SOUTH CAROLINA STATE REGISTER DISCLAIMER

SOUTH CAROLINA STATE REGISTER

PUBLISHED BY
THE LEGISLATIVE COUNCIL
of the
GENERAL ASSEMBLY

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Published May 26, 2023
Volume 47 Issue No. 5
This issue contains notices, proposed regulations, emergency regulations, final form regulations, and other documents filed in the Office of the Legislative Council, pursuant to Article 1, Chapter 23, Title 1, Code of Laws of South Carolina, 1976.

SOUTH CAROLINA STATE REGISTER

An official state publication, the *South Carolina State Register* is a temporary update to South Carolina's official compilation of agency regulations--the *South Carolina Code of Regulations*. Changes in regulations, whether by adoption, amendment, repeal or emergency action must be published in the *State Register* pursuant to the provisions of the Administrative Procedures Act. The *State Register* also publishes the Governor's Executive Orders, notices or public hearings and meetings, and other documents issued by state agencies considered to be in the public interest. All documents published in the *State Register* are drafted by state agencies and are published as submitted. Publication of any material in the *State Register* is the official notice of such information.

STYLE AND FORMAT

Documents are arranged within each issue of the *State Register* according to the type of document filed:

Notices are documents considered by the agency to have general public interest.
Notices of Drafting Regulations give interested persons the opportunity to comment during the initial drafting period before regulations are submitted as proposed.
Proposed Regulations are those regulations pending permanent adoption by an agency.
Pending Regulations Submitted to the General Assembly are regulations adopted by the agency pending approval by the General Assembly.
Final Regulations have been permanently adopted by the agency and approved by the General Assembly.
Emergency Regulations have been adopted on an emergency basis by the agency.
Executive Orders are actions issued and taken by the Governor.

2023 PUBLICATION SCHEDULE

Documents will be accepted for filing on any normal business day from 8:30 A.M. until 5:00 P.M. All documents must be submitted in the format prescribed in the *Standards Manual for Drafting and Filing Regulations.*

To be included for publication in the next issue of the *State Register*, documents will be accepted no later than 5:00 P.M. on any closing date. The modification or withdrawal of documents filed for publication must be made **by 5:00 P.M.** on the closing date for that issue.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Submission Deadline	1/13	2/10	3/10	4/14	5/12	6/9	7/14	8/11	9/8	10/13	11/10	12/8
Publishing Date	1/27	2/24	3/24	4/28	5/26	6/23	7/28	8/25	9/22	10/27	11/24	12/22

REPRODUCING OFFICIAL DOCUMENTS

Documents appearing in the *State Register* are prepared and printed at public expense. Media services are encouraged to give wide publicity to documents printed in the *State Register*.

PUBLIC INSPECTION OF DOCUMENTS

Documents filed with the Office of the State Register are available for public inspection during normal office hours, 8:30 A.M. to 5:00 P.M., Monday through Friday. The Office of the State Register is in the Legislative Council, Fourth Floor, Rembert C. Dennis Building, 1000 Assembly Street, in Columbia. Telephone inquiries concerning material in the *State Register* or the *South Carolina Code of Regulations* may be made by calling (803) 212-4500.

ADOPTION, AMENDMENT AND REPEAL OF REGULATIONS

To adopt, amend or repeal a regulation, an agency must publish in the *State Register* a Notice of Drafting; a Notice of the Proposed Regulation that contains an estimate of the proposed action's economic impact; and, a notice that gives the public an opportunity to comment on the proposal. If requested by twenty-five persons, a public hearing must be held at least thirty days after the date of publication of the notice in the *State Register*.

After the date of hearing, the regulation must be submitted to the General Assembly for approval. The General Assembly has one hundred twenty days to consider the regulation. If no legislation is introduced to disapprove or enacted to approve before the expiration of the one-hundred-twenty-day review period, the regulation is approved on the one hundred twentieth day and is effective upon publication in the *State Register*.

EMERGENCY REGULATIONS

An emergency regulation may be promulgated by an agency if the agency finds imminent peril to public health, safety or welfare. Emergency regulations are effective upon filing for a ninety-day period. If the original filing began and expired during the legislative interim, the regulation can be renewed once.

REGULATIONS PROMULGATED TO COMPLY WITH FEDERAL LAW

Regulations promulgated to comply with federal law are exempt from General Assembly review. Following the notice of proposed regulation and hearing, regulations are submitted to the *State Register* and are effective upon publication.

EFFECTIVE DATE OF REGULATIONS

Final Regulations take effect on the date of publication in the *State Register* unless otherwise noted within the text of the regulation.
Emergency Regulations take effect upon filing with the Legislative Council and remain effective for ninety days. If the original ninety-day period begins and expires during legislative interim, the regulation may be refiled for one additional ninety-day period.

SUBSCRIPTIONS

The *South Carolina State Register* is available electronically through the South Carolina Legislature Online website at www.scstatehouse.gov, or in a printed format. Subscriptions run concurrent with the State of South Carolina's fiscal year (July through June). The annual subscription fee for the printed format is $90.00 plus applicable sales tax. Payment must be made by check payable to the Legislative Council. To subscribe, complete the form below and mail with payment.

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Executive Order No. 2023-08

WHEREAS, the undersigned has been notified of the passing of John C. Hayes, III, who previously served as a member of the South Carolina House of Representatives, a member of the South Carolina Senate, and a Circuit Court Judge for the Sixteenth Judicial Circuit of South Carolina; and

WHEREAS, in addition to his dutiful service as a member of the South Carolina House of Representatives, a member of the South Carolina Senate, and a Circuit Court Judge, John C. Hayes, III previously served the State of South Carolina as a member and chairman of the South Carolina Coastal Council and in various other state and local capacities; and

WHEREAS, prior to his accomplished legal career and distinguished public service, John C. Hayes, III served honorably in the United States Army; and

WHEREAS, John C. Hayes, III was a dedicated public servant, respected jurist, principled leader, tireless advocate for his State and his constituents, and devoted father and family man, and his passing warrants the people of this State further recognizing and appropriately honoring his extraordinary legacy and lifetime of service to the State of South Carolina; and

WHEREAS, Title 4, Section 7(m) of the United States Code, as amended, provides that "[i]n the event of the death of a present or former official of the government of any State, . . . the Governor of that State . . . may proclaim that the National flag shall be flown at half-staff"; and

WHEREAS, section 10-1-161(E) of the South Carolina Code of Laws, as amended, provides that "upon the death of a person of extraordinary stature, the Governor may order that the flags atop the State Capitol Building be lowered to half-staff at a designated time or for a designated period of time."

NOW, THEREFORE, by virtue of the authority vested in me as Governor of the State of South Carolina and pursuant to the Constitution and Laws of this State and of these United States and the powers conferred upon me therein, I hereby order that the flags atop the State Capitol be lowered to half-staff from sunrise until sunset on Sunday, April 16, 2023, in honor of John C. Hayes, III and in recognition of his extraordinary legacy and lifetime of service to the State of South Carolina. This Order is effective immediately.

GIVEN UNDER MY HAND AND THE GREAT SEAL OF THE STATE OF SOUTH CAROLINA, THIS 15th DAY OF APRIL, 2023.

HENRY MCMASTER
Governor

Executive Order No. 2023-09

WHEREAS, the undersigned has been notified of the passing of Archibald Hardy, III, who previously served as a member of the South Carolina House of Representatives; and

WHEREAS, in addition to his dutiful service as a member of the South Carolina House of Representatives, Archibald Hardy, III previously served the State of South Carolina as an official with the South Carolina Department of Parks, Recreation and Tourism and in various other state and local capacities; and

WHEREAS, prior to his distinguished public service, Archibald Hardy, III served honorably in the United States Army; and

WHEREAS, Archibald Hardy, III was a dedicated public servant, principled leader, successful businessman, tireless advocate for his State and his constituents, and devoted father and family man, and his passing warrants the people of this State further recognizing and appropriately honoring his extraordinary legacy and lifetime of service to the State of South Carolina; and

WHEREAS, Title 4, Section 7(m) of the United States Code, as amended, provides that "[i]n the event of the death of a present or former official of the government of any State, . . . the Governor of that State . . . may proclaim that the National flag shall be flown at half-staff"; and

WHEREAS, section 10-1-161(E) of the South Carolina Code of Laws, as amended, provides that "upon the death of a person of extraordinary stature, the Governor may order that the flags atop the State Capitol Building be lowered to half-staff at a designated time or for a designated period of time."

NOW, THEREFORE, by virtue of the authority vested in me as Governor of the State of South Carolina and pursuant to the Constitution and Laws of this State and of these United States and the powers conferred upon me therein, I hereby order that the flags atop the State Capitol be lowered to half-staff from sunrise until sunset on Sunday, April 16, 2023, in honor of Archibald Hardy, III and in recognition of his extraordinary legacy and lifetime of service to the State of South Carolina. This Order is effective immediately.

GIVEN UNDER MY HAND AND THE GREAT SEAL OF THE STATE OF SOUTH CAROLINA, THIS 15th DAY OF APRIL, 2023.

HENRY MCMASTER
Governor

Executive Order No. 2023-10

WHEREAS, the undersigned has been notified of the recovery of the remains of fourteen unidentified soldiers who fought in South Carolina during the Revolutionary War and died at the Battle of Camden on August 16, 1780; and

WHEREAS, the undersigned has been further informed that twelve of these individuals are believed to have been members of the Continental Army, and as such, these Patriots were among America's first soldiers and veterans, having bravely fought for the causes of liberty, sovereignty, and self-government and paid the ultimate sacrifice in pursuit of the then-unrealized principles of freedom and independence that Americans now have the right and opportunity to enjoy and the obligation to preserve and defend; and

WHEREAS, these Patriots dedicated their lives to protecting and serving the people of the United States and the State of South Carolina, and their loss warrants the people of this State continuing to recognize their distinguished service and remarkable bravery and honoring their supreme sacrifice by appropriately providing for the perpetual care of, and respect for, their remains; and

WHEREAS, the two remaining soldiers—one of whom is believed to have been a member of the British 71st Regiment of Foot, Fraser's Highlanders, and the other a Loyalist soldier from North Carolina—may not have fought and died in furtherance of the principles of freedom and American independence, but they nevertheless similarly served and selflessly sacrificed their lives for their country and its causes, and their remains likewise should be afforded appropriate honor, dignity, and respect; and

WHEREAS, after extensive collaboration and coordination among the South Carolina Battleground Preservation Trust, South Carolina Institute of Archaeology and Anthropology, South Carolina Department of Natural Resources, Historic Camden Foundation, United States Department of Defense, and numerous other

entities, officials, and individuals, the remains of these soldiers have been excavated from their original shallow graves and will be ceremonially reinterred, with full military honors, on Saturday, April 22, 2023, at the site of the August 16, 1780 Revolutionary War battle in Camden, South Carolina; and

WHEREAS, Title 4, Section 7(m) of the United States Code, as amended, provides that "[i]n the event of . . . the death of a member of the Armed Forces from any State, territory, or possession who dies while serving on active duty, . . . the Governor of that State, territory, or possession may proclaim that the National flag shall be flown at half-staff"; and

WHEREAS, section 10-1-161 of the South Carolina Code of Laws, as amended, similarly provides that "the flags which are flown atop the State Capitol Building must be lowered to half-staff on the day on which funeral services are conducted for . . . members of the United States military services who were residents of South Carolina and who lost their lives in the line of duty while in combat"; and

WHEREAS, section 10-1-161 of the South Carolina Code of Laws further authorizes the Governor to order that the flags atop the State Capitol be lowered to half-staff at a designated time or for a designated period of time upon the occurrence of an extraordinary event resulting in death or upon the death of a person of extraordinary stature.

NOW, THEREFORE, by virtue of the authority vested in me as Governor of the State of South Carolina and pursuant to the Constitution and Laws of this State and of these United States and the powers conferred upon me therein, I hereby order that the flags atop the State Capitol be lowered to half-staff from sunrise until sunset on Saturday, April 22, 2023, in tribute to the aforementioned soldiers who fought for freedom and American independence in the Revolutionary War and died at the Battle of Camden on August 16, 1780, and in honor of their selfless service, remarkable bravery, and supreme sacrifice. This Order is effective immediately.

GIVEN UNDER MY HAND AND THE GREAT SEAL OF THE STATE OF SOUTH CAROLINA, THIS 21st DAY OF APRIL, 2023.

HENRY MCMASTER
Governor

Executive Order No. 2023-11

WHEREAS, the State of South Carolina must stand ready and remain prepared to respond in a coordinated, efficient, and effective manner to a wide range of emergency situations, including natural, technological, and man-made disasters, which can damage and destroy property, obstruct important services, disrupt commercial and recreational activities, impede economic growth and development, and threaten the safety, security, and welfare of the people of this State; and

WHEREAS, the State's exposure or susceptibility to certain risks and disaster scenarios is exacerbated by recent population growth, particularly in the coastal areas; as well as increases in the number of seasonal vacationers and in the number of elderly residents and residents with access and functional needs; and

WHEREAS, the State must take timely precautions to protect its people, property, critical infrastructure, and communities from a variety of disaster scenarios and must proactively prepare for all-hazard events, to include planning for the efficient evacuation and shelter of threatened or displaced persons, the rapid and orderly provision of relief to impacted persons, the prompt restoration of essential services, and the effective coordination of activities and resources relating to emergency preparedness, response, mitigation, and recovery between and among agencies and officials of this State and the political subdivisions thereof and agencies and

officials of other States and the federal government, as well as interstate and non-governmental organizations and other private-sector entities; and

WHEREAS, section 25-1-440(b) of the South Carolina Code of Laws, as amended, provides that the Governor is responsible "for the development and coordination of a system of Comprehensive Emergency Management," and section 25-1-420 of the South Carolina Code of Laws, as amended, specifies that the South Carolina Emergency Management Division ("EMD") of the Office of the Adjutant General, is responsible for, *inter alia*, "coordinating the efforts of all state, county, and municipal agencies and departments in developing a State Emergency Plan" and "maintaining a State Emergency Operations Center"; and

WHEREAS, pursuant to section 25-1-420(a) of the South Carolina Code of Laws and Regulation 58-101 of the South Carolina Code of Regulations, EMD has developed and submitted to the undersigned for review and approval an updated version of the South Carolina Emergency Operations Plan, dated April 25, 2023, which sets forth the policies and procedures governing the State's preparation for and coordinated response to any disasters or all-hazard events that may occur in or otherwise impact the State of South Carolina.

NOW, THEREFORE, by virtue of the authority vested in me as Governor of the State of South Carolina and pursuant to the Constitution and Laws of this State and the powers conferred upon me therein, I hereby order and direct as follows:

Section 1. Approving the South Carolina Emergency Operations Plan and Issuing Certain Directives Related to the Same

A. I hereby approve the April 25, 2023 South Carolina Emergency Operations Plan ("Plan") and supersede, rescind, and replace Executive Order No. 2019-19, with any modified or remaining provisions thereof restated, in whole or in part, below or otherwise incorporated herein.

B. Each department or agency of the State shall be responsible for emergency services as assigned in the Plan.

C. Each department or agency of the State assigned a primary responsibility in the Plan shall maintain, as directed by EMD, comprehensive standard operating procedures for executing its assigned emergency services. Each department or agency of the State assigned a support responsibility in the Plan shall assist the primary department or agency in maintaining these procedures.

D. Each department or agency of the State assigned a primary or support responsibility in the Plan shall participate in EMD-scheduled exercises and shall conduct the requisite training of personnel essential to the implementation of all assigned emergency functions.

E. All departments or agencies of the State shall execute, without delay, the emergency functions so designated in the Plan, or as further ordered or otherwise directed by the undersigned, during any emergency or disaster through the initial use of existing department or agency appropriations and all necessary department or agency personnel, regardless of normal duty assignment.

Section 2. General Provisions

A. This Order is not intended to create, and does not create, any individual right, privilege, or benefit, whether substantive or procedural, enforceable at law or in equity by any party against the State of South Carolina, its agencies, departments, political subdivisions, or other entities, or any officers, employees, or agents thereof, or any other person.

B. If any section, subsection, paragraph, subparagraph, sentence, clause, phrase, or word of this Order is for any reason held to be unconstitutional or invalid, such holding shall not affect the constitutionality

or validity of the remaining portions of this Order, as the undersigned would have issued this Order, and each and every section, subsection, paragraph, subparagraph, sentence, clause, phrase, and word thereof, irrespective of the fact that any one or more other sections, subsections, paragraphs, subparagraphs, sentences, clauses, phrases, or words hereof may be declared to be unconstitutional, invalid, or otherwise ineffective.

C. This Order shall be implemented consistent with and to the maximum extent provided by applicable law and shall be subject to the availability of appropriations. This Order shall not be interpreted, applied, implemented, or construed in a manner so as to impair, impede, or otherwise affect the authority granted by law to an executive agency or department, or the officials or head thereof, including the undersigned.

D. I hereby expressly authorize the Office of the Governor to provide or issue any necessary and appropriate additional or supplemental guidance, rules, regulations, or restrictions regarding the application of this Order or to otherwise to provide clarification regarding the same, through appropriate means, without the need for further Orders.

E. This Order is effective immediately and shall remain in effect unless otherwise expressly stated herein or modified, amended, extended, or rescinded by subsequent Order.

GIVEN UNDER MY HAND AND THE GREAT SEAL OF THE STATE OF SOUTH CAROLINA, THIS 27th DAY OF APRIL, 2023.

HENRY MCMASTER
Governor

Executive Order No. 2023-12

WHEREAS, on March 23, 2023, the undersigned received and accepted the resignation of Richard Eckstrom as Comptroller General of the State of South Carolina, effective April 30, 2023, in accordance with section 8-1-145 of the South Carolina Code of Laws, as amended; and

WHEREAS, article VI, section 7 of the South Carolina Constitution provides, in relevant part, that "[t]here shall be elected by the qualified voters of the State a . . . Comptroller General, . . . who shall hold [his] respective office[] for a term of four years, coterminous with that of the Governor"; and

WHEREAS, section 1-1-120 of the South Carolina Code of Laws, as amended, provides, in pertinent part, that "[i]n case any vacancy shall occur in the office of . . . Comptroller General, . . . such vacancy shall be filled by election by the General Assembly, a majority of the votes cast being necessary to a choice," and that "[i]f such vacancy occur during the recess of the General Assembly, the Governor shall fill the vacancy by appointment until an election by the General Assembly at the session next ensuing such vacancy"; and

WHEREAS, section 1-3-220(1) of the South Carolina Code of Laws, as amended, similarly provides that among the appointments which "shall be made by the Governor" is "[a]n appointment to fill any vacancy in an office of the executive department as defined in [s]ection 1-1-110 occurring during a recess of the General Assembly," and "[t]he term of such appointment shall be until the vacancy be filled by a general election or by the General Assembly in the manner provided by law"; and

WHEREAS, in accordance with section 1-1-110 of the South Carolina Code of Laws, as amended, the Comptroller General is an officer of the "executive department of this State"; and

WHEREAS, pursuant to article IV, section 1 of the South Carolina Constitution, "[t]he supreme executive authority of this State shall be vested in" the Governor of the State of South Carolina; and

WHEREAS, on May 11, 2023, the regular annual session of the General Assembly of the State of South Carolina adjourned *sine die* in accordance with section 2-1-180 of the South Carolina Code of Laws, as amended; and

WHEREAS, the General Assembly did not elect a successor to fill the vacancy in the office of the Comptroller General pursuant to section 1-1-120 of the South Carolina Code of Laws prior to adjourning *sine die* on May 11, 2023; and

WHEREAS, in light of the foregoing, there is a vacancy in the office of the Comptroller General, said vacancy occurring during a recess of the General Assembly, which will continue to exist until such time as the General Assembly shall elect a successor to serve in said office for the remainder of the unexpired term; and

WHEREAS, as presently constituted, the office of Comptroller General is among those "important administrative positions, the functioning of which are necessary to effectively run a complex government," *Senate ex rel. Leatherman v. McMaster*, 425 S.C. 315, 330, 821 S.E.2d 908, 916 (2018), and the undersigned has determined that it is critical to avoid a vacancy in said office and thereby imperative to designate and appoint an individual to assume the duties and attend to the responsibilities of the Comptroller General, *see, e.g.*, S.C. Code Ann. § 11-3-170 ("After the approval of the annual appropriation act by the Governor, monies may be obtained from the State Treasury only by drawing vouchers upon the Comptroller General. . . ."); *id.* § 11-3-185 ("The expenditure of money appropriated by the General Assembly is by warrant requisitions directed to the Comptroller General. . . ."); *id.* § 11-3-210. ("The Comptroller General shall enter in books, kept for that purpose, such statements of the accounts of persons having the distribution of public money, directed by law to be rendered to him, as will enable him, at any time, to show how such accounts stand between the parties, respectively."); and

WHEREAS, for the aforementioned reasons, and in accordance with the cited authorities and other applicable law, the undersigned has determined that it is necessary and appropriate under the circumstances presented to designate and appoint a suitable person to serve as Comptroller General until such time as the General Assembly shall elect a successor or a successor shall otherwise qualify as provided by law, *see Op. Att'y Gen.*, 1984 WL 249919, at *2 (S.C.A.G. June 28, 1984); *see also Bradford v. Byrnes*, 221 S.C. 255, 262, 70 S.E.2d 228, 231 (1952) ("As nature abhors a void, the law of government does not ordinarily countenance an *interregnum*."); and

WHEREAS, Brian J. Gaines, MPA, CPM, of Columbia, South Carolina, is a fit and proper person to serve as Comptroller General until such time as the General Assembly shall elect a successor or a successor shall otherwise qualify as provided by law.

