconstitution of vaccines.	<input type="checkbox"/>		
Demonstrate appropriate administration of vaccines.	<input type="checkbox"/>		
Demonstrate appropriate reconstitution of commonly used injectable and oral medications.	<input type="checkbox"/>		
Demonstrate appropriate administration of commonly used injectable and oral medications.	<input type="checkbox"/>		
Demonstrate accurate charting of medications including medication name, dosage, route of administration, and dosage frequency.	<input type="checkbox"/>		
Calculate dosages and administer common IV medications.	<input type="checkbox"/>		
Calculate dosages and administer common IM medications.	<input type="checkbox"/>		

Calculate dosages and administer common SQ medications.	<input type="checkbox"/>		
Calculate dosages and administer common oral medications.	<input type="checkbox"/>		
Correctly prepare and label common prescription medications.	<input type="checkbox"/>		
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
<i>KNOWLEDGE BASE/COMPANION AND LARGE ANIMAL</i>			
Demonstrate knowledge for correct storage, inventory, and tracking of controlled drugs.	<input type="checkbox"/>		
Demonstrate correct destruction of expired controlled drugs.	<input type="checkbox"/>		
Describe storage, safe handling, and disposal of common biologicals.	<input type="checkbox"/>		
Describe storage, safe handling, and disposal of common therapeutic agents.	<input type="checkbox"/>		
Describe storage, safe handling, and disposal of common pesticides.	<input type="checkbox"/>		
Describe storage, safe handling, and disposal of common hazardous wastes.	<input type="checkbox"/>		
Describe DEA requirements for the handling, administering, dispensing, and logging of controlled substances.	<input type="checkbox"/>		
Demonstrate knowledge of common large animal biologicals including administration routes, types of vaccines, frequency and potential side effects.	<input type="checkbox"/>		
Describe common drugs under the classification of antibiotics, including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of cardiovascular including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of diuretics including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of hormones including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of sedatives and tranquilizers including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of antiparasitics and antifungals, including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of anti-inflammatories including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of glucocorticoids including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of anticonvulsives including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of gastrointestinal bronchial dilators including the primary purposes, side effects, and contraindication.	<input type="checkbox"/>		
Describe common drugs under the classification of ophthalmic preparation including the primary purposes, side effects, and contraindications.	<input type="checkbox"/>		
Describe common drugs under the classification of antiparasiticides.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(18) Checklist for WAC 246-935-210 Public health, infectious diseases, and zoonosis.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 18

Checklist for WAC 246-935-210 Public health, infectious diseases, and zoonosis.

- (1) Epidemiology and control of major zoonotic diseases.
- (2) Vaccinations and basic immunology.
- (3) Public health and safety issues.

PUBLIC HEALTH, INFECTIOUS DISEASES, AND ZOOONOSIS

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
PUBLIC HEALTH, INFECTIOUS DISEASES, AND ZOOONOSIS			
<i>PRACTICAL DEMONSTRATION/INFECTIOUS AND ZOOONOTIC DISEASES</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Common isolation/quarantine ward protocols.	<input type="checkbox"/>		
<i>KNOWLEDGE BASE/INFECTIOUS AND ZOOONOTIC DISEASES</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Identify general disease - species and organ systems affected, causative organisms, how transmitted, situations/individuals at highest risk, and if condition is reportable for the following:			
• Baylisascaris Larva Migrans.	<input type="checkbox"/>		
• Plague.	<input type="checkbox"/>		
• Talemia.	<input type="checkbox"/>		
• Listeriosis.	<input type="checkbox"/>		
• Anthrax.	<input type="checkbox"/>		
• Cryptosporidiosis.	<input type="checkbox"/>		
• Cysticercosis.	<input type="checkbox"/>		
• Echinococcoses.	<input type="checkbox"/>		
• Leptospirosis.	<input type="checkbox"/>		
• Trichinellosis.	<input type="checkbox"/>		
• West Nile Virus.	<input type="checkbox"/>		
• Bartonellosis/Cat Scratch Disease.	<input type="checkbox"/>		
• Coxiella Burnetti/Q Fever.	<input type="checkbox"/>		
• E. Coli.	<input type="checkbox"/>		
• Lyme Disease.	<input type="checkbox"/>		
• Avian Chlamydiosis.	<input type="checkbox"/>		
• Sporotrichosis.	<input type="checkbox"/>		
• Ehrlichiosis.	<input type="checkbox"/>		
• Prion Disease (Mad Cow, Scrapie).	<input type="checkbox"/>		
• Systemic Fungal Disease (Histo, Blasto, Coccidioidomycosis, Cryptococcus).	<input type="checkbox"/>		
• ORF (Contagious Ecthyma).	<input type="checkbox"/>		
• Monkeypox.	<input type="checkbox"/>		
• Erysipelosis.	<input type="checkbox"/>		
• Pastereurellosis.	<input type="checkbox"/>		
• Rat Bite Fever.	<input type="checkbox"/>		
• Hanta Virus.	<input type="checkbox"/>		
Identify general disease - species and organ systems affected, causative organisms, how transmitted, situations/individuals at highest risk and if condition is reportable, and diagnostic procedures/protocols for source species for the following:			