NOW, THEREFORE, by virtue of the authority vested in me as Governor of the State of South Carolina and pursuant to the Constitution and Laws of this State and the powers conferred upon me therein, I hereby designate and appoint Brian J. Gaines, MPA, CPM to serve as Comptroller General until such time as the General Assembly shall elect a successor or a successor shall otherwise qualify as provided by law. This Order is effective immediately and shall remain in effect unless or until modified, amended, rescinded by subsequent Order.

GIVEN UNDER MY HAND AND THE GREAT SEAL OF THE STATE OF SOUTH CAROLINA, THIS 11th DAY OF MAY, 2023.

HENRY MCMASTER
Governor

Executive Order No. 2023-13

WHEREAS, on May 11, 2023, the regular annual session of the General Assembly of the State of South Carolina adjourned *sine die* in accordance with section 2-1-180 of the South Carolina Code of Laws, as amended; and

WHEREAS, the General Assembly passed legislation to address various important matters before adjourning *sine die*, and such legislation has been presented to the undersigned, or will be presented to the undersigned upon ratification, for review and consideration as to whether to approve said legislation or return the same with objections; and

WHEREAS, notwithstanding the foregoing, although the General Assembly has reached agreement on numerous budget-related matters and appointed a conference committee on H. 4300 (General Appropriations Bill), the General Assembly did not adopt, enroll, or ratify a General Appropriations Act for the 2023–2024 fiscal year, or pass a continuing resolution to otherwise provide for the continued operation of state government after the end of the current fiscal year, in advance of *sine die* adjournment; and

WHEREAS, because "[m]oney shall be drawn from the treasury of the State or the treasury of any of its political subdivisions only in pursuance of appropriations made by law," S.C. Const. art. X, § 8, the absence of a General Appropriations Act for the upcoming fiscal year is a matter that requires the immediate attention of, and action by, the General Assembly prior to its next regular session; and

WHEREAS, while the General Assembly also made commendable progress in advancing some critical measures, legislation to enhance penalties for illegal-gun possession, S. 474 (Fetal Heartbeat and Protection from Abortion Act), H. 3532 (Bond Reform), and other matters of significant public importance remain unresolved and did not achieve consensus prior to *sine die* adjournment; and

WHEREAS, the undersigned has determined that it is necessary and appropriate for the General Assembly to convene in advance of its next regular session for purposes of promptly adopting a General Appropriations Act, passing the above-referenced pending legislation, and presenting the same for the undersigned's consideration; and

WHEREAS, article IV, section 19 of the South Carolina Constitution provides that "[t]he Governor may on extraordinary occasions convene the General Assembly in extra session" and further provides that "[s]hould either house remain without a quorum for five days, or in case of disagreement between the two houses during any session with respect to the time of adjournment, he may adjourn them to such times as he shall think proper, not beyond the time of the annual session then next ensuing"; and

WHEREAS, pursuant to article IV, section 19 of the South Carolina Constitution and in accordance with the authority and discretion conferred therein, the undersigned has determined that the foregoing and other circumstances constitute an "extraordinary occasion[]" such that it is necessary and appropriate to convene the General Assembly in extra session at the earliest practicable opportunity; and

WHEREAS, the undersigned has concluded that Tuesday, May 16, 2023, is the earliest practicable opportunity to convene the General Assembly in extra session, and the undersigned does not anticipate that timely consideration and resolution of the aforementioned matters will require the General Assembly to remain in extra session beyond May 31, 2023.

NOW, THEREFORE, by virtue of the authority vested in me as Governor of the State of South Carolina and pursuant to the Constitution and Laws of this State and the powers conferred upon me therein, I hereby call an extra session of the General Assembly of the State of South Carolina to convene at the State House in Columbia, commencing at noon on Tuesday, May 16, 2023. This Order is effective immediately and shall remain in effect unless and until modified, amended, or rescinded by subsequent Order.

GIVEN UNDER MY HAND AND THE GREAT SEAL OF THE STATE OF SOUTH CAROLINA, THIS 11th DAY OF MAY, 2023.

HENRY MCMASTER
Governor

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

NOTICE OF GENERAL PUBLIC INTEREST

In accordance with Section 44-7-200(D), Code of Laws of South Carolina, the public is hereby notified that a Certificate of Need application has been accepted for filing and publication on **May 26, 2023,** for the following project(s). After the application is deemed complete, affected persons will be notified that the review cycle has begun. For further information, please contact Certificate of Need Program, 2600 Bull Street, Columbia, South Carolina 29201, at (803) 545-4200, or by email at coninfo@dhec.sc.gov.

Affecting Charleston County
Medical University Hospital Authority d/b/a MUSC Medical Center
Renovation of 17,950 sf for the addition of 40 general acute care beds for a total of 725 acute care beds at a total project cost of $3,484,220.00.

Trident Medical Center, LLC d/b/a Trident Medical Center
Addition of 9 rehabilitation beds for a total of 23 rehabilitation beds at a total project cost of $12,085,000.00.

Affecting Horry County
ACPS Surgery Center, LLC d/b/a Atlantic Coast Spine & Pain Center
Construction for the establishment of an 8,772 sf ambulatory surgical facility with 1 OR at a total project cost of $4,956,396.57.

In accordance with Section 44-7-210(A), Code of Laws of South Carolina, and S.C. DHEC Regulation 61-15, the public and affected persons are hereby notified that for the following projects, applications have been deemed complete, and the review cycle has begun. A proposed decision will be made no earlier than 30 days, but no later than 120 days, from **May 26, 2023**. "Affected persons" have 30 days from the above date to submit requests for a public hearing to Certificate of Need Program, 2600 Bull Street, Columbia, South Carolina 29201. If a public hearing is timely requested, the Department's decision will be made after the public hearing, but no later than 150 days from the above date. For further information call (803) 545-4200 or email coninfo@dhec.sc.gov.

Affecting Anderson County
KidsCare Home Health of South Carolina LLC
Establishment of a pediatric home health agency in Anderson County at a total project cost of $3,000.00.

Affecting Barnwell County
Quality of Life Care, LLC Home Health Agency
Establishment of a Home Health Agency in Barnwell County at a total project cost of $6,000.00.

Affecting Beaufort County
Quality of Life Care, LLC Home Health Agency
Establishment of a Home Health Agency in Beaufort County at a total project cost of $6,000.00.

Affecting Charleston County
Medical University Hospital Authority d/b/a MUSC Medical Center
Addition of a fifth Adult Cardiac Catheterization lab to the existing Cardiac Catheterization Department at a total project cost of $1,477,111.00.

Affecting Florence County
Quality of Life Care, LLC Home Health Agency
Establishment of a Home Health Agency in Florence County at a total project cost of $6,000.00.

Affecting Georgetown County
Quality of Life Care, LLC Home Health Agency
Establishment of a Home Health Agency in Georgetown County at a total project cost of $6,000.00.

Affecting Greenville County
KidsCare Home Health of South Carolina LLC
Establishment of a pediatric home health agency in Greenville County at a total project cost of $3,000.00.

Prisma Health Ambulatory Surgery Centers-Upstate, LLC d/b/a Prisma Health Endoscopy Center Patewood*
Establishment of a 7,770 sf three (3) room endoscopy only ambulatory surgery facility, with renovations, at a total project cost of $2,382,968.49.

Affecting Horry County
Quality of Life Care, LLC Home Health Agency
Establishment of a Home Health Agency in Horry County at a total project cost of $6,000.00.

Affecting Laurens County
KidsCare Home Health of South Carolina LLC
Establishment of a pediatric home health agency in Laurens County at a total project cost of $3,000.00.

Affecting Lexington County
KidsCare Home Health of South Carolina LLC
Establishment of a pediatric home health agency in Lexington County at a total project cost of $3,000.00.

Affecting Newberry County
KidsCare Home Health of South Carolina LLC
Establishment of a pediatric home health agency in Newberry County at a total project cost of $3,000.00.

Affecting Orangeburg County
KidsCare Home Health of South Carolina LLC
Establishment of a pediatric home health agency in Orangeburg County at a total project cost of $3,000.00.

Affecting Pickens County
KidsCare Home Health of South Carolina LLC
Establishment of a pediatric home health agency in Pickens County at a total project cost of $3,000.00.

Affecting Richland County
KidsCare Home Health of South Carolina LLC
Establishment of a pediatric home health agency in Richland County at a total project cost of $3,000.00.

Affecting Spartanburg County
KidsCare Home Health of South Carolina LLC
Establishment of a pediatric home health agency in Spartanburg County at a total project cost of $3,000.00.

Spartanburg Regional Health Services District, Inc., d/b/a Spartanburg Medical Center-Church Street Campus
Purchase of a Computed Tomography (CT) Scanner at a total project cost of $1,961,460.00.

Affecting Sumter County
Quality of Life Care, LLC Home Health Agency
Establishment of a Home Health Agency in Sumter County at a total project cost of $6,000.00.

Affecting Union County
KidsCare Home Health of South Carolina LLC
Establishment of a pediatric home health agency in Union County at a total project cost of $3,000.00.

Affecting York County
KidsCare Home Health of South Carolina LLC
Establishment of a pediatric home health agency in York County at a total project cost of $3,000.00.

*Republished to correct licensee's name.

STATE ELECTION COMMISSION
CHAPTER 45
Statutory Authority: 1976 Code Sections 7-3-10 and 7-3-20

Notice of Drafting:

The State Election Commission is proposing to amend Regulation 45-1 "Definitions". Interested persons may submit written comments to Howard M. Knapp, Executive Director, South Carolina State Election Commission, Post Office Box 5987, Columbia, South Carolina 29250-5987.

Synopsis:

Regulation 45-1 will be amended to strike current definitions and add new definitions. Where appropriate, existing definitions may be amended. The purpose of these revisions is to provide definitions that more closely conform to current law and the conduct of elections in South Carolina.

Legislative review of this amendment is required.

STATE ELECTION COMMISSION
CHAPTER 45
Statutory Authority: 1976 Code Sections 7-3-10 and 7-3-20

Notice of Drafting:

The State Election Commission is proposing to amend Regulation 45-2, currently entitled "Instructions and Certification of Mangers and Clerks in the Use of Vote Recorders". Interested persons may submit written comments to Howard M. Knapp, Executive Director, South Carolina State Election Commission, Post Office Box 5987, Columbia, South Carolina 29250-5987.

Synopsis:

Regulation 45-2 will be revised by striking the current obsolete and irrelevant content and replacing it with provisions that are relevant to current law and the conduct of elections in South Carolina. The subject matter of the replacement provisions will be the sale by the State Election Commission of voter registration lists.

Legislative review of this amendment is required.

STATE ELECTION COMMISSION
CHAPTER 45
Statutory Authority: 1976 Code Sections 7-3-10 and 7-3-20

Notice of Drafting:

The State Election Commission is proposing to amend Regulation 45-3, currently entitled "Tabulating Center Personnel". Interested persons may submit written comments to Howard M. Knapp, Executive Director, South Carolina State Election Commission, Post Office Box 5987, Columbia, South Carolina 29250-5987.

Synopsis:

Regulation 45-3 will be revised by striking the current obsolete and irrelevant content and replacing it with provisions that are relevant to current law and the conduct of elections in South Carolina. The subject matter of the replacement provisions will be standards for ballots to be used in elections.

Legislative review of this amendment is required.

STATE ELECTION COMMISSION
CHAPTER 45
Statutory Authority: 1976 Code Sections 7-3-10 and 7-3-20

Notice of Drafting:

The State Election Commission is proposing to amend Regulation 45-4, currently entitled "Certification of Program Instructions". Interested persons may submit written comments to Howard M. Knapp, Executive Director, South Carolina State Election Commission, Post Office Box 5987, Columbia, South Carolina 29250-5987.

Synopsis:

Regulation 45-4 will be revised by striking the current obsolete and irrelevant content and replacing it with provisions that are relevant to current law and the conduct of elections in South Carolina. The subject matter of the replacement provisions will be procedures related to election protests.

Legislative review of this amendment is required.

STATE ELECTION COMMISSION
CHAPTER 45
Statutory Authority: 1976 Code Sections 7-3-10 and 7-3-20

Notice of Drafting:

The State Election Commission is proposing to amend Regulation 45-5, currently entitled "Ballot Envelopes and Fold Over Ballot Cards". Interested persons may submit written comments to Howard M. Knapp, Executive Director, South Carolina State Election Commission, Post Office Box 5987, Columbia, South Carolina 29250-5987.

Synopsis:

Regulation 45-5 will be revised by striking the current obsolete and irrelevant content and replacing it with provisions that are relevant to current law and the conduct of elections in South Carolina. The subject matter of the replacement provisions will be the administration of oaths to various persons to be employed in the administration of elections.

Legislative review of this amendment is required.

STATE ELECTION COMMISSION
CHAPTER 45
Statutory Authority: 1976 Code Sections 7-3-10 and 7-3-20

Notice of Drafting:

The State Election Commission is proposing to amend Regulation 45-6, currently entitled "Defective Ballot Cards". Interested persons may submit written comments to Howard M. Knapp, Executive Director, South Carolina State Election Commission, Post Office Box 5987, Columbia, South Carolina 29250-5987.

Synopsis:

Regulation 45-6 will be revised by striking the current obsolete and irrelevant content and replacing it with provisions that are relevant to current law and the conduct of elections in South Carolina. The subject matter of the replacement provisions will be the requirement for county boards of voter registration and elections to make certain reports to the State Election Commission. The required reports will include but may not be limited to: (a) reports of apparent violations of election law under Title 7 of the South Carolina Code; (b) reports of violations of other state law that may impact the conduct of elections; (c) reports of lawsuits or notices of anticipated legal action that may impact the conduct of elections.

Legislative review of this amendment is required.

STATE ELECTION COMMISSION
CHAPTER 45
Statutory Authority: 1976 Code Sections 7-3-10 and 7-3-20

Notice of Drafting:

The State Election Commission is proposing to amend Regulation 45-7, currently entitled "Ballot Cards, Sealed After Tabulation". Interested persons may submit written comments to Howard M. Knapp, Executive Director, South Carolina State Election Commission, Post Office Box 5987, Columbia, South Carolina 29250-5987.

Synopsis:

Regulation 45-7 will be revised by striking the current obsolete and irrelevant content and replacing it with provisions that are relevant to current law and the conduct of elections in South Carolina. The subject matter of the replacement provisions will be limits on the use of drop boxes.

Legislative review of this amendment is required.

STATE ELECTION COMMISSION
CHAPTER 45
Statutory Authority: 1976 Code Sections 7-3-10 and 7-3-20

Notice of Drafting:

The State Election Commission is proposing to amend Regulation 45-8, currently entitled "Defective and Duplicate Ballot Cards, Sealed After Tabulation". Interested persons may submit written comments to Howard M. Knapp, Executive Director, South Carolina State Election Commission, Post Office Box 5987, Columbia, South Carolina 29250-5987.

Synopsis:

Regulation 45-8 will be revised by striking the current obsolete and irrelevant content and replacing it with provisions that are relevant to current law and the conduct of elections in South Carolina. The subject matter of the replacement provisions will be public access to records relating to audits conducted by the State Election Commission.

Legislative review of this amendment is required.

STATE ELECTION COMMISSION
CHAPTER 45
Statutory Authority: 1976 Code Sections 7-3-10 and 7-3-20

Notice of Drafting:

The State Election Commission is proposing to amend Regulation 45-9, currently entitled "Write-in Ballots, Sealed After Tabulation". Interested persons may submit written comments to Howard M. Knapp, Executive Director, South Carolina State Election Commission, Post Office Box 5987, Columbia, South Carolina 29250-5987.

Synopsis:

Regulation 45-9 will be revised by striking the current obsolete and irrelevant content and replacing it with provisions that are relevant to current law and the conduct of elections in South Carolina. The subject matter of the replacement provisions will be standards for the use of nicknames by candidates for elective office.

Legislative review of this amendment is required.

STATE ELECTION COMMISSION
CHAPTER 45
Statutory Authority: 1976 Code Sections 7-3-10 and 7-3-20

Notice of Drafting:

The State Election Commission is proposing to amend Regulation 45-10, currently entitled "Retention and Disposition of Certain Voting Records". Interested persons may submit written comments to Howard M. Knapp, Executive Director, South Carolina State Election Commission, Post Office Box 5987, Columbia, South Carolina 29250-5987.

Synopsis:

Regulation 45-10 will be revised by striking the current obsolete and irrelevant content and replacing it with provisions that are relevant to current law and the conduct of elections in South Carolina. The subject matter of the replacement provisions will be (a) standards for certain types of services provided to county boards of voter registration and elections by third-party vendors; (b) standards applicable to printers hired to print and mail absentee ballots.

Legislative review of this amendment is required.

PUBLIC SERVICE COMMISSION

CHAPTER 103

Statutory Authority: 1976 Code Sections 58-3-140, 58-17-1830, and 58-17-2060

Notice of Drafting:

The Public Service Commission of South Carolina is conducting a formal review of its South Carolina Code of State Regulations Chapter 103, Article 1, Common Carriers. Interested persons may submit comments to the Public Service Commission, Clerk's Office, 101 Executive Center Drive, Suite 100, Columbia, South Carolina 29210, and interested persons may file comments by using the methods outlined in Commission Order No. 2019-748. Please reference Docket Number 2023-155-A. To be considered, comments must be received no later than 4:45 p.m. on Friday, July 7, 2023.

Synopsis:

S.C. Code Ann. Section 1-23-120(J) states, in part, "Each state agency, which promulgates regulations or to which the responsibility for administering regulations has been transferred, shall by July 1, 1997, and every five years thereafter, conduct a formal review of all regulations which it has promulgated or for which it has been transferred the responsibility of administering, except that those regulations described in subsection (H) are not subject to this review."

The Public Service Commission of South Carolina, in compliance with S.C. Code Ann. Section 1-23-120(J), is in the process of continuing its review of Chapter 103, Article 1, Common Carriers, South Carolina Code of State Regulations. The Public Service Commission Staff opened Docket No. 2020-247-A on Wednesday, October 14, 2020, and has publicly noticed and held workshops regarding the Article 1, Common Carriers Regulations. Interested stakeholders participated in these workshops and provided written comments which can be viewed in Docket No. 2020-247-A.

The Public Service Commission Staff intends to file proposed regulations which contain recommended changes to the Commission's Article 1, Common Carriers Regulations.

Legislative review of this proposal will be required.

PUBLIC SERVICE COMMISSION

CHAPTER 103

Statutory Authority: 1976 Code Sections 58-3-140, 58-23-590, 58-23-1010, 58-23-1070, and 58-23-1130

Notice of Drafting:

The Public Service Commission of South Carolina is conducting a formal review of its South Carolina Code of State Regulations Chapter 103, Article 2, Motor Carriers. Interested persons may submit comments to the Public Service Commission, Clerk's Office, 101 Executive Center Drive, Suite 100, Columbia, South Carolina 29210, and interested persons may file comments by using the methods outlined in Commission Order No. 2019-748. Please reference Docket Number 2023-156-A. To be considered, comments must be received no later than 4:45 p.m. on Friday, July 7, 2023.

Synopsis:

S.C. Code Ann. Section 1-23-120(J) states, in part, "Each state agency, which promulgates regulations or to which the responsibility for administering regulations has been transferred, shall by July 1, 1997, and every five years thereafter, conduct a formal review of all regulations which it has promulgated or for which it has been

transferred the responsibility of administering, except that those regulations described in subsection (H) are not subject to this review."

The Public Service Commission of South Carolina, in compliance with S.C. Code Ann. Section 1-23-120(J), is in the process of continuing its review of Chapter 103, Article 2, Motor Carriers, South Carolina Code of State Regulations. The Public Service Commission Staff opened Docket No. 2020-247-A on Wednesday, October 14, 2020, and has publicly noticed and held workshops regarding the Article 2, Motor Carriers Regulations. Interested stakeholders participated in these workshops and provided written comments which can be viewed in Docket No. 2020-247-A.

The Public Service Commission Staff intends to file proposed regulations which contain recommended changes to the Commission's Article 2, Motor Carriers Regulations.

Legislative review of this proposal will be required.

PUBLIC SERVICE COMMISSION

CHAPTER 103

Statutory Authority: 1976 Code Sections 58-3-140, 58-9-720, and 58-9-810

Notice of Drafting:

The Public Service Commission of South Carolina is conducting a formal review of its South Carolina Code of State Regulations Chapter 103, Article 6, Telecommunications Utilities. Interested persons may submit comments to the Public Service Commission, Clerk's Office, 101 Executive Center Drive, Suite 100, Columbia, South Carolina 29210, and interested persons may file comments by using the methods outlined in Commission Order No. 2019-748. Please reference Docket Number 2023-157-A. To be considered, comments must be received no later than 4:45 p.m. on Friday, July 7, 2023.

Synopsis:

S.C. Code Ann. Section 1-23-120(J) states, in part, "Each state agency, which promulgates regulations or to which the responsibility for administering regulations has been transferred, shall by July 1, 1997, and every five years thereafter, conduct a formal review of all regulations which it has promulgated or for which it has been transferred the responsibility of administering, except that those regulations described in subsection (H) are not subject to this review."

The Public Service Commission of South Carolina, in compliance with S.C. Code Ann. Section 1-23-120(J), is in the process of continuing its review of Chapter 103, Article 6, Telecommunications Utilities, South Carolina Code of State Regulations. The Public Service Commission Staff opened Docket No. 2020-247-A on Wednesday, October 14, 2020, and has publicly noticed and held workshops regarding the Article 6, Telecommunications Utilities Regulations. Interested stakeholders participated in these workshops and provided written comments which can be viewed in Docket No. 2020-247-A.

The Public Service Commission Staff intends to file proposed regulations which contain recommended changes to the Commission's Article 6, Telecommunications Utilities Regulations.

Legislative review of this proposal will be required.

DEPARTMENT OF SOCIAL SERVICES

CHAPTER 114

Statutory Authority: 1976 Code Section 43-1-80

Notice of Drafting:

The South Carolina Department of Social Services proposes to amend Regulations 114-500 to 509, Regulations for the Licensing of Child Care Centers; Regulations 114-510 to 519, Regulations for the Licensing of Group Child Care Homes; Regulations 114-520 to 527, Regulations for the Registration of Child Care Centers Operated by Churches or Religious Entities; and Regulations 114-528 to 529, Family Day Care Homes. Interested persons may submit written comments to Cynthia S. Lara, Director Child Care Licensing at South Carolina Department of Social Services, P.O. Box 1520, Columbia, South Carolina 29202 or via email at commentsonchildcareregulations@dss.sc.gov. To be considered all comments must be received no later than 5:00 p.m. on June 30, 2023, the close of the drafting comment period.

Synopsis:

The Department of Social Services is responsible for establishing and promulgating rules and regulations for the licensure of child care facilities. The above regulations, regarding licensure and/or registration of child care centers, group child care homes, child care centers operated by churches or religious entities, and family day care homes need amendments to eliminate inconsistencies and enhance clarity. The proposed amendments promote the application of a consistent set of rules and regulations for the licensure and/or registration of child care facilities. The consistent application of these regulations further the Department's mission to establish standards that protect the health, safety and well-being of children receiving care in child care facilities.

Legislative review of these amendments is necessary.

Document No. 5188
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61
Statutory Authority: 1976 Code Sections 48-1-10 et seq.

61-62. Air Pollution Control Regulations and Standards.

Preamble:

Pursuant to the Pollution Control Act and the federal Clean Air Act, 42 U.S.C. Sections 7410, 7413, and 7416, the Department of Health and Environmental Control (Department) must ensure national primary and secondary ambient air quality standards are achieved and maintained in South Carolina. No state may adopt or enforce an emission standard or limitation less stringent than these federal standards or limitations pursuant to 42 U.S.C. Section 7416.

The U.S. Environmental Protection Agency (EPA) promulgates amendments to the Code of Federal Regulations (CFR) throughout each calendar year. Recent federal amendments at 40 CFR Parts 60, 63, and 97 include revisions to Standards of Performance for New Stationary Sources, National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Categories, and Cross-State Air Pollution Rule (CSAPR) Trading Programs.

The Department proposes amending R.61-62.60, South Carolina Designated Facility Plan and New Source Performance Standards, and R.61-62.63, National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Categories, to incorporate by reference federal amendments promulgated from January 1, 2022, through December 31, 2022.

The Department further proposes amending R.61-62.97, Cross-State Air Pollution Rule (CSAPR) Trading Program, and the State Implementation Plan (SIP), to incorporate by reference recently promulgated federal amendments to the CSAPR NO_X Annual Trading Program (found in 40 CFR Part 97, Subpart AAAAA) and the CSAPR SO_2 Group 2 Trading Program (found in 40 CFR Part 97, Subpart DDDDD) as necessary to maintain compliance with federal law.

The Department also proposes additional changes to R.61-62, Air Pollution Control Regulations and Standards, for overall quality of regulatory text as deemed necessary to maintain compliance with federal law. These changes may include corrections or other changes for internal consistency, clarification, reference, punctuation, codification, formatting, spelling, and overall improvement to the text of R.61-62.

The Administrative Procedures Act, S.C. Code Section 1-23-120(H)(1), exempts these amendments from General Assembly review, as the Department proposes these amendments for compliance with federal law.

The Department had a Notice of Drafting published in the March 24, 2023, South Carolina State Register.

Section-by-Section Discussion of Proposed Amendments:

Section	Type of Change	Purpose
R.61-62.60		
Subpart XXX	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.

Subpart IIII	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
Subpart JJJJ	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
R.61-62.63		
Subpart C	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
Subpart AAAA	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
Subpart YYYY	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
Subpart ZZZZ	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
Subpart DDDDD	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
Subpart GGGGG	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
Subpart IIIII	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
Subpart HHHHHH	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
R.61-62.97		
Subpart A	Revision Technical Correction	Amended to incorporate federal revisions by reference for compliance with federal law, and to correct punctuation.
Subpart B	Revision Technical Correction	Amended to incorporate federal revisions by reference for compliance with federal law, and to correct punctuation.

Notice of Public Hearing and Opportunity for Public Comment:

Interested persons may submit comment(s) on the proposed amendments to Holly Randolph of the Air Regulation, Data Analysis, and SIP Management Section, Bureau of Air Quality; S.C. Department of Health and Environmental Control, 2600 Bull Street, Columbia, S.C. 29201; randolhk@dhec.sc.gov. To be considered, the Department must receive the comment(s) by 5:00 p.m. on June 26, 2023, the close of the comment period.

The S.C. Board of Health and Environmental Control will conduct a public hearing on the proposed amendments during its August 10, 2023, 10:00 a.m. meeting. Interested persons may make oral and/or submit written comments at the public hearing. Persons making oral comments should limit their statements to five (5) minutes or less. The meeting will take place in the Board Room of the DHEC Building, located at 2600 Bull Street, Columbia, S.C. 29201. Due to admittance procedures, all visitors must enter through the main Bull Street entrance and register at the front desk. The Department will publish a meeting agenda twenty-four (24) hours in advance indicating the order of its scheduled items at: http://www.scdhec.gov/Agenda.

The Department publishes a Monthly Regulation Development Update tracking the status of its proposed new regulations, amendments, and repeals and providing links to associated State Register documents at http://www.scdhec.gov/Agency/RegulationsAndUpdates/RegulationDevelopmentUpdate/.

Statement of Need and Reasonableness:

The following presents an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: R.61-62, Air Pollution Control Regulations and Standards.

Purpose: The EPA promulgated amendments to federal air quality regulations in 2022. The recent federal amendments include revisions to Standards of Performance for New Stationary Sources, mandated by 42 U.S.C. Section 7411, and revisions to federal National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Categories, mandated by 42 U.S.C. Section 7412. In 2021 and 2022, the EPA also promulgated revisions to Cross-State Air Pollution Rule (CSAPR) Trading Programs, mandated by 42 U.S.C. Section 7410. The Department, therefore, proposes amending R.61-62 and the SIP, as necessary, to incorporate these amendments to federal regulations. The Department also proposes to make corrections for internal consistency, clarification, and codification to improve the overall text as necessary for compliance with federal law.

Legal Authority: 1976 Code Sections 48-1-10 et seq., and the Clean Air Act, 42 U.S.C. Sections 7410, 7413, and 7416.

Plan for Implementation: The amendments will take legal effect upon publication in the State Register. Department personnel will then take appropriate steps to inform the regulated community of the amendments. Additionally, a copy of the regulation will be posted on the Department's website, accessible at www.scdhec.gov/regulations-table. Printed copies may also be requested, for a fee, from the Department's Freedom of Information Office.

DETERMINATION OF NEED AND REASONABLENESS OF THE PROPOSED REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The EPA promulgates amendments to its air quality regulations throughout each calendar year. Federal amendments in 2022 included revised Standards of Performance for New Stationary Sources and revised NESHAP for Source Categories. The Department is adopting these federal amendments to maintain compliance with federal law, as the EPA has delegated South Carolina authority for implementation and enforcement of these federal regulations. In 2021 and 2022, the EPA also revised federal CSAPR Trading Programs regulations. Adoption of the federal CSAPR Trading Program revisions is necessary to address transport SIP requirements pursuant to 42 U.S.C. Section 7410. These amendments are reasonable, as they promote consistency and ensure compliance with both state and federal regulations.

DETERMINATION OF COSTS AND BENEFITS:

There is no anticipated increase in costs to the state or its political subdivisions resulting from these proposed revisions. The amendments to be adopted are already in effect and applicable to the regulated community as a matter of federal law, thus the amendments do not present a new cost to the regulated community. The proposed amendments incorporate the revisions to the EPA regulations, which the Department implements pursuant to federal delegation and the authority granted by Section 48-1-50 of the Pollution Control Act. The proposed amendments will benefit the regulated community by clarifying and updating the regulations and improving their ease of use.

UNCERTAINTIES OF ESTIMATES:

There are no uncertainties of estimates relative to the costs to the state or its political subdivisions.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

Adoption of the recent changes in federal regulations through the proposed amendments to R.61-62 will provide continued protection of the environment and public health.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

The state's authority to implement federal requirements, which are beneficial to the public health and environment, would be compromised if these amendments were not adopted in South Carolina.

Text:

The full text of this regulation is available on the South Carolina General Assembly Home Page: **http://www.scstatehouse.gov/regnsrch.php.** Full text may also be obtained from the promulgating agency.

Document No. 5189
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61
Statutory Authority: 1976 Code Section 13-7-40(F)(3)&(10)

61-63. Radioactive Materials (Title A).

Preamble:

The Federal Atomic Energy Act of 1954 enables the United States Nuclear Regulatory Commission ("Commission") to enter into agreements with state governors allowing for state regulation of byproduct, source, and special nuclear material. 42 U.S.C. Section 2121. The Commission enters into such agreements if it finds the state regulatory program complies with applicable federal regulations, *Id*. To renew South Carolina's ongoing agreement with the Commission, the Department of Health and Environmental Control ("Department") proposes amendments to R.61-63 for compliance with the Commission's federal regulatory updates. The proposed amendments add clarifications or corrections to Parts II, III, IV, and XII of the regulation.

The Administrative Procedures Act, S.C. Code Section 1-23-120(H)(1), exempts these amendments from General Assembly review, as the Department proposes these amendments for compliance with federal law.

The Department published a Notice of Drafting the February 24, 2023, South Carolina State Register.

Section-by-Section Discussion of Proposed Amendments:

Section	Type of Change	Purpose
2.22	Amendment	Include new references for accuracy.
3.26	Amendment	Update contact information for accuracy.
3.45	Addition/Deletion	Delete event conditions to require fewer specific conditions. Add updated contact information for accuracy.
3.58	Deletion	Delete Cat 1/Cat 2 references due to reporting date that is expired.
4.20, 4.22, 4.23	Technical correction	Correct spelling errors for accuracy.
4.22, 4.43, 4.54, 4.74	Amendment	Update organization names for accuracy.
12.7	Amendment	Correct Mail Stop address for accuracy.

Notice of Public Hearing and Opportunity for Public Comment:

Interested persons may submit comment(s) on the proposed amendments to Ms. Lynne Garner of the Bureau of Land and Waste Management; S.C. Department of Health and Environmental Control, 2600 Bull Street, Columbia, S.C. 29201; garnerld@dhec.sc.gov. To be considered, the Department must receive the comment(s) by 5:00 p.m. on June 26, 2023, the close of the comment period.

The S.C. Board of Health and Environmental Control will conduct a public hearing on the proposed amendment during its October 12, 2023, 10:00 a.m. meeting. Interested persons may give oral comments and/or submit written comments at the public hearing. Persons giving oral comments should limit their statements to five (5) minutes or less. The meeting will take place in the Board Room of the DHEC Building, located at 2600 Bull Street, Columbia, S.C. 29201. Due to admittance procedures, all visitors must enter through the Bull Street main entrance and register at the front desk. The Department will publish a meeting agenda twenty-four (24) hours in advance indicating the order of its scheduled items at: http://www.scdhec.gov/Agenda.

The Department publishes a Monthly Regulation Development Update which tracks the status of its proposed new regulations, amendments, and repeals and providing links to associated State Register documents at http://www.scdhec.gov/Agency/RegulationsAndUpdates/RegulationDevelopmentUpdate/.

Statement of Need and Reasonableness:

The following presents an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: R.61-63, Radioactive Materials (Title A).

Purpose: The Department of Health and Environmental Control proposes amendments to R.61-63 for compliance with federal regulations.

Legal Authority: 1976 Code Section 13-7-40(F)(3)&(10).

Plan for Implementation: The amendments will take legal effect upon publication in the State Register. Department personnel will then take appropriate steps to inform the regulated community of the amendments. Additionally, a copy of the regulation will be posted on the Department's website, accessible at www.scdhec.gov/regulations-table. Printed copies may also be requested, for a fee, from the Department's Freedom of Information Office.

DETERMINATION OF NEED AND REASONABLENESS OF THE PROPOSED REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The Federal Atomic Energy Act of 1954 enables the United States Nuclear Commission ("Commission") to enter into agreements with state governors allowing for state regulation of byproduct, source, and special nuclear material. 42 U.S.C. Section 2121. The Commission enters into such agreements if it finds the state regulatory program complies with applicable federal regulations. To renew South Carolina's ongoing agreement with the

Commission, the Department proposes amendments to R.61-63 for compliance with the Commission's federal regulatory updates. The amendments are beneficial in that they ensure state oversight of required standards.

DETERMINATION OF COSTS AND BENEFITS:

Neither the state nor its political subdivisions will incur additional costs through implementation of these amendments. Existing staff and resources will be utilized to implement these amendments to the regulation. The amendments will not create any significant additional cost to the regulated community since requirements or changes to the regulations will be substantially consistent with the current guidelines utilized by the Department.

UNCERTAINTIES OF ESTIMATES:

None.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

These proposed amendments seek to ensure an effective regulatory program for radioactive material users under state jurisdiction and protection of the public and worker from unnecessary exposure to ionizing radiation.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

None. Federal requirements will apply to all affected users. The proposed amendments eliminate possible duplicative or redundant requirements.

Text:

The full text of this regulation is available on the South Carolina General Assembly Home Page: **http://www.scstatehouse.gov/regnsrch.php.** Full text may also be obtained from the promulgating agency.

Document No. 5124
SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY
CHAPTER 37
Statutory Authority: 1976 Code Sections 23-23-10 et seq.

37-025. Denial of Certification for Misconduct.

Synopsis:

S.C. Code Section 23-23-80 authorizes the Law Enforcement Training Council to make regulations necessary for the administration of S.C. Code Section 23-23-10 et seq. The proposed regulation will define misconduct for the denial of certification for misconduct.

Notice of Drafting for the proposed amendments was published in the *State Register* on June 24, 2022.

Section-by-Section Discussion:

37-025. This section defines misconduct for the denial of certification of law enforcement officers.

Instructions:

Print the regulations as shown. All other items remain unchanged.

Text:

37-025. Denial of Certification for Misconduct.

A. The Council may deny certification based on evidence satisfactory to the Council that the candidate has engaged in misconduct. For purposes of this section, misconduct means:

1. Conviction, plea of guilty, plea of no contest or admission of guilt (regardless of withheld adjudication) to a felony, a crime punishable by a sentence of more than one year (regardless of the sentence actually imposed, if any), or a crime of moral turpitude in this or any other jurisdiction;

2. Unlawful use of a controlled substance;

3. The repeated use of excessive force in dealing with the public and/or prisoners;

4. Dangerous and/or unsafe practices involving firearms, weapons, and/or vehicles which indicate either a willful or wanton disregard for the safety of persons or property;

5. Physical or psychological abuses of members of the public and/or prisoners;

6. Misrepresentation of employment-related information;

7. To willfully make false, misleading, incomplete, deceitful, or incorrect statement(s) to a law enforcement officer, a law enforcement agency, or representative, except when required by departmental policy or by the laws of this State during the course of an investigation;

8. To willfully make false, misleading, incomplete, deceitful, or incorrect statement(s) to a court of competent jurisdiction, or their staff members, whether under oath or not;

9. To willfully make false, misleading, incomplete, deceitful, or incorrect information on a document, record, report, or form, except when required by departmental policy or by the laws of this State;

10. Willfully falsifying material information provided to the Criminal Justice Academy;

11. The wilful failure to intervene when observing another officer physically abusing a person, whether or not the person is in custody, while in the performance of his official duties, if the officer knew the person's rights were being violated, the officer had an opportunity to intervene, and the officer chose not to do so;

12. The wilful and knowing failure to promptly report another officer, while in the performance of his official duties, abusing a person whether or not the person is in custody.