• Rabies.	<input type="checkbox"/>		
• Toxocaral Larva Migrans.	<input type="checkbox"/>		
• Toxoplasmosis.	<input type="checkbox"/>		
• Salmonellosis.	<input type="checkbox"/>		
• Tuberculosis.	<input type="checkbox"/>		
• Campylobacteriosis.	<input type="checkbox"/>		
• Ringworm/Dermatophytoses.	<input type="checkbox"/>		
• Brucellosis.	<input type="checkbox"/>		
<i>KNOWLEDGE BASE/INFECTIOUS AND ZOO NOTIC DISEASES</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Knowledge of whom to report the following confirmed or suspected conditions:			
• Animal biting a human.	<input type="checkbox"/>		
• Foreign animal disease (such as foot and mouth disease).	<input type="checkbox"/>		
• Disease eradicated from Washington (such as tuberculosis).	<input type="checkbox"/>		
<i>KNOWLEDGE BASE/FOREIGN ANIMAL DISEASES</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Describe the clinical signs, mode of transmission, and species affected by the following foreign animal diseases:			
• Avian Influenza.	<input type="checkbox"/>		
• Blue Tongue.	<input type="checkbox"/>		
• Hoof and Mouth Disease.	<input type="checkbox"/>		
• Hog Cholera.	<input type="checkbox"/>		
• Rinderpest.	<input type="checkbox"/>		
• Trypanosomiasis.	<input type="checkbox"/>		
• Velogenic New Castle Disease.	<input type="checkbox"/>		
• Vesicular Stomatitis.	<input type="checkbox"/>		
<i>KNOWLEDGE BASE/INFECTIOUS DISEASES DOGS</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Knowledge of the causative organism, target organ system(s), clinical signs, common diagnostic procedures, modes of transmission, and general treatment goals for the following diseases:			
• Distemper.	<input type="checkbox"/>		
• Parvo.	<input type="checkbox"/>		
• Infectious Canine Hepatitis/CAV-1.	<input type="checkbox"/>		
• Kennel Cough Complex/Bordetella, Parainfluenza.	<input type="checkbox"/>		
• Corona.	<input type="checkbox"/>		
Knowledge of the target organ system(s) and clinical signs of the following diseases:			
• Canine Influenza.	<input type="checkbox"/>		
• Papillomatosis.	<input type="checkbox"/>		
<i>KNOWLEDGE BASE/INFECTIOUS DISEASES CATS</i>	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Knowledge of the causative organism, target organ system(s), clinical signs, common diagnostic procedures, modes of transmission, and general treatment goals for the following diseases:			
• Panleukopenia.	<input type="checkbox"/>		
• Rhinotracheitis.	<input type="checkbox"/>		
• Calici Virus.	<input type="checkbox"/>		
• Chlamydiosis.	<input type="checkbox"/>		
• FELV.	<input type="checkbox"/>		
• FIV.	<input type="checkbox"/>		
• FIP and FECV.	<input type="checkbox"/>		

Knowledge of the target organ system(s) and clinical signs of the following diseases:			
• Herpes.	<input type="checkbox"/>		
• Kennel Cough Complex.	<input type="checkbox"/>		
• Mycoplasma Felis.	<input type="checkbox"/>		
KNOWLEDGE BASE/INFECTIOUS DISEASES HORSES	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Knowledge of the causative organism, target organ system(s), clinical signs, common diagnostic procedures, modes of transmission, and general treatment goals for the following diseases:			
• Equine Infectious Anemia.	<input type="checkbox"/>		
• Tetanus (<i>C. tetani</i>).	<input type="checkbox"/>		
• Eastern, Western, and West Nile Encephalitis.	<input type="checkbox"/>		
• Influenza.	<input type="checkbox"/>		
• Rhinopneumonitis/Equine Herpes virus.	<input type="checkbox"/>		
• Botulism (<i>C. botulinum</i>).	<input type="checkbox"/>		
Knowledge of the target organ system(s) and clinical signs of the following diseases:			
• Equine Viral Arteritis.	<input type="checkbox"/>		
• Equine Protozoal Myelitis.	<input type="checkbox"/>		
• Sarcoids.	<input type="checkbox"/>		
• Potomac Horse Fever.	<input type="checkbox"/>		
• Equi Streptococcus (strangles).	<input type="checkbox"/>		
KNOWLEDGE BASE/INFECTIOUS DISEASES CATTLE AND SMALL RUMINANTS	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Knowledge of the causative organism, target organ system(s), clinical signs, common diagnostic procedures, modes of transmission, and general treatment goals for the following diseases:			
• Bovine viral diarrhea and Mucosal disease.	<input type="checkbox"/>		
• Johne's Disease/Mycobacterium paratuberculosis.	<input type="checkbox"/>		
• Bovine Respiratory Disease Syndrome/Shipping Fever (IBR, BVD, P13, BRSV, Haemophilum somnus).	<input type="checkbox"/>		
• Scours or Neonatal Diarrhea/rotavirus, <i>E.Coli</i> , Corona Virus.	<input type="checkbox"/>		
• Interdigital necrobacillosis/Foot rot.	<input type="checkbox"/>		
• Mastitis.	<input type="checkbox"/>		
• Pink eye/Infectious keratoconjunctivitis.	<input type="checkbox"/>		
• Botulism (Clost. Botulinum).	<input type="checkbox"/>		
• Actinomycoses (Lumpy Jaw).	<input type="checkbox"/>		
• Actinobacillosis (Wooden Tongue).	<input type="checkbox"/>		
Knowledge of the target organ system(s) and clinical signs of the following diseases:			
• Papillomatous digital dermatitis.	<input type="checkbox"/>		
• Blackleg/Clostridium chauvoei.	<input type="checkbox"/>		
• Malignant edema/braxy/Clostridium septicum.	<input type="checkbox"/>		
• Bovine leukemia virus/Lymphosarcoma.	<input type="checkbox"/>		
• Malignant catarrhal fever/Herpes.	<input type="checkbox"/>		
• Tyzzer's disease/Clostridium piliforme.	<input type="checkbox"/>		
• Black disease/Clostridium navyi.	<input type="checkbox"/>		
• Bacillary hemoglobinuria/Clostridium haemolyticum (Red Water Disease).	<input type="checkbox"/>		
• Caprine arthritis-encephalitis (virus).	<input type="checkbox"/>		