B. In considering whether to deny certification based on misconduct, the Council may consider the seriousness, the remoteness in time and any mitigating circumstances surrounding the act or omission constituting or alleged to constitute misconduct.

Fiscal Impact Statement:

There will be no fiscal impact from this change.

Statement of Rationale:

Revisions to these regulations are necessary to make the definitions of misconduct for denial of certification for misconduct.

Document No. 5125
SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY
CHAPTER 37
Statutory Authority: 1976 Code Sections 23-23-10 et seq.

37-073. Denial of Telecommunications Operator Certification for Misconduct. (New)

Synopsis:

S.C. Code Section 23-23-80 authorizes the Law Enforcement Training Council to make regulations necessary for the administration of S.C. Code Section 23-23-10 et seq. The proposed regulation will define misconduct for the denial of certification for misconduct.

Notice of Drafting for the proposed amendments was published in the *State Register* on June 24, 2022.

Section-by-Section Discussion:

37-073. This section defines misconduct for the denial of certification of telecommunications operators.

Instructions:

Print the regulations as shown. All other items remain unchanged.

Text:

37-073. Denial of Telecommunications Operator Certification for Misconduct.

A. The Council may deny certification based on evidence satisfactory to the Council that the candidate has engaged in misconduct. For purposes of this section, misconduct means:

1. Conviction, plea of guilty, plea of no contest or admission of guilt (regardless of withheld adjudication) to a felony, a crime punishable by a sentence of more than one year (regardless of the sentence actually imposed, if any), or a crime of moral turpitude in this or any other jurisdiction;

2. Unlawful use of a controlled substance;

3. Misrepresentation of employment-related information;

4. To willfully make false, misleading, incomplete, deceitful, or incorrect statement(s) to a law enforcement officer, a law enforcement agency, or representative, except when required by departmental policy or by the laws of this State during the course of an investigation;

5. To willfully make false, misleading, incomplete, deceitful, or incorrect statement(s) to a court of competent jurisdiction, or their staff members, whether under oath or not;

6. To willfully make false, misleading, incomplete, deceitful, or incorrect information on a document, record, report, or form, except when required by departmental policy or by the laws of this State;

7. Willfully falsifying material information provided to the Criminal Justice Academy.

B. In considering whether to deny certification based on misconduct, the Council may consider the seriousness, the remoteness in time and any mitigating circumstances surrounding the act or omission constituting or alleged to constitute misconduct.

Fiscal Impact Statement:

There will be no fiscal impact from this change.

Statement of Rationale:

Revisions to these regulations are necessary to make the definitions of misconduct for denial of certification for misconduct.

Document No. 5126
SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY
CHAPTER 37
Statutory Authority: 1976 Code Sections 23-23-10 et seq.

37-107. Final Decision by Law Enforcement Training Council.

Synopsis:

S.C. Code Section 23-23-80 authorizes the Law Enforcement Training Council to make regulations necessary for the administration of S.C. Code Section 23-23-10 et seq. The proposed regulation will define misconduct for the denial of certification for misconduct.

Notice of Drafting for the proposed amendments was published in the *State Registe*r on June 24, 2022.

Section-by-Section Discussion:

37-107. This section addresses procedure regarding Final Agency Decisions.

Instructions:

Print the regulations as shown. All other items remain unchanged.

Text:

37-107. Final Decision by Law Enforcement Training Council.

A. All Council members, unless recused, shall be provided with a complete transcript of the contested case hearing, copies of all exhibits accepted into evidence during the contested case hearing, and a copy of the hearing officer's recommendation.

B. A quorum of the Council must be present for a final agency decision to be made. A simple majority vote of the quorum of Council members present shall be binding for a final decision issued pursuant to R.37-107(D).

C. In order for a candidate/officer/operator to have a final decision issued finding that they did commit misconduct pursuant to R.37-025, R.37-026, R.37-073, or R.37-074, the Council must find misconduct has been proven by the preponderance of the evidence.

D. The Council shall issue a final decision based on the evidence accepted during the contested case hearing and the applicable statutes and regulations. The Council may consider the hearing officer's recommendation. The Council's final decision must include the following:

1. Findings of Fact;
2. Conclusions of Law; and
3. If appropriate, sanction(s) pursuant to R.37-108.

The Council may adopt the hearing officer's recommendation as the Council's final decision.

E. The Council may refer the matter back to the hearing officer for further proceedings or may order further evidentiary proceedings before the Council.

F. A copy of the Council's final decision shall be provided to the candidate/officer/operator and the Agency making the allegation of misconduct, sent by certified mail to the candidate/officer/operator's address currently on file at the Academy or to the candidate/officer/operator's counsel and sent by certified mail to the Agency's address currently on file at the Academy or to the Agency's counsel, return receipt requested, as soon as practicable after the final decision has been issued. The candidate/officer/operator shall be informed of his/her right to appeal the Council's final decision pursuant to Sections 1-23-380(B) and 1-23-600(D) of the South Carolina Code of Laws. It is the responsibility of every candidate/officer/operator and Agency as described in Chapter 37 of these regulations to notify the Academy of his, her, or its current address. All such notices required to be made to the candidate/officer/operator and Agency as prescribed in Chapter 37 of these regulations is effective upon mailing as required in this section.

G. Duplicate of such notice shall be sent, in the same manner as prescribed in paragraph (F) above, to the current sheriff or chief executive officer of the employing agency or department of the law enforcement officer.

Fiscal Impact Statement:

There will be no fiscal impact from this change.

Statement of Rationale:

Revisions to these regulations are necessary to update procedures for Final Agency Decisions

Document No. 5127
SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY
CHAPTER 37
Statutory Authority: 1976 Code Sections 23-23-10 et seq.

37-105. Contested Case Hearing.

Synopsis:

S.C. Code Section 23-23-80 authorizes the Law Enforcement Training Council to make regulations necessary for the administration of S.C. Code Section 23-23-10 et seq. The proposed regulation will define misconduct for the denial of certification for misconduct.

Notice of Drafting for the proposed amendments was published in the *State Register* on June 24, 2022.

Section-by-Section Discussion:

37-105. This section addresses contested case hearings.

Instructions:

Print the regulations as shown. All other items remain unchanged.

Text:

37-105. Contested Case Hearing.

A. The contested case shall be held upon thirty (30) days notice to the candidate/officer/operator and Agency making the allegation of misconduct.

B. The contested case hearing shall conform to Rule 43(a), (c)(1), (d), (e), (f), (h), (i), SCRCP, except, counsel is not required to stand during examination.

C. Subpoenas may be issued by the candidate/officer/operator or the Agency making the allegation of misconduct to compel attendance and/or production of evidence at the contested case hearing so long as the subpoena complies with Rule 45, SCRCP and is on a form prescribed by the Council.

D. During the contested case hearing both parties are entitled to cross examine witness and are entitled to present evidence. The candidate/officer/operator is not required to present evidence during the hearing.

E. The contested case hearing shall follow the format of:

1. Opening Statement by the Agency making the allegation of misconduct;
2. Opening Statement by candidate/officer/operator;
3. Presentation of case in chief by the Agency making the allegation of misconduct;
4. Presentation of case in chief by the candidate/officer/operator;
5. Rebuttal evidence as appropriate;
6. Closing Argument by the Agency making the allegation of misconduct; and
7. Closing Argument by candidate/officer/operator.

F. The hearing officer may accept evidence that conforms to Rule 6, SCRCrim.P. All other evidence accepted by the hearing officer shall conform to the South Carolina Rules of Evidence, unless otherwise agreed to by the parties.

G. All testimony must be presented under oath.

H. All documentary evidence accepted shall be numbered and labeled "State" or "Respondent" as appropriate.

I. The contested case hearing shall be documented by a court reporter.

J. Any objections during the contested case hearing shall be ruled on by the hearing officer.

K. In order for a candidate/officer/operator to have a recommendation made against them finding they did commit misconduct pursuant to R.37-025, R.37-026, R.37-073, or R.37-074, the hearing officer must find misconduct has been proven by the preponderance of the evidence.

L. The hearing officer shall issue a recommendation to the Council based on the evidence accepted during the hearing. The recommendation must include the following:

1. Recommended Findings of Fact;
2. Recommended Conclusions of Law; and
3. If appropriate, recommended sanction pursuant to R.37-108.

M. A copy of the hearing officer's recommendation to the Council shall be provided to the both parties, sent by certified mail to the candidate/officer/operator's address currently on file at the Academy or to the candidate/officer/operator's counsel and sent by certified mail to the Agency's address currently on file at the Academy or the Agency's counsel, return receipt requested, as soon as practicable after the recommendation has been issued. It is the responsibility of every candidate/officer/operator and Agency as described in Chapter 37 of these regulations to notify the Academy of his, her, or its current address. All such notices required to be made to the candidate/officer/operator and Agency as prescribed in Chapter 37 of these regulations is effective upon mailing as required in this section.

N. Duplicate of such notice shall be sent, in the same manner as prescribed in paragraph (M) above, to the current sheriff or chief executive officer of the employing agency or department of the law enforcement officer.

Fiscal Impact Statement:

There will be no fiscal impact from this change.

Statement of Rationale:

Revisions to these regulations are necessary to update contested case procedures.

Document No. 5128
SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY
CHAPTER 37
Statutory Authority: 1976 Code Sections 23-23-10 et seq.

37-026. Withdrawal of Certification of Law Enforcement Officers.

Synopsis:

S.C. Code Section 23-23-80 authorizes the Law Enforcement Training Council to make regulations necessary for the administration of S.C. Code Section 23-23-10 et seq. The proposed regulation will define misconduct for the denial of certification for misconduct.

Notice of Drafting for the proposed amendments was published in the *State Register* on June 24, 2022.

Section-by-Section Discussion:

37-026. This section defines misconduct for the withdrawal of certification of law enforcement officers.

Instructions:

Print the regulations as shown. All other items remain unchanged.

Text:

37-026. Withdrawal of Certification of Law Enforcement Officers.

A. A law enforcement officer, certified pursuant to the provisions of R.37-005 and R.37-006, shall have his or her certification as a law enforcement officer withdrawn by the Council upon the occurrence of any one or more of the following events:

1. The officer is found to have falsified any application for certification and training based upon which the officer was admitted for training.

2. The officer is found to be ineligible for service as a law enforcement officer because of his or her failure to meet prerequisite qualifications for training and certification, as set by law, even though such ineligibility is not discovered until after the officer's initial certification.

3. The officer is convicted of a criminal offense under the law of any jurisdiction which would, by the laws of this State, disqualify the officer from obtainment of certification as provided for in R.37-005 and R.37-006.

4. Evidence satisfactory to the Council that the officer has engaged in misconduct. For purposes of this section, misconduct means:

a. Conviction, plea of guilty, plea of no contest or admission of guilt (regardless of withheld adjudication) to a felony, a crime punishable by a sentence of more than one year (regardless of the sentence actually imposed, if any), or a crime of moral turpitude;

b. Unlawful use of a controlled substance;

c. The repeated use of excessive force in dealing with the public and/or prisoners;

d. Dangerous and/or unsafe practices involving firearms, weapons, and/or vehicles which indicate either a willful or wanton disregard for the safety of persons or property;

e. Physical or psychological abuses of members of the public and/or prisoners;

f. Misrepresentation of employment-related information;

g. Violations of criminal law resulting from administrative inquiries;

h. To willfully make false, misleading, incomplete, deceitful, or incorrect statement(s) to a law enforcement officer, a law enforcement agency, or representative, except when required by departmental policy or by the laws of this State during the course of an investigation;

i. To willfully make false, misleading, incomplete, deceitful, or incorrect statement(s) to a court of competent jurisdiction, or their staff members, whether under oath or not;

j. To willfully make false, misleading, incomplete, deceitful, or incorrect information on a document, record, report, or form, except when required by departmental policy or by the laws of this State;

k. Willfully falsifying material information provided to the Criminal Justice Academy;

l. The wilful failure to intervene when observing another officer physically abusing a person, whether or not the person is in custody, while in the performance of his official duties, if the officer knew the person's rights were being violated, the officer had an opportunity to intervene, and the officer chose not to do so;

m. The wilful and knowing failure to promptly report another officer, while in the performance of his official duties, abusing a person whether or not the person is in custody.

Provided however that in considering whether to withdraw certification based on misconduct, the Council may consider the seriousness, frequency and any mitigating circumstances surrounding the act or omission constituting or alleged to constitute misconduct.

B. The officer's certification expires due to the officer's failure to meet re-certification requirements as set out in R.37-010.

Fiscal Impact Statement:

There will be no fiscal impact from this change.

Statement of Rationale:

Revisions to these regulations are necessary to make the definitions of misconduct for withdrawal of certification for misconduct.

Document No. 5129
SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY
CHAPTER 37
Statutory Authority: 1976 Code Sections 23-23-10 et seq.

37-074. Withdrawal of Certification of Telecommunications Operators. (New)

Synopsis:

S.C. Code Section 23-23-80 authorizes the Law Enforcement Training Council to make regulations necessary for the administration of S.C. Code Section 23-23-10 et seq. The proposed regulation will define misconduct for the denial of certification for misconduct.

Notice of Drafting for the proposed amendments was published in the *State Registe*r on June 24, 2022.

Section-by-Section Discussion:

37-074. This section defines misconduct for the withdrawal of certification of telecommunications operators.

Instructions:

Print the regulations as shown. All other items remain unchanged.

Text:

37-074. Withdrawal of Certification of Telecommunications Operators.

A. An operator, certified pursuant to the provisions of R.37-065, shall have his or her certification as an operator withdrawn by the Council upon the occurrence of any one or more of the following events:

1. The operator is found to have falsified any application for certification and training based upon which the operator was admitted for training.

2. The operator is found to be ineligible for service as an operator because of his or her failure to meet prerequisite qualifications for training and certification, as set by law, even though such ineligibility is not discovered until after the operator's initial certification.

3. The operator is convicted of a criminal offense under the law of any jurisdiction which would, by the laws of this State, disqualify the operator from obtainment of certification as provided for in R.37-005 and R.37-006.

4. Evidence satisfactory to the Council that the operator has engaged in misconduct. For purposes of this section, misconduct means:

a. Conviction, plea of guilty, plea of no contest or admission of guilt (regardless of withheld adjudication) to a felony, a crime punishable by a sentence of more than one year (regardless of the sentence actually imposed, if any), or a crime of moral turpitude;

b. Unlawful use of a controlled substance;

c. Misrepresentation of employment-related information;

d. Violations of criminal law resulting from administrative inquiries;

e. To willfully make false, misleading, incomplete, deceitful, or incorrect statement(s) to a law enforcement officer, a law enforcement agency, or representative, except when required by departmental policy or by the laws of this State during the course of an investigation;

f. To willfully make false, misleading, incomplete, deceitful, or incorrect statement(s) to a court of competent jurisdiction, or their staff members, whether under oath or not;

g. To willfully make false, misleading, incomplete, deceitful, or incorrect information on a document, record, report, or form, except when required by departmental policy or by the laws of this State;

h. Willfully falsifying material information provided to the Criminal Justice Academy.

Provided however that in considering whether to withdraw certification based on misconduct, the Council may consider the seriousness, frequency and any mitigating circumstances surrounding the act or omission constituting or alleged to constitute misconduct.

Fiscal Impact Statement:

There will be no fiscal impact from this change.

Statement of Rationale:

Revisions to these regulations are necessary to make the definitions of misconduct for withdrawal of certification for misconduct.

Document No. 5130
STATE BOARD OF EDUCATION
CHAPTER 43
Statutory Authority: 1976 Code Sections 59-5-60, 59-18-110, 59-18-310, 59-29-10, et seq., 20 U.S.C. 1232(g), and Pub. L. No. 114-95

43-234. Defined Program, Grades 9-12 and Graduation Requirements.

Synopsis:

The State Board of Education proposes to amend R.43-234. Defined Program, Grades 9-12 and Graduation Requirements to include a one-half credit in financial literacy as a requirement for earning a South Carolina High School Diploma.

Section-by-Section Discussion:

Section I (A)	Added financial literacy as a one-half credit requirement.
Section I (A)	Reduced the required credits for electives from 7.0 to 6.5.
Section II (L)	Added implementation date and specified CTE Personal Finance course would satisfy the one-half credit requirement.

The Notice of Drafting was published in the *State Register* on July 22, 2022.

Instructions:

Replace Sections I(A) and II(L) that are currently in regulation with the amended Section 1(A) and II(L) as shown below.

Text:

43-234. Defined Program, Grades 9-12 and Graduation Requirements.

Each school district board of trustees must ensure quality schooling by providing a rigorous, relevant curriculum for all students.

Each school district must offer a standards-based academic curriculum organized around a career cluster system that provides students with individualized education pathways and endorsements.

I. Requirements for Earning a South Carolina High School Diploma

A. The student must earn a total of twenty-four units of credit as follows:

	Unit Requirements	
	English language arts	4.0
	mathematics	4.0
	science	3.0
	U.S. History and Constitution	1.0
	economics	0.5
	U.S. Government	0.5
	other social studies	1.0
	physical education or Junior ROTC	1.0
	computer science	1.0
	foreign language or career and technology education	1.0
	financial literacy	0.5
	electives	6.5

		24.0 total

B. Students shall have the opportunity to earn endorsements within each high school diploma pathway; however, earning an endorsement is not a requirement for graduation. Endorsements shall identify a particular area of focus, beginning with the freshman class of 2018-19. The earning of a graduation endorsement shall be based upon the following criteria:

1. Students shall meet all requirements for earning a South Carolina high school diploma as set forth above and within this regulation.

2. Students may earn one or more endorsements in pathways approved in guidelines set by the State Board of Education (SBE). School districts may apply to the SBE to have additional endorsements approved.

3. English I, II, III, IV or their course equivalents (customized English I, II, III, IV as approved by the SBE through the locally designed course process as mentioned in II.H.1) or higher level courses (Advanced Placement, International Baccalaureate, Dual Credit, etc.) must be taken to receive an endorsement.

C. The South Carolina Department of Education (SCDE) has the authority to develop guidelines approved by the SBE in accordance with provisions of this regulation.

D. The student must pass a classroom examination on the provisions and principles of the United States Constitution, the Declaration of Independence, the Federalist papers, and American institutions and ideals. This instruction must be given for a period of at least one year or its equivalent, either within the required course U.S. History and Constitution or within another course. (For specific regulations regarding the end-of-course test for U.S. History and Constitution, see Reg. 43-262, Assessment Program.) As part of the high school curriculum regarding the United States government required credit, students are required to take the civics test as defined as the one hundred questions that officers of the United States Citizenship and Immigration Services use to demonstrate a knowledge and understanding of the fundamentals of United States history and the principles and form of the United States government.

E. The student must pass a high school credit course in science in which an end-of-course examination is administered.

F. The student must be enrolled for a minimum of one semester immediately preceding his or her graduation, except in case of a bona fide change of residence. Units earned in a summer school program do not satisfy this requirement.

II. Provisions for Schools in the Awarding of High School Credit

A. A school may award and accept credit in units of one-fourth, one-half, and a whole.

B. A school may award one unit of credit for an academic standards-based course that requires a minimum of 120 hours of instruction. A school may award one-half unit of credit for an academic standards-based course requiring a minimum of 60 hours of instruction and one-fourth unit of credit for an academic standards-based course requiring a minimum of 30 hours of instruction.