	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
KNOWLEDGE BASE/INFECTIOUS DISEASES SWINE			
Knowledge of the causative organism, target organ system(s), clinical signs, common diagnostic procedures, modes of transmission, and general treatment goals for the following diseases:			
• Erysipelothrix.	<input type="checkbox"/>		
• Pseudorabies.	<input type="checkbox"/>		
• PRRS virus.	<input type="checkbox"/>		
• Atrophic Rhinitis/Bordetella and Pasteurella.	<input type="checkbox"/>		
Knowledge of the target organ system(s) and clinical signs of the following diseases:			
• Swine influenza.	<input type="checkbox"/>		
• Lawsonia intracellularis.	<input type="checkbox"/>		
• Rotaviral diarrhea.	<input type="checkbox"/>		
• Bloody Scours/Serpulina hyodysenteriae.	<input type="checkbox"/>		
• Streptococcus suis.	<input type="checkbox"/>		
• TGE.	<input type="checkbox"/>		
• Greasy pig disease/Staph. hyicus.	<input type="checkbox"/>		
• Describe trichinella, how transmitted and prevention.	<input type="checkbox"/>		
KNOWLEDGE BASE/INFECTIOUS DISEASES POULTRY			
Knowledge of the causative organism, target organ system(s), clinical signs, common diagnostic procedures, modes of transmission and general treatment goals for the following disease:			
• Thrush/Candidiasis	<input type="checkbox"/>		
Knowledge of the target organ system(s) and clinical signs of the following diseases:			
• Fowl cholera.	<input type="checkbox"/>		
• Mycoplasmosis.	<input type="checkbox"/>		
• Black head/Histomoniasis.	<input type="checkbox"/>		
• Marek's disease.	<input type="checkbox"/>		
KNOWLEDGE BASE/INFECTIOUS DISEASES RABBITS			
Knowledge of the target organ system(s) and clinical signs of the following disease:			
• Pasteurellosis.	<input type="checkbox"/>		
KNOWLEDGE BASE/INFECTIOUS DISEASES FERRETS			
Knowledge of the causative organism, target organ system(s), clinical signs, common diagnostic procedures, modes of transmission, and general treatment goals for the following disease:			
• Distemper.	<input type="checkbox"/>		
KNOWLEDGE BASE/INFECTIOUS DISEASES COMPANION BIRDS			
Knowledge of the target organ system(s) and clinical signs of the following diseases:			
• Psittacine beak and feather disease.	<input type="checkbox"/>		
• Pacheco's parrot disease.	<input type="checkbox"/>		
• Pox virus.	<input type="checkbox"/>		
• Avian polyoma virus.	<input type="checkbox"/>		
• Pododermatitis.	<input type="checkbox"/>		

KNOWLEDGE BASE/INFECTIOUS DISEASES RODENTS	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Knowledge of the target organ system(s) and clinical signs of the following diseases:			
• Mycoplasmosis.	<input type="checkbox"/>		
• Pasteurella.	<input type="checkbox"/>		
• Bacillus piliformis/Tyzzler's disease.	<input type="checkbox"/>		
• Mousepox.	<input type="checkbox"/>		
• Mouse hepatitis Virus.	<input type="checkbox"/>		
KNOWLEDGE BASE/INFECTIOUS DISEASES REPTILES	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Knowledge of the target organ system(s) and clinical signs of the following diseases:			
• Mycobacteriosis.	<input type="checkbox"/>		
PRACTICAL DEMONSTRATION/VACCINATION PROTOCOL AND ADMINISTRATION CANINE	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Development of a typical puppy vaccination protocol.	<input type="checkbox"/>		
Demonstrate canine vaccine administration.	<input type="checkbox"/>		
KNOWLEDGE BASE/VACCINATION PROTOCOL AND ADMINISTRATION CANINE	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Knowledge of typical core vaccines, common optional vaccines, and signs of adverse vaccination reactions.	<input type="checkbox"/>		
PRACTICAL DEMONSTRATION/VACCINATION PROTOCOL AND ADMINISTRATION FELINE	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Development of a typical kitten vaccination protocol.	<input type="checkbox"/>		
Feline vaccine administration.	<input type="checkbox"/>		
KNOWLEDGE BASE/VACCINATION PROTOCOL AND ADMINISTRATION FELINE	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Knowledge of typical core vaccines, common optional vaccines, and signs of adverse vaccination reactions.	<input type="checkbox"/>		
PRACTICAL DEMONSTRATION/VACCINATION PROTOCOL AND ADMINISTRATION HORSES	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Demonstrate equine vaccination administration.	<input type="checkbox"/>		
KNOWLEDGE BASE/VACCINATION PROTOCOL AND ADMINISTRATION HORSES	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Knowledge of typical core vaccines, common optional vaccines, and signs of adverse vaccination reactions.	<input type="checkbox"/>		
KNOWLEDGE BASE/VACCINATION PROTOCOL AND ADMINISTRATION CATTLE AND SMALL RUMINANTS	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Knowledge of typical core vaccines, common optional vaccines for at least one species, and sites for animals raised for food production in this category.	<input type="checkbox"/>		
Supervising veterinarian signature			

I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.

SIGNATURE OF SUPERVISING VETERINARIAN

DATE SIGNED

(19) Checklist for WAC 246-935-220 Dentistry.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 19

Checklist for WAC 246-935-220 dentistry

DENTISTRY

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
DENTISTRY			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
PRACTICAL DEMONSTRATION/COMPANION ANIMAL			
Identification of hand instruments.	<input type="checkbox"/>		
Demonstrate accurate use of hand instruments.	<input type="checkbox"/>		
Demonstrate accurate use of ultrasonic scaler and polisher.	<input type="checkbox"/>		
Perform complete dental prophylaxis on canine.	<input type="checkbox"/>		
Perform complete dental prophylaxis on feline.	<input type="checkbox"/>		
Describe proper technique for taking dental radiographs (digital or manual) including premolars, incisors, and canines.	<input type="checkbox"/>		
Accurately chart dental cleaning using appropriate nomenclature for canine.	<input type="checkbox"/>		
Accurately chart dental cleaning using appropriate nomenclature for feline.	<input type="checkbox"/>		
KNOWLEDGE BASE/COMPANION ANIMAL/EXOTIC			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
Accurately describe tooth structure and components of a tooth.	<input type="checkbox"/>		
Demonstrate knowledge and use of common descriptive terms of teeth (i.e., rostral, buccal, lingual, occlusal, apical, etc.).	<input type="checkbox"/>		
Diagram tooth formula in canine and accurately identify each tooth.	<input type="checkbox"/>		
Diagram tooth formula in feline and accurately identify each tooth.	<input type="checkbox"/>		
Accurately describe normal dentition from puppy to dog.	<input type="checkbox"/>		
Accurately describe normal dentition from kitten to cat.	<input type="checkbox"/>		
List common abnormalities in teeth development.	<input type="checkbox"/>		
Describe periodontal disease and accurately list stages and associated signs.	<input type="checkbox"/>		
Describe two common periodontal diseases in felines and treatment (gingival stomatitis and FORLs).	<input type="checkbox"/>		
Define accurate normal sulcus depths for canine and feline.	<input type="checkbox"/>		
Describe dental problems seen in rabbits and rodents, causes, and treatment.	<input type="checkbox"/>		
Describe the proper techniques and risks extracting canine, premolar, and incisors in companion animals.	<input type="checkbox"/>		
Describe treatment and prevention of dental disease in companion animals.	<input type="checkbox"/>		

	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
KNOWLEDGE BASE/LARGE ANIMAL			
Accurately describe dental structure of herbivores, specifically equine, bovine, ovine, and caprine.	<input type="checkbox"/>		
Describe common equine dental problems.	<input type="checkbox"/>		
Describe process of "floating" teeth in horses and why it is important.	<input type="checkbox"/>		
Define "wolf" teeth in equine and problems associated with them.	<input type="checkbox"/>		
Supervising veterinarian signature I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

(20) Checklist for WAC 246-935-230 imaging.

ATTESTATION OF SUPERVISING VETERINARIAN

Veterinary Technician Practical Experience Task: Form 20

Checklist for WAC 246-935-230 imaging

IMAGING

Per WAC 246-935-145(2), the supervising veterinarian will attest to the candidate's knowledge of, or completion of, the required task areas and procedures on forms provided by the secretary.

Candidate name: _____			
Supervising veterinarian name: _____			
Supervising veterinarian license #: _____			
Check items as completed. Complete all items in each section.			
IMAGING			
	Check as completed	DATE SUCCESSFULLY COMPLETED	DVM INITIALS
PRACTICAL DEMONSTRATION/COMPANION			
Demonstrate and perform recommended safety procedures.	<input type="checkbox"/>		
Use technique chart to set exposure of X-ray machine.	<input type="checkbox"/>		
Demonstrate anatomical positioning options (i.e. V/D, D/V, lateral, obliques, and OFA views).	<input type="checkbox"/>		
Produce radiographs appropriately including proper labeling of radiographs.	<input type="checkbox"/>		
Critique radiographs regarding positioning, exposure, and collimation.	<input type="checkbox"/>		
Perform at least one contrast study.	<input type="checkbox"/>		
Take diagnostic, properly positioned radiographs of thoracic cavity.	<input type="checkbox"/>		
Take diagnostic, properly positioned radiographs of abdominal cavity.	<input type="checkbox"/>		
Take diagnostic, properly positioned radiographs of pelvis.	<input type="checkbox"/>		
Take diagnostic, properly positioned radiographs of pelvic limb.	<input type="checkbox"/>		
Take diagnostic, properly positioned radiographs of thoracic limb.	<input type="checkbox"/>		
Take diagnostic, properly positioned radiographs of vertebral column.	<input type="checkbox"/>		
Take diagnostic, properly positioned radiographs of skull.	<input type="checkbox"/>		
KNOWLEDGE BASE			
Describe basic principles and use of MRI.	<input type="checkbox"/>		
Describe basic principles and use of CT.	<input type="checkbox"/>		
Accurately describe labeling requirement for radiographs.	<input type="checkbox"/>		
Describe proper care and maintenance of radiographic cassettes.	<input type="checkbox"/>		
Describe proper care and storage of x-ray film.	<input type="checkbox"/>		
Demonstrate proper film handling.	<input type="checkbox"/>		
Accurately describe different contrast materials and their uses.	<input type="checkbox"/>		

Describe common equine and ruminant radiographic anatomy and positioning.	<input type="checkbox"/>		
Demonstrate knowledge of positioning avian and exotic pets for radiographs.	<input type="checkbox"/>		
Describe components of x-ray machine and how x rays are developed.	<input type="checkbox"/>		
Know difference between various screen types and films associated with each.	<input type="checkbox"/>		
Define radiology terms associated with exposure to radiation: REM, RAD, SIEVERT, MPD, dosimeter, and TLD.	<input type="checkbox"/>		
Define miliamperage, kilovoltage, miliamperage seconds, and focal spot to film distance (FFD).	<input type="checkbox"/>		
Define difference between low and high contrast objects.	<input type="checkbox"/>		
Describe proper environmental disposal of used processor fluids.	<input type="checkbox"/>		
Describe proper environmental disposal of films to be destroyed.	<input type="checkbox"/>		
Describe scatter radiation and grid usage.	<input type="checkbox"/>		
Define anatomical position terminology for small and large animal.	<input type="checkbox"/>		
Supervising veterinarian signature			
I, the undersigned, attest that I am the person described and identified as the supervising veterinarian of the above named veterinary technician candidate. I understand that the department may require additional information from me, and that if I provide false or incomplete information, the application of the candidate may be denied, or the license ultimately suspended or revoked.			
SIGNATURE OF SUPERVISING VETERINARIAN			DATE SIGNED

[Statutory Authority: RCW 18.92.128, 10-11-119, § 246-935-255, filed 5/18/10, effective 6/18/10.]