C. A school may award credit for courses that have been approved by the SCDE in a proficiency-based system. A proficiency-based course may also be offered for one-fourth, one-half, or one unit if the system specifies these units. Each school district that seeks to implement a proficiency-based system must submit a plan to the SCDE that provides procedures for establishing and developing a proficiency-based system including the method for determining proficiency. The SCDE must approve the district-submitted plan prior to the district's use of the proficiency-based system. Districts are accountable for making sure that the academic standards and the individual learning needs of the students are addressed.

D. A school may award credit for those gateway courses that are a part of the End-of-Course Examination Program only if a student takes the course approved by the school in which he or she is enrolled and meets all the stipulated requirements of the End-of-Course Examination Program. (For specific regulations regarding end-of-course tests, see Reg. 43-262, Assessment Program.)

E. A school may award credit only for courses in summer programs-either district-wide or school-site programs-that meet all the regulatory requirements for courses offered for students in grades nine through twelve. A district-wide summer school program may meet the administrative certification requirement by employing a district supervisor as well as a lead teacher for each school site.

F. A school may award credit for a course that is approved by the district-whether that school offers the particular course or not-if the student receives prior approval.

G. A school may award credit toward the high school diploma for a course that the student takes in an approved adult education program if the course is granted approval by the local superintendent or his or her designee.

H. A school may award credit for locally designed courses under the following conditions:

1. Locally designed core subject-area courses used as graduation units of credit must be aligned with the state academic standards for the particular subject area and must be approved by the local board of trustees and the State Superintendent of Education.

2. Locally designed elective courses must be approved by the local board of trustees. No more than two units may be awarded to a student for released-time classes in religious instruction.

3. Locally designed Career and Technical Education (CATE) courses funded with state or federal CATE monies must be approved by the SCDE's CATE office.

I. A school may award credit for the American Sign Language course as the required unit in a foreign language.

J. A school may award credit for a college course that students in grades nine through twelve take under the district's dual credit arrangement.

K. A student who has earned the one-half credit in Keyboarding by the 2017-18 school year will be awarded one-half unit of credit for Computer Science.

L. A student must earn one-half credit in financial literacy beginning with the freshman class of 2023-24. A student who earns one credit in CATE Personal Finance will be awarded one-half credit for Financial Literacy.

III. Dual Credit Arrangement

A. District boards of trustees may establish a policy allowing students to take college courses for units of credit toward the high school diploma. The district policy may allow for courses to be offered by an institution of higher education through a cooperative agreement.

B. A three-semester-hour college course transfers as one unit of credit.

C. Tuition costs and any other fees are the responsibility of the individual student or his or her parent(s) or legal guardian unless otherwise specified in local school district policy.

D. Students enrolled in a South Carolina public school may take only courses that are applicable to baccalaureate degrees, associate degrees, or certification programs that lead to an industry credential offered by an appropriate regional accrediting agency recognized by the U.S. Department of Education.

IV. Transfer Students

A transfer student is one who enrolls in a South Carolina public school after having been enrolled in another school in this state or in a school in another state. Credits that he or she earned at the former school may be accepted and applied toward the South Carolina high school diploma. (For specific regulations see Reg. 43-273, Transfers and Withdrawals.)

V. Instructional Program

School districts must organize high school curricula around a minimum of three clusters of study and cluster majors. Such curricula must be designed to provide a well-rounded education that fosters artistic creativity, critical thinking, and self-discipline through the teaching of academic content and skills that students will use in postsecondary study and in the workplace. Students must declare an area of academic focus, also known as a career major, within a cluster of study before the end of the second semester of their tenth-grade year.

Each year, schools must offer a range of required college- and career-ready courses in the core subject areas as listed in the SCDE's Activity Coding System to meet the needs of all students in a four-year graduation cohort.

For students whose academic needs are greater than those courses offered by their school, Virtual SC courses, if available, must be offered by the district to the students in order to graduate with the four-year graduation cohort.

A. Career Clusters

School districts must use the sixteen clusters for reporting purposes but may modify these clusters (for example, Arts and Humanities in place of Arts, Audio-Video Technology, and Communications). The sixteen state clusters are the same as the sixteen federal clusters:

Agriculture, Food, and Natural Resources

Architecture and Construction

Arts, Audio-Video Technology, and Communications

Business, Management, and Administration

Education and Training

Finance

Government and Public Administration

Health Science

Hospitality and Tourism

Human Services/Family and Consumer Sciences

Information Technology

Law, Public Safety, Corrections, and Security

Manufacturing

Marketing, Sales, and Service
Science, Technology, Engineering, and Mathematics

Transportation, Distribution, and Logistics

B. Schools must also offer instruction in each of the following areas:

1. Advanced Placement: Schools whose organizational structure includes grades eleven and twelve must offer Advanced Placement courses. (For specific regulations regarding the Advanced Placement program, see Reg. 43-258.1, Advanced Placement.)

2. Alcohol, tobacco, and other drugs: Schools must provide age-appropriate instruction regarding the dangers in the use and abuse of alcohol, tobacco, and other drugs. Instruction must emphasize the negative effects that the use of such substances can have on the total community.

3. Career and technology education: Schools must offer CATE courses. Students who plan to complete a CATE program must earn at least three units in an approved sequence of CATE courses leading to a career goal.

4. Driver education: Schools must provide a complete program of driver education, including classroom and behind-the-wheel phases, each semester on an elective basis for eligible students. (For specific regulations regarding driver education, see Reg. 43-242, Driver Training.)

5. Environmental studies: Schools must include environmental studies as a part of their instructional program.

6. Financial literacy: Schools must include financial literacy as a part of the instructional program.

7. Foreign language (modern and classical languages): Schools must offer levels 1 and 2 of at least one modern or classical language. Most state four-year colleges/universities require at least two units of the same modern or classical language for admission.

8. Health education: Schools must have a program of instruction in comprehensive health education. (For specific requirements regarding health education, see Reg. 43-238, Health Education Requirement.)

At least one time during the entire four years of grades nine through twelve, each student shall receive instruction in cardiopulmonary resuscitation (CPR) which must include, but not be limited to, hands-only CPR and must include awareness in the use of an automated external defibrillator (AED) except that virtual schools may administer the instruction virtually and are exempt from any in-person instructional requirements.

9. Physical education: The required physical education course in secondary schools shall occur over two semesters (year-long schedule) or two nine weeks (semester block schedule) or the equivalent. For one semester, a personal fitness and wellness component must be taught, and for one semester, a lifetime fitness component must be taught either over the semester or in two nine-week divisions or the equivalent.

10. Visual and performing arts: Schools must offer courses in the visual and performing arts.

VI. Other Program Requirements

A. School Counseling Program

All schools encompassing any combination of grades nine through twelve are required to provide a comprehensive school counseling program that is based on grade-specific standards. The standards must address the academic, personal and social, and the career domains. Specifically, students must be provided school counseling and career awareness programs and activities that assist them in developing and fulfilling their individual graduation plans and prepare them for a seamless transition to relevant employment, further training, or postsecondary study.

B. Library Media Program

Library media programs and technology resources must be available and accessible to all students and staff and must be appropriate for the accomplishment of the strategies and goals in each school renewal or district strategic plan.

C. Length of School Day

1. The instructional day for secondary students must be at least 6 hours, excluding lunch, or the equivalent weekly.

2. Homeroom will not count as part of the instructional day. When no homeroom period is utilized, the administrative time that is used to determine attendance, make announcements, or complete other tasks normally accomplished during homeroom period will not be considered as part of the instructional day.

3. Schools may exercise options and vary the number of minutes in the instructional week, provided that such variation meets statutory requirements and is approved by the local board of trustees.

D. Class Size

1. The teacher load must not exceed the maximum of 150 students daily. Class size must not exceed the maximum of 35 students.

2. The above-stated maximums do not apply in the following circumstances:

a. A maximum of 40 students per period with a total teaching load of 240 students daily is permitted for physical education teachers. If physical education and health are taught on alternate days to the same class, the 40-student maximum and 240-student totals are also permitted for health. When health is taught as a separate subject, the teaching load is a maximum of 35 students per period and a total of 150 students per day.

b. Music teachers may teach a maximum of 240 pupils daily. No class may exceed 40 students in membership. However, when band, chorus, or orchestra require rehearsals of the entire membership, any number of students is acceptable if adequate space is available.

c. When a teacher's daily schedule includes a combination of subjects, the maximum daily teaching load will be calculated on the basis of 30 students per academic class and 40 students for each music or physical education class. (Example, 3 classes of math of 30 each = 90 + 2 classes of physical education of 40 each = 80. In this example, the teacher is not overloaded but teaches maximum allowable.)

d. Maximum teacher load requirements and individual class size limits are the same for mini-courses as for any other classes.

E. Additional Regulatory Requirements

1. Due to federal requirements, all students must take a science course for which an assessment is given.

2. For state accountability purposes, every student must take an end-of-course examination in biology.

3. State Board regulations that contain instructional program requirements are accessible on the SCDE web site on the "State Board of Education Regulations Table of Contents" page.

4. All students must be offered a college entrance assessment that is from a provider secured by the SCDE. In addition, all students entering the eleventh grade for the first time in school year 2017-2018 and subsequent years, must be administered a career readiness assessment. If funds are available, the State shall provide all twelfth grade students the opportunity to take or retake a college readiness assessment, the career readiness

assessment, and/or earn industry credentials or certifications at no cost to the students. Therefore, the students may subsequently use the results of those assessments to apply to college or to enter the work force or the military.

5. High schools shall offer state-funded tests to each tenth grade student in order to assess and identify curricular areas that need to be strengthened and reinforced. Schools and districts shall use these assessments as diagnostic tools to provide academic assistance to students whose scores reflect the need for such assistance. Furthermore, schools and districts shall use these assessments to provide guidance and direction for parents and students as they plan for postsecondary experiences.

VII. Reporting Requirements

A. High School Completers

1. Each school issuing the state high school diploma must submit to the State Superintendent of Education on or before May 1 the following data on its previous year's completers:

a. the number of the school's completers who entered the freshman class of a postsecondary institution-either in South Carolina or out of state-and on whom such an institution has sent the school a first-term transcript or summary grade report,

b. a breakdown of all postsecondary courses that this group of completers passed during their term,

c. a breakdown of all postsecondary courses that this group failed during their first term,

d. a breakdown of all postsecondary courses for which this group received a grade of "no credit" during their first term, and

e. the number of the school's completers who did not enter a postsecondary institution but who instead chose a postsecondary alternative such as employment or military service or for whom no information is available.

2. Each school must use the official form to submit the required data on its previous year's completers.

B. Career and Technology Education Completers

Each district must survey all its high school graduates who are identified as career and technology education completers to determine their placement status with regard to employment, postsecondary education, and military service. A career and technology education completer is a student with an assigned Classification of Instructional Programs (CIP) code who has earned at least three units of credit in CATE courses leading to a career goal.

The district must conduct the survey ten months after graduation each year and must submit the results annually to the SCDE for the purpose of federal and state accountability requirements.

C. Student Records

1. Each school must have an appropriate means of reporting academic achievement to parents.

2. Each school district must maintain accurate student data according to the pupil accounting system prescribed by the SCDE.

3. Each school district must file a record of all dropouts that specifies for every student the name of the school in which he or she was enrolled and gives the following information on the student: his or her name, grade, race, sex, date of birth, free/reduced meals status, English proficiency status, and migrant status.

4. Each district superintendent must verify the accuracy of the student enrollment, attendance, membership by category, and dropout reports submitted to the SCDE's Office of Finance.

5. Each school must comply with the Family Educational Rights and Privacy Act regarding student records (20 U.S.C. Section 1232(g)).

D. Course Records for Students

1. Each district superintendent must verify the accuracy of course records for students.

2. The name and code number of every course that each student takes must be entered into the student data collection system active master scheduler at the time the student takes the course. Courses may not be added to the student's course history (transcript) without first being entered into the scheduler.

3. Courses offered in nontraditional settings such as online courses, courses offered in conjunction with a college or technical college (i.e., dual credit), and courses offered by the school through the district, state, or another type of provider must be included in the active master scheduler.

E. Longitudinal Data System

The Revenue and Fiscal Affairs Office, working with the Office of First Steps to School Readiness, the SCDE, the South Carolina Commission on Higher Education, the Department of Social Services, the South Carolina Technical College System, the Department of Commerce, the Department of Employment and Workforce, and other state agencies or institutions of higher education, shall develop, implement, and maintain a universal identification system that includes, at a minimum, the following information for measuring the continuous improvement of the state public education system and the college and career readiness and success of its graduates:

1. students graduating from public high schools in the State who enter postsecondary education without the need for remediation;

2. working-aged adults in South Carolina by county who possess a postsecondary degree or industry credential;

3. high school graduates who are gainfully employed in the State within five and ten years of graduating from high school; and

4. outcome data regarding student achievement and student growth that will assist colleges of education in achieving accreditation and in improving the quality of teachers in classrooms.

VIII. Emergency Closings

All school days missed because of snow, extreme weather conditions, or other disruptions requiring schools to close must be made up. All school districts shall designate annually at least three days within their school calendars to be used as make-up days in the event of these occurrences. If those designated days have been used or are no longer available, the local school board of trustees may lengthen the hours of school operation by no less than one hour per day for the total number of hours missed, operate schools on Saturday, or may waive up to three days. A waiver granted by the local board of trustees may only be authorized by a majority vote of the local school board, and, after the completion of the 2014-15 school year, may not be granted for a school in the

district until the school has made up three full days, or the equivalent number of hours, missed due to snow, extreme weather, or other disruptions requiring the school to close during the same school year in which the waiver is sought. When a district waives a make-up day pursuant to this section, the make-up day also is waived for all charter schools located in the district and for all students participating in a home schooling program approved by the board of trustees of the district in which the student resides. Schools operating on a four-by-four block schedule shall make every effort to make up the time during the semester in which the days are missed. A plan to make up days by lengthening the school day must be approved by the SCDE, Office of Federal and State Accountability before implementation. Tutorial instruction for grades 7 through 12 may be taught on Saturday at the direction of the local school board. If a local school board authorizes make-up days on Saturdays, tutorial instruction normally offered on Saturday for seventh through twelfth graders must be scheduled at an alternative time.

The SBE may waive the requirements of making up days beyond the three days forgiven by the local school district, not to exceed three additional days missed because of snow, extreme weather conditions, or other disruptions requiring schools to close. Such a waiver only may be considered and granted upon the request of the local board of trustees through a majority vote of that local school board. The SCDE annually before July 1 shall provide the General Assembly with a detailed report of information from each district listing the number of days missed and the reason, regardless of whether any were missed; days made up; and days waived.

Fiscal Impact Statement:

South Carolina Department of Education (SCDE) indicates that this bill will increase non-recurring General Fund expenses of the agency by $4,463,000 in FY 2021-22. Of this amount, $18,000 is needed for a team to write the state standards, $75,000 is needed for experts in the field to revise Page 3 of 5 course standards and to provide training, and $20,000 is to provide awareness and to educate students, parents, and other stakeholders on the required personal finance course. The remaining $4,900,000 is for materials at a cost of $160 per teacher and $150 per student for approximately 65,000 incoming ninth grade students. The textbooks would be funded on a six-year cycle.

Statement of Rationale:

To meet the requirements of Proviso 1.101 (SDE: Graduation Requirements) as established by the General Assembly, the State Board of Education proposes to amend R.43-234. Defined Program, Grades 9-12 and Graduation Requirements to include a one-half credit in financial literacy as a requirement for earning a South Carolina High School Diploma.

Document No. 5146
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
CHAPTER 47
Statutory Authority: 1976 Code Sections 41-29-110 and 41-29-230

47-6. Benefit Ratio for Zero Taxable Wages.

Synopsis:

R.47-6 instructs the Department on setting an employer's tax class when that employer has zero taxable wages. The Department proposes deleting obsolete sections that provide for assignment of employers to a tax class in the year 2011 only. The proposed amendment also removes references to the "2012 and subsequent" tax years for clarity, readability, and overall improvement of the text of the regulation.

The Notice of Drafting was published in the *State Register* on August 26, 2022.

Instructions:

Replace R.47-6, *Benefit Ratio for Zero Taxable Wages,* in its entirety with this amendment.

Text:

47-6. Benefit Ratio for Zero Taxable Wages.

A. If on the rate computation date there are zero taxable wages and zero benefit charges during the rate computation period when computing the tax year's benefit ratio, the employer will be assigned the prior year's tax class. If the employer does not have a prior year tax class, the employer will be assigned tax class twelve.

B. If on the rate computation date the employer has benefit charges and zero taxable wages during the rate computation period when computing the tax year's benefit ratio, the employer will be assigned to the prior year's tax class. If the employer does not have a prior year tax class, the employer will be assigned tax class thirteen.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

The proposed regulation would remove obsolete provisions that are only applicable to a tax class in the year 2011. These provisions are no longer needed, and removal of these outdated provisions serves to streamline the regulation for the regulated community.

Document No. 5147
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
CHAPTER 47
Statutory Authority: 1976 Code Sections 41-31-380, 41-31-390, 41-31-400, and 41-41-40

47-16. Contributions: Interest.

Synopsis:

Section 41-31-400 of the Code of Laws of South Carolina, 1976, confers upon the Department of Employment and Workforce all powers for collection of unpaid unemployment taxes, interest, and penalties that are conferred upon the Department of Revenue by Title 12 for the collection of unpaid income taxes. However, R.47-16, as currently written, provides the Department of Employment and Workforce with only the collection remedies set forth in Chapter 54 of Title 12 rather than the entire title. The Department proposes amending this regulation, removing the reference to "Chapter 54," to allow the Department to exercise all powers and collection remedies conferred by statute. In addition, because Section 41-41-40 of the Code of Laws of South Carolina, 1976, provides for collection of overpaid unemployment insurance benefits in the same manner provided in Sections 41-31-380 through 41-31-400 for the collection of past due employer contributions, the proposed regulation incorporates collection of overpaid unemployment insurance benefits into the text of this regulation.

The Notice of Drafting was published in the *State Register* on August 26, 2022.

Instructions:

Replace R.47-16, *Contributions: Interest,* in its entirety with this amendment.

Text:

47-16. Contributions: Interest.

A. Contributions shall be payable quarterly with respect to wages paid within each calendar quarter.

B. Contributions shall become due on, and shall be paid on or before, the last day of the month following the quarter for which they are payable. However, an application may be filed with the Department for extension of the due date of contributions payable and upon approval of such application the due date for such contributions may be extended not more than fifteen (15) calendar days.

C. Employers who are delinquent in the payment of contributions with respect to any calendar year or portion thereof, may upon application, be authorized to pay the delinquent contributions, with interest on deferred amounts until actually paid, in consecutive installments of such amounts and over such periods and at such times as may be approved by the Department or the Executive Director thereof, provided that the entire unpaid balance shall become due immediately if the employer fails to pay any installment when due.

D. In the event a lien in favor of the Department is filed against an employer or claimant, all collection remedies set forth in Title 12 of the South Carolina 1976 Code may be used to enforce payment of the amount due.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

Section 41-31-400 of the Code of Laws of South Carolina, 1976, confers upon the Department of Employment and Workforce all powers for collection of unpaid unemployment taxes, interest, and penalties that are conferred upon the Department of Revenue by Title 12 for the collection of unpaid income taxes. However, R.47-16, as currently written, provides the Department of Employment and Workforce with only the collection remedies set forth in Chapter 54 of Title 12 rather than the entire title. The proposed amendments to this regulation would allow the Department to exercise all powers and collection remedies conferred by statute. The proposed amendments also incorporate collection of overpaid unemployment insurance benefits consistent with Section 41-41-40 of the Code of Laws of South Carolina, 1976, which provides for collection of overpaid unemployment insurance benefits in the same manner provided in Sections 41-31-380 through 41-31-400 for the collection of past due employer contributions.