WAC 246-935-400 Citation and purpose. As provided in RCW 18.92.013, the purpose of WAC 246-935-400 through 246-935-440, unless the context clearly requires otherwise, is to define and clarify nondiscretionary functions used in preparing, and administration of, legend drugs, nonlegend drugs, and controlled substances that may be delegated by a veterinarian to a licensed veterinary technician. The supervising veterinarian shall have legal responsibility for the health, safety, and welfare of the animal patient which the licensed veterinary technician serves. The supervising veterinarian shall delegate animal health care tasks only if the licensed veterinary technician is qualified to perform the task and the task is not precluded by the medical condition of the animal patient.

[Statutory Authority: RCW 18.92.030 and 18.92.013, 10-06-086, § 246-935-400, filed 3/1/10, effective 4/1/10.]

WAC 246-935-410 Definitions. The definitions in this section apply throughout WAC 246-935-400 through 246-935-440 unless the context clearly requires otherwise.

"Administer" means the direct application of a drug whether by injection, inhalation, ingestion, or any other means, to the body of a patient.

"Controlled substance" means a drug, substance, or immediate precursor included in Schedules I through V as set forth in federal or state laws, or federal or board of pharmacy rules.

"Deliver" or "delivery" means the actual, constructive, or attempted transfer from one person to another of a legend drug or controlled substance, whether or not there is an agency relationship.

"Legend drugs" means any drugs which are required by state law or regulation of the state board of pharmacy to be dispensed on prescription only or are restricted to use by practitioners only.

"Preparing" includes the proper selection, measuring, labeling, or packaging necessary to prepare a prescription or order from a licensed veterinarian for delivery.

[Statutory Authority: RCW 18.92.030 and 18.92.013, 10-06-086, § 246-935-410, filed 3/1/10, effective 4/1/10.]

WAC 246-935-420 Delegated nondiscretionary functions used in preparing, and the administration of, legend drugs, nonlegend drugs and controlled substances. Nondiscretionary functions, tasks or actions used in preparing, and the administration of, legend drugs, nonlegend drugs and controlled substances, delegated orally or in writing by the supervising veterinarian to the licensed veterinary technician are:

- Accessing the drug;
- Selecting the appropriate quantity;
- Packaging and labeling of the drug;
- Administering the drug to the animal patient; and
- Delivery of the drug to the owner or authorized agent.

[Statutory Authority: RCW 18.92.030 and 18.92.013, 10-06-086, § 246-935-420, filed 3/1/10, effective 4/1/10.]

WAC 246-935-430 Controlled substance storage and records. (1) Under WAC 246-933-320, it is the responsibility of a licensed veterinarian to assure that:

(a) All controlled substances are maintained in a locked cabinet or other suitable secure container according to federal and Washington state laws;

(b) Controlled substance records are readily retrievable, according to federal and Washington state laws. Records shall be maintained in sufficient detail to account for the receipt, use, and disposition of all controlled substances.

(2) A licensed veterinary technician shall ensure that proper storage and records of controlled substances are main-

tained during the performance of delegated functions related to controlled substances.

[Statutory Authority: RCW 18.92.030 and 18.92.013. 10-06-086, § 246-935-430, filed 3/1/10, effective 4/1/10.]

WAC 246-935-440 Maintenance of patient medical records. The licensed veterinary technician shall include sufficient information in the patient medical record to document the care and treatment provided by the licensed veterinary technician. The records relating to delegated nondiscretionary functions used in preparing, and the administration of, legend drugs, nonlegend drugs and controlled substances shall, at a minimum, include dosage and route of the drugs prepared, administered, or delivered in response to a prescription or order from a licensed veterinarian.

[Statutory Authority: RCW 18.92.030 and 18.92.013. 10-06-086, § 246-935-440, filed 3/1/10, effective 4/1/10.]

Chapter 246-980 WAC HOME CARE AIDE RULES

WAC

246-980-010	Definitions.
246-980-020	Who must be certified as a home care aide?
246-980-030	Can a nonexempt long-term care worker work before obtaining certification as a home care aide?
246-980-040	What must a nonexempt long-term care worker do to be eligible for a home care aide certification and what documentation is required?
246-980-050	How long does a nonexempt long-term care worker have to complete the home care aide training and certification requirements?
246-980-060	How does a nonexempt home care aide renew a certification or reinstate an expired certification?
246-980-070	Who is exempt from obtaining a home care aide certification?
246-980-080	How does an exempt individual apply for certification as a home care aide?
246-980-090	How does an exempt home care aide renew a home care aide certification or reinstate an expired home care aide certification?
246-980-100	Examination and reexamination for home care aide certification.
246-980-110	Continuing education.
246-980-120	Home care aide—Application—Conviction data—Criteria for denial or conditional license.
246-980-990	Home care aide certification fees.

WAC 246-980-010 Definitions. The definitions in this section and in RCW 74.39A.009 apply throughout this chapter unless the context clearly requires otherwise.

(1) "Activities of daily living" means self-care abilities related to personal care such as bathing, body care, bed mobility, eating, locomotion, use of the toilet, personal hygiene, dressing, and transfer. Activities of daily living include instrumental activities of daily living.

(2) "Date of hire" means:

(a) The date of service authorization for individual providers hired by the department of social and health services.

(b) The date the long-term care worker is hired by an employer other than the department of social and health services.

(3) "Department" means the department of health.

(4) "Direct care worker" means a paid caregiver who provides hands-on personal care services to individuals with disabilities or the elderly requiring long-term care.

(5) "Individual provider" means a person, including a personal aide, who has contracted with the department of social and health services to provide personal care or respite care services to functionally disabled persons under the medicaid personal care, community options program entry system, chore services program, or respite care program, or to provide respite care or residential services and support to persons with developmental disabilities under chapter 71A.12 RCW, or to provide respite care as defined in RCW 74.13.-270.

(6) "Instrumental activities of daily living" means routine activities performed in the home or the community such as meal preparation, shopping, house cleaning, laundry, maintaining employment, travel to medical services, use of the telephone, and management of personal finances.

(7) "Long-term care worker" means all persons who are long-term care workers for the elderly or persons with disabilities, including, but not limited to, individual providers of home care services; direct care employees of home care agencies; providers of home care services to persons with developmental disabilities under Title 71A RCW; all direct care workers in state-licensed boarding homes, assisted living facilities, and adult family homes; respite care providers; community residential service providers; and any other direct care worker providing home or community-based services to the elderly or persons with functional disabilities or developmental disabilities. "Long-term care worker" does not include:

(a) Persons employed by the following facilities or agencies: Nursing homes subject to chapter 18.51 RCW; hospitals or other acute care settings; residential habilitation centers under chapter 71A.20 RCW; facilities certified under 42 CFR, Part 483; hospice agencies subject to chapter 70.127 RCW; adult day care centers; and adult day health care centers; or

(b) Persons who are not paid by the state or by a private agency or facility licensed by the state to provide personal care services.

(8) "Personal care services" means physical or verbal assistance with activities of daily living and instrumental activities of daily living provided because of a person's functional disability.

(9) "Supported living provider" means a person or entity certified as a supported living provider by the department of social and health services, including the state operated living alternative (SOLA) program, who delivers services and support to meet a client's identified needs. Supported living providers provide instruction, support, and services under chapter 388-101 WAC to clients in their own home to help them live independently.

[Statutory Authority: Chapters 18.88B and 74.39A RCW. 10-15-103, § 246-980-010, filed 7/20/10, effective 1/1/11.]

WAC 246-980-020 Who must be certified as a home care aide? (1) Any person who is hired on or after January 1, 2011, as a long-term care worker for the elderly or persons with disabilities, regardless of the employment title, must obtain certification as a home care aide. This includes, but is not limited to:

(a) An individual provider of home care services who is reimbursed by the state;

- (b) A direct care employee of a home care agency;
- (c) A provider of home care services to persons with developmental disabilities under Title 71A RCW;
- (d) A direct care worker in a state licensed boarding home;
- (e) A direct care worker in a state licensed adult family home;
- (f) A respite care provider who is reimbursed by the state or employed by a private agency or facility licensed by the state to provide personal care services;
- (g) A community residential service provider who is reimbursed by the state or employed by a private agency or facility licensed by the state to provide personal care service; and
- (h) Any other direct care workers providing home or community-based services to the elderly or persons with developmental disabilities.

(2) Long-term care workers who meet the above criteria but are exempted under WAC 246-980-070 are not required to obtain certification.

[Statutory Authority: Chapters 18.88B and 74.39A RCW. 10-15-103, § 246-980-020, filed 7/20/10, effective 1/1/11.]

WAC 246-980-030 Can a nonexempt long-term care worker work before obtaining certification as a home care aide? (1) A nonexempt long-term care worker may provide care before receiving certification as a home care aide if all the following conditions are met:

(a) Before providing care, the long-term care worker must complete the training required by RCW 74.39A.073 (4)(a) and (b).

(b) The long-term care worker must submit an application for home care aide certification to the department within three days of hire. An application is considered to be submitted on the date it is post-marked or, for applications submitted in person or on-line, the date it is accepted by the department.

(2) The long-term care worker may not work for more than one hundred fifty calendar days from their date of hire without obtaining certification.

[Statutory Authority: Chapters 18.88B and 74.39A RCW. 10-15-103, § 246-980-030, filed 7/20/10, effective 1/1/11.]

WAC 246-980-040 What must a nonexempt long-term care worker do to be eligible for a home care aide certification and what documentation is required? (1) To qualify for certification as a home care aide, the applicant must:

(a) Successfully complete the entry level training required by RCW 74.39A.073 before taking the examination;

(b) Successfully pass the home care aide certification examination; and

(c) Complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(2) Applicants must submit directly to the examination contractor:

(a) A completed application for examination provided by the examination contractor;

(b) The fee required by the examination contractor; and

(c) A certificate of completion signed by an instructor approved by the department of social and health services. The

certificate must indicate that the applicant has successfully completed the entry level training required by RCW 74.39A.073. The certificate of completion may also be submitted directly from the approved instructor or training program.

(3) Applicants must submit to the department:

(a) A completed application for certification on forms provided by the department;

(b) The required fee; and

(c) A certificate of completion indicating that the applicant has successfully completed the entry level training required by RCW 74.39A.073.

(4) Beginning January 1, 2012, applicants must submit to a state and federal background check as required by RCW 74.39A.055.

[Statutory Authority: Chapters 18.88B and 74.39A RCW. 10-15-103, § 246-980-040, filed 7/20/10, effective 1/1/11.]

WAC 246-980-050 How long does a nonexempt long-term care worker have to complete the home care aide training and certification requirements? (1) Training:

(a) A long-term care worker must successfully complete all training required by RCW 74.39A.073 within one hundred twenty calendar days of the date of hire as a long-term care worker.

(b) A long-term care worker who has not completed the training within one hundred twenty calendar days is no longer eligible to provide care until certification as a home care aide has been granted.

(2) Certification: A long-term care worker who has not been issued a home care aide certification within one hundred fifty days of the date of hire must stop providing care until the certification has been granted.

[Statutory Authority: Chapters 18.88B and 74.39A RCW. 10-15-103, § 246-980-050, filed 7/20/10, effective 1/1/11.]