Document No. 5162
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
CHAPTER 47
Statutory Authority: 1976 Code Sections 41-29-110 and 41-29-230

47-21. Filing Claims for Benefits and Registration for Work.

Synopsis:

R.47-21 provides information and instructions on filing an initial claim for benefits and continuous claims. The Department proposes updating this regulation to be consistent with current practices and procedures and with upgrades in the Department's technology. The proposed amendments remove references to local, physical offices and incorporate modern usage of the Department's online benefits system and the SC Works Online Services (SCWOS) system. The amendment also clarifies the procedural differences and claimant obligations

when a job attached claim is filed by an employer compared to an individual claimant. Finally, the amendment seeks to resolve questions about a claim's effective date when it is filed on a Sunday. The Notice of Drafting was published in the *State Register* on August 26, 2022.

Section-by-Section Discussion:

47-21. Filing Claims for Benefits and Registration for Work.

A.1. Revision: Revises for clearer terminology related to filing a claim for benefits, to reflect modern practice by replacing references to local offices with online systems, and to clarify "services".
A.2. Revision: Removes references to local offices.
B.1. Addition: Clarifies the procedure and claimant obligations when a job attached claim is filed by a claimant rather than an employer.
B.2. Revision: Renumbers to reflect addition of B.1. and to specify "employer filed" initial claims.
B.3. Technical Correction: Renumbers to reflect addition of B.1.
B.4. Revision: Adds text relating to notification of ineligibility through the online benefits portal and renumbers to reflect addition of B.1.
B.5. Revision: Revises provisions related to reporting of earnings and renumbers to reflect addition of B.1.
B.6. Revision: Specifies "employer filed" claim.
C.1. Removes references to local offices and replaces with "public employment office".
D.1. Technical Correction: Corrects a typographical error.
D.2. No change.
D.3. No change.
D.4. Technical Correction: Corrects a typographical error.
D.5. No change.
D.6. No change.
D.7. No change.
D.8. No change.
D.9. No change.
E.1. Revision: Clarifies effective date for a claim filed on a Sunday.
E.2. No change.
F.1. Deletion/Revision: Deletes provision related to local offices, renumbers to reflect that deletion, revises language related to notification of change of address to remove references to local offices and replace with the online benefits system.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

47-21. Filing Claims for Benefits and Registration for Work.

A. Non-Job-Attached Unemployment Claim:

1. Individual Claims:

a. Initial Claims: Any individual may file an initial claim for benefits to establish a benefit year for the purpose of claiming benefits or waiting week credit for non-job-attached unemployment. The initial claim shall be filed using the Department's online benefits system or in any other manner approved by the Department and shall set forth that (1) he is unemployed and (2) he is available for work. Further, the claimant will be required to register for work through the South Carolina Works Online Services (SCWOS) system or in any other manner approved by the Department and be available for employment services.

b. Continued Claims: In order to establish eligibility for benefits or waiting period credit for succeeding weeks of non-job-attached unemployment during any continuous period of non-job-attached unemployment, the claimant shall continue to file as prescribed by the Department. When so directed, claimants will be required to report to appointments scheduled by the Department. The claimant will set forth:

i. That he has not worked or earned wages except as reported,

ii. That he has not refused any work offered to him, and

iii. That he is able and available to accept work and is looking for full-time employment.

2. Mass Claims:

a. Initial Claims: The filing by an employer in accordance with 47-19.B.1, initiates the request for the determination of status as an insured worker for each individual for whom such a form is submitted.

b. Continued Claims: In order to establish eligibility for benefits or waiting period credit for succeeding weeks of non-job-attached unemployment during any continuous period of non-job-attached unemployment, the claimant shall continue to file as prescribed by the Department. When so directed, claimants will be required to report to appointments scheduled by the Department. The claimant will set forth:

i. That he has not worked or earned wages except as reported.

ii. That he has not refused any work offered to him, and

iii. That he is able and available to accept work and is looking for full-time employment.

B. Job-Attached Unemployment Claim:

1. Worker Filed Initial Claims: Any individual may file an initial claim for benefits to establish a benefit year for the purpose of claiming benefits or waiting week credit for job-attached unemployment. Such request shall be filed using the Department's online benefits system or in any other manner approved by the Department, and shall set forth that (1) he is working less than full-time hours, (2) the amount he is earning weekly and (3) he is available and seeking full-time work other than his current employment. Further, the claimant will be required to register for work through the South Carolina Works Online Services (SCWOS) system or in any other manner approved by the Department and be available for employment services.

2. Employer Filed Initial Claims: For each job-attached worker for whom a current benefit year has not been previously established and who has one payroll week furnished by his employer with work that constitutes less than the maximum weekly benefit amount during such week, the employer shall promptly prepare Form UCB-114, Low Earnings Report and Claim-Partial Unemployment. The employer may submit this report in a paper format or by any other computer or electronic means the Department may offer. All information requested on the form or filing medium must be supplied. The employer shall obtain the signature and address of the workers and forward report to the nearest local Department office, if the paper form is used. Computer or electronic methods of filing should be sent to the Benefits Department at the Central Office in Columbia. The completed, signed Form UCB-114 (or electronic equivalent) shall be credited as a waiting week, if the claimant earned less than such weekly benefit amount during the week covered by the low earnings report.

3. Notification of Eligibility: When a worker is found to be eligible for benefits under a claim filed therefore, the Department shall notify the employer and the claimant of the weekly benefit amount the claimant will receive if unemployed and otherwise eligible for benefits. Such notice shall state the date on which the benefit year of the claimant will end. The attention of the employer shall be called to the fact that the amount shown is applicable only to claims for any week within the benefit year shown and that the employer is required by regulations to

continue to file weekly with the Department a low earnings report (Form UCB-114 or electronic equivalent) after obtaining the signature of the worker until the unemployment of the claimant ceases or until otherwise notified by the Department.

4. Notification of Ineligibility: When a worker is found to be ineligible because of insufficient base period wages for benefits under a claim filed therefore, the Department will notify the claimant by so noting on the copy of the determination, which shall be mailed to him or, if the claimant has established an account in the Department's online benefits system, shall be made available electronically.

5. Continued claims: For any worker for whom a current benefit year has been established and of whose weekly benefit amount the employer has been advised, the employer shall file a low earnings report (or electronic equivalent) for any week during which the worker earns wages but because of lack of full-time work is working less than his normal or customary full-time hours and is earning less than his weekly benefit amount. Prior to filing the report, the employer shall request the worker disclose all earnings with all other employers or employing units which shall then be submitted on the report. The claimant shall receive notification of the employer filed weekly certification either by mail or through the online benefits system. That notification will direct the claimant to establish an account in the Department's online benefits system and to confirm all earned wages from all employers or employing units have been correctly reported.

6. For any worker for whom an employer filed job-attached (form UCB-114 or electronic equivalent) claim is filed by an employer with the reason to maintain the employer-employee relationship, the filing employer shall be considered the bona fide and liable employer for charges resulting from such claim.

C. Reporting As Instructed:

1. When so directed by a representative of the Department, the claimant must report in person to a public employment office.

D. Labor Disputes:

1. In cases of unemployment due to a labor dispute, the employer shall file with the Department office nearest the workers' place of employment a notice setting forth the existence of such dispute and the approximate number of workers affected. Such notice shall be filed within two (2) calendar days after the commencement and at the end of the dispute a notice shall be filed within two (2) calendar days setting forth the end of such dispute.

2. Immediately upon notice by the employer, or upon information received from any other source that unemployment exists because of a labor dispute at any plant or establishment within the area served by it, the local Department office shall notify the special examiner designated by the Department in accord with Section 41-35-630.

3. Upon receipt of notice or information that unemployment exists because of a dispute at any plant or establishment within the area served by it, the local Department office shall obtain brief statements from the employer concerned and from the union, labor organization, or other representative recognized as representing the workers involved. These statements shall include a summary of the facts, a synopsis of the issues involved between the employer and the workers, a listing of the classes, groups, types of workers involved, names of the workers ordinarily attached to the department or establishment where such unemployment exists, together with their addresses and social security numbers, and report the date on which the dispute commenced and the date it concluded if already terminated. The local Department office shall specifically ask any union, labor organization or other representative recognized as representing the union involved to confirm or to deny the existence of a labor dispute. If there is no recognized representative of the workers, the local Department office shall so notify the special examiner.

4. The list of names as set forth above shall constitute a request for determination of status as an insured worker for each individual affected thereby. A special examiner designated by the Department, according to Section 41-35-630, shall make a determination as to whether or not such unemployment exists because of a labor dispute, and for seven (7) calendar days thereafter from the first day of unemployment.

5. The filing of the list of names provided for in Sub-Items 3 and 4 of this regulation shall not deny any worker the right to file his claim for benefits in the usual manner and to have the same passed upon as otherwise provided by law.

6. In order to establish waiting week credit or continued eligibility for benefits for succeeding weeks of unemployment during any period of unemployment, an affected individual shall report when so directed by a representative of the Commission and file a continued claim for benefits as prescribed.

7. In case an apparent difference develops as to the facts in the case, the special examiner shall set a hearing, after giving due notice thereof, to determine the facts.

a. In case there is no recognized representation of the workers, or if a recognized representative does not act, the special examiner shall give notice that information has been received indicating that the unemployment existing at such establishment is due to a labor dispute which disqualified otherwise eligible workers for benefits. Any information to the contrary should be presented to the special examiner within five (5) calendar days, or in the absence of any such information, the special examiner shall make a formal determination to this effect.

8. In giving either of the notices required in the preceding paragraph, the special examiner shall advise the local Commission office, the employer concerned, and the representative of the workers involved of the time and place of hearing. If there is no recognized representative of the workers or if the organized representative will not act, the special examiner shall notify the local Department office and the employer of the time and place of hearing. Similar notices shall be prepared and posted by the local Department office in conspicuous places that are accessible to the workers involved. If the special examiner shall determine the same to be necessary he shall advertise the notice in a newspaper generally circulated in the community where such labor dispute is in progress. The notice shall also be furnished directly to the claimants in those cases where individual claims are filed.

9. After a hearing or without a hearing if none is required by this regulation, the special examiner shall issue an initial determination as to whether or not unemployment exists or existed because of a labor dispute. In the event the ruling is that unemployment is due to a labor dispute the special examiner shall determine the duration thereof and shall specify the application of the disqualification provision of Section 41-35-120(d) with respect to the claims of individuals affected by Sub-Items 3, 4 and 5 of this regulation.

a. Should the special examiner determine that unemployment does exist because of a labor dispute still in progress, supplementary determinations shall be issued as may be required by any material change in the facts or a cessation of the dispute. Sub-Items 3, 8 and 9 of this regulation shall also be applicable to such supplemental determination.

E. Effective Dates of Claims:

1. Every new claim, additional claim, or reinstatement filed to establish or reestablish a claim for unemployment compensation must have an effective date. This will be the date from which benefits may be claimed. The effective date of claims shall be the Sunday prior to the date the claim was filed, except that if a claim is filed on a Sunday, the effective date shall be the same date the claim was filed. Transitional claims will be effective the day after the prior benefit year-ends.

2. Delay Excused for Cause: A representative of the Department, for reasons found to constitute good cause for any individual's failure to file a claim timely, may backdate a claim to the appropriate effective date.

F. General Provisions:

1. Change of Address: Each claimant, upon changing his address, shall immediately notify the Department of such change of address using the Department's online benefits system, giving both the old and the new addresses.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

R.47-21 provides information and instructions on filing an initial claim for benefits and continuous claims. The Department proposes updating this regulation to be consistent with current practices and procedures, such as referring to initial claims in place of requests for determination, and with upgrades in the Department's technology. The amendment also clarifies the procedural differences and claimant obligations when a job attached claim is filed by an employer compared to an individual claimant. Finally, the amendment seeks to resolve questions about a claim's effective date when it is filed on a Sunday.

Document No. 5163
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
CHAPTER 47
Statutory Authority: 1976 Code Sections 41-29-110, 41-29-230, and 41-35-130

47-23. Offers of Work.

Synopsis:

The Department of Employment and Workforce proposes amendments to R.47-23, Offers of Work, to clarify that offers of work may be made electronically and to replace a certification requirement with submission of competent evidence that an offer of work was communicated to the claimant by reasonable methods. The Notice of Drafting was published in the *State Register* on August 26, 2022.

Instructions:

Replace R. 47-23, *Offers of Work*, in its entirety with this amendment.

Text:

47-23. Offers of Work.

A. Section 41-35-120(5) directs that a claimant may be disqualified from the receipt of benefits should he fail without good cause to apply for available suitable work, when so directed by the employment office or the Department; or should he refuse to accept available suitable work when offered him by the employment office or the employer; or should he decline to return to his customary self-employment (if any) when so directed by the department.

1. Pursuant to the requirements of Section 41-35-120(5)(b), in determining whether work is suitable for an individual, the Department must consider, based on a standard of reasonableness, as it relates to the particular individual concerned, the degree of risk involved to his health, safety, morals, his physical fitness and prior training, his experience and prior earnings, his length of unemployment and prospects for securing local work in his customary occupation, and the distance of the available work from his residence.

a. In considering the prior earnings of a claimant and the length of unemployment:

i. Available suitable work within the first eight (8) weeks of eligibility for unemployment insurance benefits includes employment that pays ninety percent (90%) of the wage earned from the claimant's most recent bona fide employer. A claimant who refuses to accept work that pays at least ninety percent (90%) of the wage earned from the claimant's most recent bona fide employer has refused to accept available suitable work.

ii. Available suitable work once a claimant collects more than eight (8) weeks of unemployment insurance benefits includes employment that pays seventy-five percent (75%) of the wage earned from the claimant's most recent bona fide employer. A claimant who refuses to accept work that pays at least seventy-five percent of the wage earned from the claimant's most recent bona fide employer after collecting more than eight (8) weeks of unemployment insurance benefits has refused to accept available suitable work.

b. However, a claimant is not required to accept work if the reduction in the wage as described in A.1.a. is less than minimum wage.

2. No provisions of 47-23 will circumvent the requirements of Section 41-35-120(5)(c).

B. A written offer of work made directly by an employer shall set out the nature of the work offered, the probable wages and hours per week, the shift or daily hours of the proposed employment, the expected duration of employment, the time and place the claimant should report, and the name of the person to whom he is to report. No disqualification will be imposed by reason of the failure of a claimant without good cause to accept a direct offer of available suitable work unless the employer submits a copy of such an offer to the Department together with competent evidence that such an offer was either received and refused by the claimant, or that the offer was communicated to the claimant by reasonable methods and no response was made by the claimant. Provided, however, that no direct offer of available suitable work made in accordance with this regulation shall be considered unless a notice of such offer of work is received by the Department.

C. An oral offer of available suitable work may be made directly by an employer, but before a claimant shall be disqualified to receive benefits by reason of his failure to accept, without good cause, available suitable work so offered, a sworn statement shall be submitted by the employer to the Department setting forth that the offer of work was made directly to the claimant, the nature of work offered, the wages and hours per week, the shift or daily hours of the proposed employment, the expected duration of the employment, the time and place the claimant should have reported for duty, and any reason given by the claimant for his refusal to accept the work. Provided, however, that no direct offer of work made in accordance with this regulation shall be considered unless a notice of such offer of work is received by the Department.

D. A claimant who tests positive for drugs after being given a drug test as a condition of employment by a prospective employer shall be deemed disqualified to receive benefits by reason of his failure to accept a suitable offer of work. Also deemed disqualified is:

1. An insured worker who fails to provide a specimen pursuant to a request from the prospective employer, or otherwise fails or refuses to cooperate by providing an adulterated specimen; or

2. An insured worker who provides a blood, hair, or urine specimen during a drug test administered on behalf of the prospective employer, which tests positive for illegal drugs or legal drugs used unlawfully, provided:

a. The sample was collected and labeled by a licensed health care professional or another individual authorized to collect and label test samples by federal or state law, including law enforcement personnel;

b. The test was performed by a laboratory certified by the USDHHS/SAMSHA, the College of American Pathologists or the State Law Enforcement Division; and

c. An initial test was confirmed on the specimen using the gas chromatography/mass spectrometry method, or an equivalent or more accurate scientifically accepted method approved by the USDHHS/SAMSHA;

For purposes of this item, "unlawfully" means without a prescription.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

Pursuant to R.47-23 and under authority of S.C. Code Section 41-35-120(5), claimants may be disqualified from receiving benefits if the claimant refuses to accept available suitable work offered to them by the Department or an employer. The Department proposes updating this regulation to be consistent with modern operations and practices by clarifying its text to specifically mention offers made electronically. The amendment also seeks to allow the agency to evaluate all relevant, competent evidence that an offer of available suitable work was made to a claimant in place of the current requirement of a certification that may not readily be understood by the employer community.

Document No. 5164
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
CHAPTER 47
Statutory Authority: 1976 Code Sections 41-27-510, 41-35-720, and 41-35-760

47-55. Representation before Appeal Tribunal and the Appellate Panel.

Synopsis:

R.47-55 describes how a party may be represented before an Appeal Tribunal or the Appellate Panel. The Department proposes amending this regulation to clarify who can represent individuals, businesses, and other entities before the Appeal Tribunal and Appellate Panel, and to distinguish, for the purposes of representation, between unemployment insurance benefit proceedings and unemployment insurance tax proceedings. The Notice of Drafting was published in the *State Register* on September 23, 2022.

Section-by-Section Discussion:

A.1. Revision to establish scope of self-representation before Tribunal and Panel.
A.2. Addition to clarify that Department employees can represent the Department.
A.3. Addition to clarify government employees may represent their office or agency.
B.1. Revision to clarify business units may be represented by employees or attorneys in benefit hearings.
B.2. Renumbered (previously part of section A).
C.1. Addition to permit business entities to be represented by attorneys or an officer, partner, member, or employee of the business entity in unemployment tax hearings.
C.2. Addition to permit a party to be represented by a certified public accountant in unemployment insurance tax proceedings.
D. Renumbered (previously section B).

Instructions:

Replace R. 47-55, *Representation before Appeal Tribunal and the Appellate Panel*, in its entirety with this amendment.

Text:

47-55. Representation before Appeal Tribunal and the Appellate Panel.

A. Parties and Their Representatives in General.

1. An individual person not admitted to practice law in South Carolina may represent himself or herself in any proceeding before an Appeal Tribunal or the Appellate Panel but may not represent another person except as expressly allowed by this regulation. A party proceeding without legal representation shall remain fully responsible for compliance with the Department's regulations and the Administrative Procedures Act.

2. Department employees may represent the Department in any proceeding before an Appeal Tribunal or the Appellate Panel.

3. State, local, and federal government employees may represent their offices, agencies, or both before the Appeal Tribunal or the Appellate Panel.

B. Unemployment Insurance Benefit Proceedings.

1. A partnership, corporation, association, or limited liability company may be represented by a member, partner, officer, or employee thereof. Nothing in this regulation shall be construed as prohibiting any employee or agent of a business entity from providing factual information to the Appeal Tribunal or the Appellate Panel. Nothing in this regulation shall be construed as prohibiting any employee or business entity from being represented by an attorney licensed to practice law in South Carolina, or an attorney possessing a Limited Certificate of Admission pursuant to Rule 405, SCACR if they so choose.

2. Representatives of labor unions, employee or employer organizations, may appear and give factual information or data which will be pertinent or helpful to the determination of the issues before the Appellate Panel or the Appeal Tribunal.