WAC 246-980-060 How does a nonexempt home care aide renew a certification or reinstate an expired certification? (1) To renew a home care aide certification:

(a) Certificates must be renewed every year by the home care aide's birthday as provided in chapter 246-12 WAC, Part 2.

(b) Verification of twelve hours of continuing education as required by RCW 74.39A.340 and WAC 246-980-110 must accompany the certification renewal.

(2) To reinstate an expired certification:

(a) If the certification has been expired for less than three years, the applicant must submit proof of twelve continuing education hours as required by RCW 74.39A.340 and WAC 246-980-110 for each year it has been expired, and meet the requirements of chapter 246-12 WAC, Part 2.

(b) If the certification has been expired for more than three years, the applicant must successfully repeat the training and examination requirements in WAC 246-980-040 and meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: Chapters 18.88B and 74.39A RCW. 10-15-103, § 246-980-060, filed 7/20/10, effective 1/1/11.]

WAC 246-980-070 Who is exempt from obtaining a home care aide certification? (1) The following individuals

are not required to obtain certification as a home care aide. If they choose to voluntarily become certified, they must successfully pass the entry level training required by RCW 74.39A.073, successfully complete the home care aide certification examination and meet all other requirements of WAC 246-980-080(1).

(a) An individual who is employed by a nursing home subject to chapter 18.51 RCW, hospital, or other acute care setting; hospice agency subject to chapter 70.127 RCW; adult day care center; or adult day health center, and who does not hold a current health care credential described under subsection (2)(a) of this section.

(b) An individual provider caring only for a biological, step, or adoptive child or parent.

(c) An individual hired prior to June 30, 2014, as an individual provider who provides twenty hours or less of care for one person in any calendar month. Individual providers hired after June 30, 2014, will be required to obtain certification.

(d) An individual employed by a supported living provider.

(e) An individual employed by a residential habilitation center licensed under chapter 71A.20 RCW or a facility certified under 42 CFR, Part 483.

(f) Direct care employees who are not paid by the state or by a private agency or facility licensed by the state to provide personal care services.

(2) The following long-term care workers are not required to obtain certification as a home care aide. If they choose to voluntarily become certified, they must successfully pass the home care aide certification examination and meet all other requirements of WAC 246-980-080(2). The training requirements under RCW 74.39A.073 are not required.

(a) An individual who holds an active credential by the department as a:

(i) Registered nurse, a licensed practical nurse, or advanced registered nurse practitioner under chapter 18.79 RCW;

(ii) Nursing assistant-certified under chapter 18.88A RCW;

(iii) Certified counselor or advisor under chapter 18.19 RCW;

(iv) Speech language pathologist assistant or audiologist under chapter 18.35 RCW;

(v) Occupational therapist under chapter 18.59 RCW; or

(vi) Physical therapist assistant under chapter 18.74 RCW.

(b) A home health aide who is employed by a medicare certified home health agency and has met the requirements of 42 CFR, Part 483.35.

(c) An individual with special education training and an endorsement granted by the superintendent of public instruction under RCW 28A.300.010.

(d) An individual employed as a long-term care worker on December 31, 2010, or who was employed as a long-term care worker at some point during the calendar year 2010, and who completes all of the training requirements in effect as of the date of hire. This exemption expires if the long-term care worker has not provided care for over three years.

(i) The department may require the exempt long-term care worker who is employed on or before December 31,

2010, to provide proof of that employment. Proof may include a letter or similar documentation from the employer that hired the long-term care worker on or before December 31, 2010, indicating the first and last day of employment, the job title, a job description, and proof of completing training requirements. Proof of training will also be accepted directly from the approved instructor or training program, if applicable. For an individual provider reimbursed by the department of social and health services, the department will accept verification from the department of social and health services or the Training Partnership.

(ii) A long-term care worker who is employed on or before January 1, 2011, but has not completed all of his or her training requirements in effect the day he or she was hired, must complete the training within one hundred twenty days of the date of hire to qualify for this exemption.

[Statutory Authority: Chapters 18.88B and 74.39A RCW. 10-15-103, § 246-980-070, filed 7/20/10, effective 1/1/11.]

WAC 246-980-080 How does an exempt individual apply for certification as a home care aide? (1) An individual exempt from certification under WAC 246-980-070(1) may apply for certification as a home care aide as follows:

(a) To qualify for certification as a home care aide, the applicant must:

(i) Successfully complete entry level training as required by RCW 74.39A.073 before taking the examination;

(ii) Successfully pass the home care aide certification examination; and

(iii) Complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(b) Applicants must submit directly to the examination contractor:

(i) A completed application for examination provided by the examination contractor;

(ii) The fee required by the examination contractor; and

(iii) A certificate of completion signed by a department of social and health services approved instructor. The certificate must indicate that the applicant has successfully completed entry level training required by RCW 74.39A.073. The certificate of completion may also be submitted directly from the approved instructor or training program.

(c) Applicants must submit to the department:

(i) A completed application for certification on forms provided by the department;

(ii) The required fee; and

(iii) A certificate of completion signed by a department of social and health services approved instructor. The certificate must indicate that the applicant has successfully completed the entry level training as required by RCW 74.39A.-073. The certificate of completion may also be submitted directly from the approved instructor or training program.

(d) Applicants must submit to a state and federal background check as required by RCW 74.39A.055.

(2) A long-term care worker exempt from certification under WAC 246-980-070(2) may apply for certification as a home care aide as follows:

(a) To qualify for certification as a home care aide, the applicant must:

(i) Successfully complete the home care aide certification examination; and

(ii) Complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(b) Applicants must submit directly to the examination contractor a completed application for examination and the fee required by the examination contractor.

(c) Applicants must submit to the department:

(i) A completed application for certification on forms provided by the department; and

(ii) Proof the individual qualifies for exemption under WAC 246-840-070(2); and

(iii) The required fee.