C. Unemployment Insurance Tax Proceedings.

1. A party who is not a natural person, such as a business defined in S.C. Code Ann. § 33-1-103, may be represented in a proceeding before the Appeal Tribunal or the Appellate Panel by an officer, partner, member, or employee thereof in any unemployment insurance tax proceeding initiated, including proceedings under Regulation 47-36. Nothing in this regulation shall be construed as prohibiting a party from being represented by an attorney licensed to practice law in South Carolina, or an attorney possessing a Limited Certificate of Admission pursuant to Rule 405, SCACR if they so choose.

2. Any party may be represented by a certified public accountant licensed in South Carolina in any unemployment insurance tax proceeding initiated, including proceedings under Regulation 47-36.

D. The Appellate Panel or the Appeal Tribunal, in its discretion, may refuse to allow any person to represent others in any proceeding before it who it finds is guilty of unethical conduct, or who intentionally and repeatedly fails to observe the provisions of South Carolina Law, or the Rules, Regulations, and/or instructions of either the Tribunal or the Appellate Panel.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

R.47-55 describes how a party may be represented before an Appeal Tribunal or the Appellate Panel. The Department proposes amending this regulation to clarify who can represent individuals, businesses, and other entities before the Appeal Tribunal and Appellate Panel. The amendment is also needed to distinguish, for the purposes of representation, between unemployment insurance benefit proceedings and unemployment insurance tax proceedings. The amendment recognizes that unemployment insurance tax proceedings are complex and touch on corporate acquisitions, mergers, and employee misclassification and permits a party to elect to be represented in unemployment insurance tax proceedings by a certified public accountant licensed in South Carolina.

Document No. 5140
STATE BOARD OF FINANCIAL INSTITUTIONS
CONSUMER FINANCE DIVISION
CHAPTER 15
Statutory Authority: 1976 Code Sections 34-41-10 to 34-41-130

15-65. Check Cashing.
15-66. Check Cashing – Use of the Nationwide Multistate Licensing System. (New)

Synopsis:

The State Board of Financial Institutions (Board) seeks to amend R.15-65 and add R.15-66 regarding the use of the Nationwide Multistate Licensing System (NMLS) for check-cashing applications, renewals, and other filings and to pay all fees and costs.

The Notice of Drafting was published in the *State Register* on August 26, 2022.

Instructions:

Print the regulations as shown below. All other items remain unchanged.

Text:

15-65. Check Cashing.

A. Definitions shall be those contained in the Act, S.C. Code Ann. Section 34-41-10 et seq. and the following:

(1) Branch Location Certificate – means the certificate issued to each branch location of a licensee pursuant to 34-41-10(5).

B. Application for licensure.

(1) Licenses and Branch Location Certificates shall expire at the close of business on December 31st of each year.

(2) License and Branch Location Certificate renewal fees for the subsequent year must be paid to the Board of Financial Institutions – Consumer Finance Division through the Nationwide Multistate Licensing System no later than December 31st of each year, the expiration date of the current year's license and certificate.

15-66. Check Cashing – Use of the Nationwide Multistate Licensing System.

A. The Board requires check-cashing licensees and applicants to use the Nationwide Multistate Licensing System ("NMLS") for all application, renewal, and other filings.

B. Pursuant to Section 34-41-40(A), the Board adopts as its own the forms and content requirements for all filings related to check-cashing as set forth within NMLS. Any South Carolina specific requirements posted in NMLS shall be part of the adopted forms and required contents.

C. After receiving and reviewing a filing in NMLS, the Consumer Finance Division may, if reasonable, request additional information or documentation from the applicant or licensee.

D. Applicants and licensees shall pay all fees and costs through NMLS.

Fiscal Impact Statement:

To implement these regulations, the Consumer Finance Division estimates that no costs will be incurred by the State or any of its political subdivisions.

Statement of Rationale:

Section 34-41-130 authorizes the Board to promulgate regulations necessary to carry out the purposes of Chapter 41, to provide for the protection of the public, and to assist licensees in interpreting and complying with Chapter 41. The amendment to R.15-65 and the addition of R.15-66 are intended to carry out the purposes of Chapter 41 and to assist applicants and licensees in understanding and complying with the application, renewal, and other processes for licensure.

Document No. 5141
STATE BOARD OF FINANCIAL INSTITUTIONS
CONSUMER FINANCE DIVISION
CHAPTER 15
Statutory Authority: 1976 Code Sections 34-41-10 to 34-41-130

15-68. Check Cashing – Other Consideration. (New)

Synopsis:

The State Board of Financial Institutions (Board) seeks to add R.15-68 to state the Board's interpretation that "other consideration" in Sections 34-41-10 and 34-41-30 includes the mandatory purchase of goods or services, to clarify that a person accepting such other consideration to cash a check is required to have a check-cashing license in this State, and to require a person who accepts other consideration only in the form of a mandatory purchase of goods or services must notify the Consumer Finance Division of this activity by filing affidavits in NMLS.

The Notice of Drafting was published in the *State Register* on August 26, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

15-68. Check Cashing – Other Consideration.

A. For purposes of Sections 34-41-10(3) and (4) and 34-41-30, "other consideration" includes, but is not limited to, the mandatory purchase of goods or services in order to cash a check.

B. Any vendor that imposes a mandatory purchase of goods or services by the customer to cash a check is engaged in check-cashing services and needs a Level I or Level II check-cashing license to engage in this activity.

C. In addition to all other required information, each applicant or licensee under Chapter 41, who accepts only other consideration in the form of a mandatory purchase of goods or services to cash a check, shall file on the Nationwide Multistate Licensing System, as part of the person's initial application for licensure and as part of its annual renewal for licensure a written affidavit. That affidavit shall state that the person does not cash checks

for a fee, a service charge, or other consideration other than other consideration in the form of a mandatory purchase of goods or services. If the person's business practices change and the affidavit becomes or will become inaccurate, the person should notify in writing the Consumer Finance Division of this change, the date of the change, and the reasons for the change as soon as reasonably practical but no more than twenty days after the change.

Fiscal Impact Statement:

To implement this regulation, the Consumer Finance Division estimates that no costs will be incurred by the State or any of its political subdivisions.

Statement of Rationale:

Section 34-41-130 authorizes the Board to promulgate regulations necessary to carry out the purposes of Chapter 41, to provide for the protection of the public, and to assist licensees in interpreting and complying with Chapter 41. The addition of R.15-68 is intended to carry out the purposes of Chapter 41 and to assist applicants and licensees in interpreting and complying with Chapter 41's licensure requirements.

Document No. 5142
STATE BOARD OF FINANCIAL INSTITUTIONS
CONSUMER FINANCE DIVISION
CHAPTER 15
Statutory Authority: 1976 Code Sections 34-41-10 to 34-41-130

15-67. Check Cashing – Required Records and Retention Period. (New)

Synopsis:

The State Board of Financial Institutions (Board) seeks to add R.15-67 to establish by regulation the records that a person required to be licensed under Chapter 41 must keep and maintain and the corresponding records retention period.

The Notice of Drafting was published in the *State Register* on August 26, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

15-67. Check Cashing – Required Records and Retention Period.

A. In order to comply with Section 34-41-60(E), a person required to be licensed by Chapter 41 must keep and maintain the following information for each check cashed for which a fee, a service charge, or other consideration is charged:

(1) The name of the licensee.
(2) The full name of the consumer.
(3) The complete address of the consumer.
(4) The transaction date.
(5) The amount of the check.
(6) The total amount of fees charged.
(7) The name of the payor of the check.

B. As permitted by Section 34-41-70(A), a person required to be licensed under Chapter 41 shall retain each book, account, and record that is required to be kept and maintained for one year from the end of the person's fiscal year in which the book, account, or record was created.

Fiscal Impact Statement:

To implement this regulation, the Consumer Finance Division estimates that no costs will be incurred by the State or any of its political subdivisions.

Statement of Rationale:

Section 34-41-130 authorizes the Board to promulgate regulations necessary to carry out the purposes of Chapter 41, to provide for the protection of the public, and to assist licensees in interpreting and complying with Chapter 41. The addition of R.15-67 is intended to satisfy each of these three reasons to promulgate a regulation. First, Chapter 41 gives the Board the authority to identify required records and the corresponding retention period. Further, Chapter 41 requires the person required to be licensed to process, review, or otherwise handle some of these records. Second, keeping these records protects the public because, for example, some of the required records provide a means to verify that the person did not charge an unlawful or excessive check-cashing fee and because the person will be able to refund any such unlawful or excessive fees. Third, the records allow the person required to be licensed to comply with Chapter 41 and for the Consumer Finance Division to test such compliance with Chapter 41.

Document No. 5116
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61
Statutory Authority: 1976 Code Sections 48-1-10 et seq.

61-69. Classified Waters.

Synopsis:

Pursuant to S.C. Code Sections 48-1-10 et seq., R.61-69 establishes the State's site-specific water quality standards and provides a listing of all named and specific unnamed waterbodies, their classifications, and locations. The Department of Health and Environmental Control ("Department") amends R.61-69 to clarify and correct, as needed, waterbody names, counties, classes, and descriptions. The Department also makes stylistic changes for overall improvement of the text of the regulation.

The Department had a Notice of Drafting published in the February 25, 2022, South Carolina State Register.

Section-by-Section Discussion of Amendments:

Section	Type of Change	Purpose
Table of Contents	Technical Correction	Amended title of Section H for consistency.
A. Criteria for Classes	Technical Correction	Amended to correct punctuation.
F. Notations for Site-Specific Standards and Previous Class	Technical Correction	Amended to correct spelling.
H. List of Waterbody Names, County(ies), Class, and Descriptions		
Section Title	Technical Correction	Amended to correct verb tense.

Section	Type of Change	Purpose
Ashley River	Technical Correction	Amended to correct spacing and punctuation.
Ashpole Swamp	Technical Correction	Amended to correct spelling of waterbody name.
Atlantic Intracoastal Waterway	Revision	Amended the ORW(SFH) listing for accuracy.
Baker Creek	Revision	Amended waterbody name for consistency.
Bates Old River	Addition	Added waterbody to address Congaree National Park expansion.
Battery Creek	Technical Correction	Amended to correct punctuation.
Bear Creek	Technical Correction	Amended to correct county abbreviation.
Beaverdam Creek	Technical Correction	Amended to correct punctuation.
Big Dutchmans Creek	Revision	Amended waterbody names for consistency.
Big Pine Tree Creek	Technical Correction	Amended to correct county abbreviation.
Black Creek	Revision	Amended to clarify road names.
Black River	Revision	Amended to clarify road names.
Brasstown Creek	Revision	Amended for grammatical accuracy.
Broad River	Technical Correction	Amended to correct county abbreviation.
Brushy Creek	Revision	Amended for grammatical accuracy.
Buckhorn Creek	Revision	Amended for grammatical accuracy.
Catawba-Wateree River	Technical Correction	Amended to correct county abbreviation.
Cedar Creek	Revision	Amended for grammatical accuracy.
Cedar Creek Reservoir	Technical Correction	Amended to correct county abbreviation.
Chauga River	Revision	Amended to clarify road names.
Cheohee Creek	Revision	Amended for grammatical accuracy.
Coastal Waters	Technical Correction	Amended to correct punctuation.
Combahee River	Revision	Amended for grammatical accuracy.
Debidue Creek	Revision	Amended for grammatical accuracy.
Devils Fork	Revision	Amended for grammatical accuracy.
Edisto River	Revision	Amended to clarify road names.
Fishing Creek Lake	Technical Correction	Amended to correct county abbreviation.
Folly River	Technical Correction	Amended to correct capitalization.

Section	Type of Change	Purpose
Foreteen Mile Creek	Revision	Amended waterbody name for consistency.
Golden Creek	Revision	Amended waterbody name for consistency.
Granny's Quarter Creek	Technical Correction	Amended to correct county abbreviation.
Guerin Creek	Technical Correction	Amended to correct capitalization.
Gulley Branch	Revision	Amended waterbody name for consistency.
Hanging Rock Creek	Technical Correction	Amended to correct county abbreviation.
Hawe Creek	Revision	Amended waterbody name for consistency.
Howard Creek	Revision	Amended to clarify road name.
Jumping Branch	Technical Correction	Amended to correct capitalization.
Kate Fowler Branch	Revision	Amended waterbody name for consistency.
Langston Creek	Revision	Amended for grammatical accuracy.
Little River	Revision	Amended waterbody name for consistency.
Long Cane Creek	Revision	Amended waterbody name for consistency.
Ludlow Branch	Revision	Amended waterbody name for consistency.
McKinneys Creek	Revision	Amended to clarify road names.
North Edisto River	Technical Correction	Amended to correct spelling of waterbody name.
North Fork Little River	Revision Technical Correction	Amended to clarify road names and amended to correct spelling.
North Saluda River	Revision	Amended to clarify road names.
Oil Camp Creek	Technical Correction	Amended to correct spelling of state park.
Running Lake	Deletion Revision	Removed the FW listing for Running Lake and amended the ORW(FW) listing for Running Lake for accuracy.
Saluda River (main stem)	Technical Correction	Amended to correct county abbreviation.
Saluda River (main stem)	Technical Correction	Amended for grammatical accuracy.
Sanders Branch	Technical Correction	Amended to correct spelling of waterbody name.
Savannah River	Revision	Amended waterbody name for consistency.
Sawneys Creek	Technical Correction	Amended to correct county abbreviation.
Shanklin Creek	Revision	Amended waterbody name for consistency.

Section	Type of Change	Purpose
Sewee Bay	Revision	Amended to reclassify these waters.
Smeltzer Creek	Revision	Amended to clarify road names.
South Pacolet River	Revision	Amended to clarify road names.
South Saluda River	Revision	Amended to clarify road name.
South Santee River	Technical Correction	Amended to correct punctuation.
Thompson River	Revision Technical Correction	Amended for grammatical accuracy and to correct capitalization.
Town Creek	Technical Correction	Amended to correct county abbreviation.
Town Creek	Revision	Amended waterbody name for consistency.
Townsend River	Revision	Amended waterbody name for consistency.
Turkey Creek	Technical Correction	Amended to correct county abbreviations.
Wateree River	Revision	Amended waterbody name for consistency.

Instructions:

Replace R.61-69 in its entirety with this amendment.

Text:

61-69. Classified Waters.

(Statutory Authority: 1976 Code Sections 48-1-10 et seq.)

TABLE OF CONTENTS

A. Criteria for Classes.

All adopted classifications must conform to the standards and rules contained within R.61-68, Water Classifications and Standards, or site-specific standards listed within this regulation. Unless noted, site- specific standards apply only to the water named and not to tributary or downstream waters.

B. Tributaries to Classified Waters.

Where surface waters are not classified by name (unlisted) in this regulation, the use classification and numeric standards of the class of the stream to which they are tributary apply, disregarding any site-specific numeric standards for the named waterbody. In tidal areas, where an unlisted tributary may affect or flows between two differently classified waterbodies, regardless of whether the location is upstream or downstream, the more stringent numeric standards of the classified waters apply to the unlisted tributary, disregarding any site-specific numeric standards for those waterbodies.

C. Status of Classifications and Reviews.

The classification for all bodies of water contained herein supersedes all previous classifications. The classifications listed within this regulation shall be open to review to ensure that the classification use is still valid and justified.

D. No Discharge Zone Designations.

The Department may determine in accordance with Section 312 of the Clean Water Act that for some waterbodies (or portions of waterbodies), the designation of No Discharge Zone (NDZ) for Marine Sanitation Devices (MSDs) shall be enacted with application of the existing classified standards of the waterbody. The designation is listed in this regulation as an NDZ following the waterbody name.

E. Class Abbreviations.

Class Abbreviations Used in R.61-69	
Outstanding National Resource Waters	ONRW (previous class)
Outstanding Resource Waters	ORW (previous class)
Shellfish Harvesting Waters	SFH
Trout - Natural	TN
Trout – Put, Grow, and Take	TPGT
Trout – Put and Take	TPT
Freshwaters	FW
Class SA (saltwaters)	SA
Class SB (saltwaters)	SB

F. Notations for Site-Specific Standards and Previous Class.

An “sp” by the Class means the Department has established site-specific standards for certain parameters for that waterbody. The site-specific standards are listed in parentheses after the waterbody description. For convenience, on both ONRW and ORW waterbodies, the previous classification for the specific waterbody is given in parentheses after the Class listing.

G. County Abbreviations.

County	Abbreviation
Abbeville	Abvl
Aiken	Aikn
Allendale	Aldl
Anderson	Andn
Bamberg	Bmbg
Barnwell	Brwl
Beaufort	Bfrt
Berkeley	Bkly
Calhoun	Clhn
Charleston	Chtn
Cherokee	Chke
Chester	Cstr
Chesterfield	Cfld
Clarendon	Clrn
Colleton	Cltn
Darlington	Drln
Dillon	Diln
Dorchester	Dchr
Edgefield	Efld
Fairfield	Ffld
Florence	Flrn
Georgetown	Gtwn
Greenville	Gnvl
Greenwood	Gnwd
Hampton	Hmpt
Horry	Hory
Jasper	Jspr
Kershaw	Krsh
Lancaster	Lctr
Laurens	Lrns
Lee	Lee
Lexington	Lxtn
McCormick	Mcmk
Marion	Marn
Marlboro	Mrlb
Newberry	Nbry
Oconee	Ocne
Orangeburg	Orbg
Pickens	Pkns
Richland	Rlnd
Saluda	Slda
Spartanburg	Spbg
Sumter	Smtr
Union	Unin
Williamsburg	Wmbg
York	York

H. List of Waterbody Names, County(ies), Classes, and Descriptions.

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Abner Creek	Pkns	ORW(FW)	The entire creek tributary to Eastatoe Creek
Adams Creek	Chtn	ORW(SFH)	The entire creek tributary to Bohicket Creek
Allan Creek (also called Allen Creek)	Spbg	FW	The entire creek tributary to Enoree River
Alligator Creek	Cltn	ORW(SFH)	The entire creek tributary to South Edisto River
Allison Creek	York	FW	The entire creek tributary to Lake Wylie
Alston Creek	Chtn	SFH	The entire creek tributary to Wando River
Anderson Reservoir	Andn	FW	The entire reservoir on Beaverdam Creek
Archers Creek	Bfrt	SA	That portion of the creek from Port Royal to U.S. Government Parris Island Bridge
Archers Creek	Bfrt	SFH	That portion of the creek from the U.S. Government Parris Island Bridge to Broad River
Ashepoo River	Cltn	FW	That portion of the river to saltwater intrusion
Ashepoo River	Cltn	SFH	That portion of the river from saltwater intrusion to the Atlantic Ocean
Ashley River	Chtn, Dchr	FW	That portion of the river from its beginning at Cypress Swamp to the confluence with Popper Dam Creek
Ashley River	Chtn, Dchr	SA	That portion of the river from the confluence with Popper Dam Creek to Church Creek
Ashley River	Chtn	SAsp	That portion of the river from Church Creek to Orangegrove Creek (Dissolved Oxygen (D.O.) not less than 4 mg/L)
Ashley River	Chtn	SA	That portion of the river from Orangegrove Creek to Charleston Harbor
Ashpole Swamp	Dill, Marn	FWsp	The entire swamp tributary to Lumber River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Atlantic Intracoastal Waterway	Hory	SA	That portion of the waterway from the North Carolina line to S.C. Hwy 9
Atlantic Intracoastal Waterway	Hory	FW	That portion of the waterway from S.C. Hwy 9 to its confluence with Waccamaw River
Atlantic Intracoastal Waterway	Gtwn, Hory	FWsp	That portion of the waterway from its confluence with Waccamaw River to Thoroughfare Creek (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Atlantic Intracoastal Waterway	Gtwn	SAsp	That portion of the waterway from Thoroughfare Creek to the headwaters of Winyah Bay (D.O. not less than 4 mg/L)
Atlantic Intracoastal Waterway	Gtwn	SB	That portion of the waterway from the headwaters of Winyah Bay to South Santee River
Atlantic Intracoastal Waterway	Chtn	SFH	That portion of the waterway from South Santee River to its confluence with Venning Creek
Atlantic Intracoastal Waterway	Chtn	ORW(SFH)	That portion of the waterway from its confluence with Venning Creek to its confluence with Morgan Creek
Atlantic Intracoastal Waterway	Chtn	SFH	That portion of the waterway from its confluence with Morgan Creek to the Ben Sawyer Bridge