(d) Applicants must submit to a state and federal background check as required by RCW 74.39A.055.

[Statutory Authority: Chapters 18.88B and 74.39A RCW. 10-15-103, § 246-980-080, filed 7/20/10, effective 1/1/11.]

WAC 246-980-090 How does an exempt home care aide renew a home care aide certification or reinstate an expired home care aide certification? (1) To renew a home care aide certification:

(a) Certificates must be renewed every year by the home care aide's birthday as provided in chapter 246-12 WAC, Part 2.

(b) Verification of twelve hours of continuing education as required by RCW 74.39A.340 and WAC 246-980-110 must accompany the certification renewal.

(2) To reinstate a certification that has been expired for less than three years, the applicant must submit proof of twelve continuing education hours as required by RCW 74.39A.340 and WAC 246-980-110 for each year it has been expired, and meet the requirements of chapter 246-12 WAC, Part 2.

(3) To reinstate a certification that has been expired for more than three years:

(a) A long-term care worker exempt from certification under WAC 246-980-070(1) must:

(i) Submit proof that the applicant has worked at least eight hours as a long-term care worker within the last three years and submit twelve hours of continuing education per year as required by RCW 74.39A.340 and WAC 246-980-110; or

(ii) Successfully repeat the training and examination requirements in WAC 246-980-080.

(b) A long-term care worker exempt from certification under WAC 246-980-070(2) must:

(i) Submit proof that the applicant has worked at least eight hours as a long-term care worker within the past three years and submit twelve hours of continuing education per year as required by RCW 74.39A.340 and WAC 246-980-110; or

(ii) Successfully repeat the certification examination requirements in WAC 246-980-080.

[Statutory Authority: Chapters 18.88B and 74.39A RCW. 10-15-103, § 246-980-090, filed 7/20/10, effective 1/1/11.]

WAC 246-980-100 Examination and reexamination for home care aide certification. (1) The certification examination will consist of both a written knowledge test and a skills demonstration.

(2) The certification examination will test the core competencies, including but not limited to, communication skills,

worker self-care, problem solving, maintaining dignity, consumer directed care, cultural sensitivity, body mechanics, fall prevention, skin and body care, home care aide roles and boundaries, supporting activities of daily living, and food preparation and handling.

(3) The applicant must apply directly to the examination contractor to take the examination.

(4) The examination contractor will notify the applicant of the date, time, and place of the examination.

(5) The examination contractor will notify both the department and the applicant of the examination results.

(a) An applicant who does not successfully pass any portion of the examination can follow the examination contractor's procedures for review and appeal.

(b) An applicant who does not successfully pass any portion of the examination may retake that portion of the examination two times.

(i) To retake the examination, an applicant must submit an application for reexamination, along with the required reexamination fee directly to the examination contractor.

(ii) An application for reexamination may be submitted any time after the applicant receives notice of not successfully completing any portion of the certification examination.

(c) An applicant who does not successfully pass both portions of the certification examination within two years of successfully completing the required training or who does not successfully pass both portions of the certification examination after completing the certification examination three times:

(i) Must retake and successfully complete the core competencies portion of the entry-level training as required by RCW 74.39A.073; and

(ii) Cannot continue to provide care as a long-term care worker until the certification has been issued.

[Statutory Authority: Chapters 18.88B and 74.39A RCW. 10-15-103, § 246-980-100, filed 7/20/10, effective 1/1/11.]

WAC 246-980-110 Continuing education. (1) Home care aides must demonstrate completion of twelve hours of continuing education per year as required by RCW 74.39A.-340. The required continuing education must be obtained during the period between renewals. Continuing education is subject to the provisions of chapter 246-12 WAC, Part 7.

(2) Verification of completion of the continuing education requirement is due upon renewal. If the first renewal period is less than a full year from the date of certification, no continuing education will be due for the first renewal period.

[Statutory Authority: Chapters 18.88B and 74.39A RCW. 10-15-103, § 246-980-110, filed 7/20/10, effective 1/1/11.]

WAC 246-980-120 Home care aide—Application—Conviction data—Criteria for denial or conditional license. (1) Applicants who have any criminal history may be denied certification or may be granted certification with conditions pursuant to RCW 18.130.055.

(2) In determining whether to deny certification or grant certification with conditions due to the applicant's criminal history, the department may consider the following factors:

(a) The severity of the crime as classified under law;

(b) The number of convictions and whether the applicant has exhibited a pattern of criminal conduct;

- (c) The amount of time elapsed since the date of conviction or the date of offense;
- (d) The amount of time the applicant has spent in the community after release from custody;
- (e) Whether any conviction is listed by the department of social and health services as a disqualifying crime, including those offenses listed in RCW 43.43.830 (5), (6), or (7);
- (f) Whether the applicant has complied with court-ordered conditions such as treatment, restitution, or other remedial or rehabilitative measures;
- (g) Other remediation or rehabilitation by the applicant subsequent to the conviction date;
- (h) Whether the applicant disclosed the conviction on the certification application; and
- (i) Any other factor relating to the applicant's ability to practice as a home care aide with reasonable skill and safety.

[Statutory Authority: Chapters 18.88B and 74.39A RCW. 10-15-103, § 246-980-120, filed 7/20/10, effective 1/1/11.]

WAC 246-980-990 Home care aide certification fees.

- (1) Certifications must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.
- (2) The following nonrefundable fees will be charged for home care aide:

Title of Fee	Fee
Application	\$60.00
Certification renewal	60.00
Late renewal penalty	30.00
Expired certification reactivation	30.00
Duplicate certification	15.00
Verification	25.00

[Statutory Authority: Chapters 18.88B and 74.39A RCW. 10-15-103, § 246-980-990, filed 7/20/10, effective 1/1/11.]