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Atlantic Intracoastal Waterway	Chtn	SB	That portion of the waterway from the Ben Sawyer Bridge through Charleston Harbor to the confluence of Elliott Cut and Stono River
Atlantic Intracoastal Waterway	Chtn	SFH	That portion of the waterway from the confluence of Elliott Cut and Stono River to the S.C.L. Railroad Bridge over Stono River
Atlantic Intracoastal Waterway	Chtn	SFH	That portion of the waterway from the S.C.L. Railroad Bridge over Stono River to the confluence of Wadmalaw Sound and Stono River
Atlantic Intracoastal Waterway	Chtn	ORW(SFH)	That portion of the waterway from the confluence of Wadmalaw Sound and Stono River to Gibson Creek
Atlantic Intracoastal Waterway	Chtn	ORW(SFH)	That portion of the waterway from Gibson Creek along Wadmalaw River and Dawho River to North Creek
Atlantic Intracoastal Waterway	Chtn	ORW(SFH)	That portion of the waterway from North Creek through Watts Cut to South Edisto River
Atlantic Intracoastal Waterway	Chtn, Cltn	ORW(SFH)	That portion of the waterway from South Edisto River at Watts Cut to South Edisto River at Fenwick Cut
Atlantic Intracoastal Waterway	Cltn	SFH	That portion of the waterway from South Edisto River at Fenwick Cut along the Ashepoo River to the confluence with St. Helena Sound
Atlantic Intracoastal Waterway	Bfrt, Cltn	SFH	That portion of the waterway from the confluence with St. Helena Sound through the Sound to the confluence with Coosaw River
Atlantic Intracoastal Waterway	Bfrt	SFH	That portion of the waterway from the confluence with Coosaw River along Brickyard Creek to the confluence with Albergottie Creek
Atlantic Intracoastal Waterway	Bfrt	SA	That portion of the waterway from the confluence of Brickyard and Albergottie Creeks to become the Beaufort River to a boundary drawn along Beaufort River between the upper banks of Battery Creek and Cat Island Creek
Atlantic Intracoastal Waterway	Bfrt	SFH	That portion of the waterway from a boundary drawn along Beaufort River between the upper bank of Battery Creek and Cat Island through Port Royal Sound to the confluence with Skull Creek
Atlantic Intracoastal Waterway	Bfrt	SFH	That portion of the waterway from the confluence with Skull Creek through Calibogue Sound, along Cooper River and Ramshorn Creek, to the confluence with New River
Atlantic Intracoastal Waterway	Jspr	SA	That portion of the waterway from the confluence of Ramshorn Creek with New River to Watts Cut and Wright River
Atlantic Intracoastal Waterway	Jspr	SA	That portion of the waterway from Wright River to Mud River to Savannah River
Back River	Bkly	FW	The entire river tributary to Cooper River

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Bad Creek	Ocne	ORW(FW)	That portion of the creek from the North Carolina line to Chattooga River
Bad Creek Reservoir	Ocne	FW	The entire reservoir
Bailey Creek	Andn	FW	The entire creek tributary to Rocky Creek
Bailey Creek	Chtn	ORW(SFH)	The entire creek tributary to St. Pierre Creek
Baker Creek	Mcmk	FW	The entire creek tributary to J. Strom Thurmond Lake
Ballast Creek	Bfrt	SA	That portion of the creek from the tidal node to Beaufort River
Ballast Creek	Bfrt	SFH	That portion of the creek from the tidal node to Broad River
Bartons Branch (also called Summerhouse Branch and Johnsons Swamp)	Gtwn, Wmbg	FWsp	The entire branch tributary to Horse Pen Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Bass Creek	Bfrt	ORW(SFH)	The entire creek tributary to May River
Bass Hole Bay	Gtwn	ORW(SFH)	The entire bay between Old Man Creek and Debidue Creek
Bates Old River	Rlnd	ORW(FW)	The entire river within the boundary of the Congaree National Park to the confluence with Congaree River
Battery Creek	Bfrt	SA	That portion of the creek from the two unnamed headwater creeks down to a point 1000 feet below their confluence at Rabbit Island
Battery Creek	Bfrt	SFH	That portion of the creek from a point 1000 feet below the headwater creeks' confluence at Rabbit Island to the confluence with Beaufort River
Battle Creek	Ocne	TPGT	The entire creek tributary to Tugaloo River
Bear Creek	Andn	FW	The entire creek tributary to Rocky Creek
Bear Creek	Lctr	FW	The entire creek tributary to Cane Creek
Bear Creek	Newb, Lxtn	FW	The entire creek tributary to Lake Murray
Bear Swamp	Diln	FWsp	The entire swamp tributary to Ashpole Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Beards Fork Creek	Lrns	FW	The entire creek tributary to Duncan Creek
Beaufort River	Bfrt	SA	That portion of the river from the confluence of Albergottie Creek and Brickyard Creek to a boundary drawn between the upper bank of Battery Creek and Cat Island Creek
Beaufort River	Bfrt	SFH	That portion of the river from a boundary drawn between the upper bank of Battery Creek and Cat Island Creek to the confluence with Port Royal Sound
Beaver Creek	Andn	FW	The entire creek tributary to Rocky River
Beaver Creek	Krsh	FW	The entire creek tributary to Wateree Lake
Beaverdam Creek	Andn	FW	The entire creek tributary to Rocky River
Beaverdam Creek	Drln, Cfld	FW	The entire creek tributary to Black Creek
Beaverdam Creek	Efld	FW	The entire creek tributary to Turkey Creek
Beaverdam Creek	Gnvl	ORW(FW)	That portion of the creek from its headwaters to Secondary Road 563

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Beaverdam Creek	Gnvl	FW	That portion of the creek from Secondary Road 563 to Enoree River
Beaverdam Creek	Lrns	FW	The entire creek tributary to Enoree River
Beaverdam Creek	Mrlb	FW	The entire creek tributary to Little Pee Dee River
Beaverdam Creek	York	FW	The entire creek tributary to Crowders Creek
Beaverdam Creek (also called Irene Creek)	Chke	FW	The entire creek tributary to Thicketty Creek
Beaverdam Creek (also called Big Beaverdam Creek)	Andn	FW	The entire creek tributary to Rocky River
Bees Creek	Jspr	SB	The entire creek tributary to Coosawhatchie River
Bell Swamp Creek	Diln	FW	The entire creek tributary to Little Pee Dee River
Beresford Creek	Bkly	SFH	That portion of the creek from Wando River to a point 4 miles from Wando River
Beresford Creek	Bkly	SA	That portion of the creek from a point 4 miles from Wando River to Clouter Creek
Betsy Creek	Andn	FW	The entire creek tributary to Beaver Creek
Big Bay Creek	Chtn	ORW(SFH)	The entire creek tributary to South Edisto River
Big Boggy Swamp	Drln	FW	The entire swamp tributary to McIntosh Mill Stream
Big Creek	Andn	FW	The entire creek tributary to Saluda River
Big Dutchmans Creek	Ffld	FW	The entire creek tributary to Wateree Lake
Big Dutchmans Creek	York	FW	The entire creek tributary to Catawba-Wateree River
Big Generostee Creek	Andn	FW	The entire creek tributary to Savannah River
Big Lake	Rlnd	ORW(FW)	The entire lake within the boundaries of Congaree National Park
Big Pine Tree Creek	Krsh	FW	The entire creek tributary to Wateree River
Big Rock Creek	Gnwd	FW	The entire creek tributary to Wilson Creek
Big Swamp	Flrn	FWsp	The entire swamp tributary to Lynches River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Black Creek	Cfld	FW	That portion of the creek from its headwaters to S.C. Hwy 145
Black Creek	Cfld, Drln	FWsp	That portion of the creek from S.C. Hwy 145 through Lake Robinson and Lake Prestwood to U.S. Rte 52 (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Black Creek	Drln, Flrn	FW	That portion of the creek from U.S. Rte 52 to Great Pee Dee River
Black River	Clrn, Gtwn, Lee, Smtr, Wmbg	FWsp	That portion of the creek from its headwaters to U.S. Rte 701 (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Black River	Gtwn	SA	That portion of the river from U.S. Rte 701 to Pee Dee River
Blue Hill Creek	Abvl	FW	The entire creek tributary to Norris Creek
Bly Creek	Gtwn	ORW(SFH)	The entire creek tributary to Old Man Creek

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Bob's Garden Creek	Gtwn	ORW(SFH)	The entire creek tributary to Jones Creek
Boggy Swamp	Gtwn	FWsp	That portion of the river from the headwaters to saltwater intrusion (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Bohicket Creek	Chtn	ORW(SFH)	The entire creek tributary from North Edisto River to Church Creek
Boone Hall Creek	Chtn	SFH	The entire creek tributary to Horlbeck Creek
Boor Creek	Gtwn	ORW(SFH)	The entire creek between Jones Creek and Wood Creek
Brasstown Creek	Ocne	TPGT	That portion of the creek from its headwaters to Tugaloo River
Bread and Butter Creek	Gtwn	ORW(SFH)	The entire creek tributary to Town Creek
Brickyard Creek	Chtn	SB	The entire creek tributary to Ashley River
Brickyard Creek	Bfrt	SFH	The entire creek tributary to Beaufort River
Broad Creek (NDZ)	Bfrt	SFH	The entire creek tributary to Calibogue Sound
Broad River	Bfrt, Jspr	SFH	The entire river tributary to Port Royal Sound
Broad River (Main Stem)	Chke, Cstr, Ffld, Nbry, Rlnd, Unin, York	FW	The entire river tributary to Congaree River
Broadmouth Creek	Abvl, Andn	FW	The entire creek tributary to Saluda River
Broadway Creek	Andn	FW	The entire creek tributary to Rocky Creek
Brown Swamp	Hory, Marn	FWsp	The entire swamp tributary to Little Pee Dee River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Brunson Swamp	Hory	FW	The entire swamp tributary to Little Pee Dee River
Brushy Creek	Gnvl	FW	That portion of the creek from its headwaters northeast of Greenville to Enoree River
Brushy Creek	Gnvl	FW	The entire creek tributary to Reedy River
Brushy Creek	Pkns	FW	The entire creek tributary to Saluda River
Buck Creek	Brwl	FW	The entire creek tributary to Salkehatchie River
Buck Creek	Spbg	FW	The entire creek tributary to Pacolet River
Buck Hollow	Gnvl	TN	The entire tributary to Middle Saluda River
Buck Swamp	Diln, Marn, Mrlb	FWsp	The entire swamp tributary to Little Pee Dee River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Buckhorn Creek	Gnvl	ORW(FW)	That portion of the creek from its headwaters, including Buckhorn Lake, to Tanyard Road
Buckhorn Creek	Gnvl	FW	That portion of the creek from Tanyard Road to Enoree River
Buffalo Creek	Unin	FW	The entire creek tributary to Fairforest Creek
Buffalo Creek	Chke	FW	The entire creek tributary to Broad River
Bull Branch	Mrlb	FW	The entire branch tributary to Hagins Prong
Bull Creek	Bfrt	ORW(SFH)	The entire creek tributary to Cooper River and May River
Bull Creek	Hory	FW	The entire creek tributary to Pee Dee River to Waccamaw River
Bull Run Branch	Cstr	FW	The entire branch within Chester County

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Bull Swamp	Orbg	FWsp	The entire swamp tributary to Four Hole Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Bull Swamp Creek	Lxtn, Orbg	FW	The entire creek tributary to North Fork Edisto River
Bullock Creek	York	FW	The entire creek tributary to Broad River
Bull's Bay	Chtn	ORW(SFH)	The entire bay
Bulls Creek	Chtn	SAsp	The entire creek tributary to Ashley River (D.O. not less than 4 mg/L)
Bullyard Sound	Chtn	ORW(SFH)	The entire sound
Burdine Creek	Pkns	FW	The entire creek tributary to Georges Creek
Burgess Creek	Ocne	TN	That portion of the creek from its headwaters to Mill Creek
Burnetts Creek	Slda	FW	The entire creek tributary to Little Saluda River
Burnt Gin Lake	Smtr	FW	The entire lake located on the western reaches of Cane Savannah Creek
Bush Creek (or River)	Lrns, Nbry	FW	The entire creek tributary to Lake Murray
Byrum's Creek (Branch from Appleton Mill to Whitner Creek)	Andn	FW	The entire creek tributary to Whitner Creek
Calhoun Creek	Abvl	FW	The entire creek tributary to Little River
Calibogue Sound	Bfrt	SFH	The entire sound tributary to the Atlantic Ocean
Callawassie Creek	Bfrt	ORW(SFH)	The entire creek tributary to Colleton River
Camp Branch	Ocne	FW	The entire branch tributary to Opossum Creek
Cane Creek	Lctr	FW	The entire creek tributary to Catawba River
Cane Creek	Pkns	TN	The entire creek tributary to Lake Keowee
Cannons Creek	Nbry	FW	The entire creek tributary to Broad River
Canoe Creek	Andn	FW	The entire creek tributary to Little Generostee Creek
Cantrell Creek	Ocne	TN	That portion of the creek from its headwaters to Lake Cheohee
Cape Romain Harbor	Chtn	ORW(SFH)	The entire harbor
Caper's Inlet	Chtn	ORW(SFH)	The entire inlet tributary to the Atlantic Ocean
Captain Bill's Creek	Jspr	FW	The entire creek tributary to Bee's Creek
Carrick Creek	Pkns	ORW(FW)	That portion of the creek from its headwaters to Pinnacle Lake
Carrick Creek	Pkns	FW	That portion of the creek from the dam at Pinnacle Lake to the end of Table Rock State Park land
Carter Creek	Flrn	FW	The entire creek tributary to Lynches River
Cat Island Creek	Bfrt	SFH	The entire creek from Beaufort River to Chowan Creek
Catawba-Wateree River	Cstr, Ffld, Krsh, Lctr, Rlnd, Smtr, York	FW	The entire river tributary to Santee River
Catfish Creek	Marn	FWsp	The entire creek tributary to Pee Dee River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Causeway Branch	Smtr	FW	The entire branch tributary to Second Mill Pond
Caw Caw Swamp	Aldl, Hmpt	FWsp	The entire swamp tributary to Whippy Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Cedar Creek	Cfld, Drln	FW	The entire creek tributary to Pee Dee River
Cedar Creek	Ffld, Rlnd	FW	The entire creek tributary to Broad River
Cedar Creek	Rlnd	FW	That portion of the creek outside the boundary of Congaree National Park
Cedar Creek	Rlnd	ORW(FW)	That portion of the creek beginning at the boundary of Congaree National Park to Wise Lake
Cedar Creek	Rlnd	ONRW(FW)	That portion of the creek beginning at Wise Lake to its confluence with Congaree River
Cedar Creek Reservoir	Cstr, Ffld, Lctr	FW	The entire lake on Catawba River
Cemetery Creek (also called Silver Brook Creek)	Andn	FW	The entire creek tributary to Rocky River
Charleston Harbor	Chtn	SB	From Battery to the Atlantic Ocean
Charlies Creek	Abvl	FW	The entire creek tributary to Rocky River
Chattooga River	Ocne	FW	That portion of the river from its confluence with Opossum Creek to Tugaloo River
Chattooga River	Ocne	ORW(FW)	That portion of the river from the North Carolina line to its confluence with Opossum Creek
Chauga Creek (also called Jerry Creek)	Ocne	FW	The entire creek tributary to Chauga River
Chauga River	Ocne	ORW(FW)	That portion of the river from its headwaters to 1 mile above U.S. Rte 76
Chauga River	Ocne	FW	That portion of the river from 1 mile above U.S. Rte 76 to Tugaloo River
Chechessee Creek	Bfrt	ORW(SFH)	The entire creek tributary to Colleton River and Chechessee River
Chechessee River	Bfrt	SFH	The entire river tributary to Port Royal Sound
Chehaw River	Cltn	SFH	The entire river tributary to Combahee River
Cheohee Creek	Ocne	ORW(FW)	That portion of the creek from its headwaters to end of U.S. Forest Service Land
Cheohee Creek	Ocne	FW	That portion of the creek from U.S. Forest Service Land to its confluence with Tamassee Creek
Cherokee Creek	Andn	FW	The entire creek tributary to Hencoop Creek
Cherokee Creek	Chke	FW	The entire creek tributary to Broad River
Chickasaw Creek	Abvl	FW	The entire creek tributary to Little River
Chinners Swamp	Hory	FWsp	The entire swamp tributary to Brunson Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Choestoea Creek	Ocne	FW	The entire creek tributary to Hartwell Lake
Chowan Creek (also called Cowen Creek)	Bfrt	SFH	The entire creek tributary to Beaufort River
Church Creek	Chtn	ORW(SFH)	That portion of the creek from Wadmalaw Sound to Ravens Point
Church Creek	Chtn	SFH	That portion of the creek from Ravens Point to Hoopstick Island

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Clambank Creek	Gtwn	ORW(SFH)	The entire creek tributary to Town Creek
Clark Creek	Flrn, Wmbg	FWsp	The entire creek tributary to Pee Dee River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Clark Creek	York	FW	The entire creek tributary to Bullock Creek
Clark(s) Hill Reservoir (NDZ) (also called J. Strom Thurmond Lake)	Abvl, Mcmk	FW	The entire reservoir on Savannah River
Clark Sound	Chtn	SB	The entire sound tributary to Charleston Harbor
Clouds Creek	Slda	FW	The entire creek tributary to Lake Murray
Coastal Waters	Bfrt, Chtn, Gtwn, Hory, Jspr	SFH	From the land to the 3-mile limit of State jurisdiction in the Atlantic Ocean
Coastal Waters		SFH	Coastal waters offshore from the land to the 3-mile limit of State jurisdiction in the Atlantic Ocean
Coastal Waters		SFH	From the land to the 3-mile limit of State jurisdiction in the Atlantic Ocean
Coldspring Branch	Gnvl	ORW(FW)	The entire branch tributary to Middle Saluda River
Colleton River	Bfrt	ORW(SFH)	The entire river tributary to Chechessee River
Combahee River	Bfrt, Cltn, Hmpt	FW	That portion of the river from its confluence of Salkehatchie River with Little Salkehatchie River to saltwater intrusion at U.S. Hwy 17
Combahee River	Bfrt, Cltn	SFH	That portion of the river from saltwater intrusion at U.S. Hwy 17 to St. Helena Sound
Coneross Creek	Ocne	FW	That portion of the creek through Negro Fork Creek
Congaree Creek	Lxtn	FW	The entire creek tributary to Congaree River
Congaree River	Clhn, Lxtn, Rlnd	FW	The entire river tributary to Santee River
Contrary Swamp	Diln	FW	The entire swamp from its headwaters to the North Carolina line near South of the Border
Cooks Creek	Gtwn	ORW(SFH)	The entire creek between Old Man Creek and Debidue Creek
Cooper River	Bkly, Chtn	FW	That portion of the river from the confluence of West Branch Cooper River and East Branch Cooper River (the Tee) to a point approximately 30 miles above the junction of Ashley and Cooper Rivers
Cooper River	Bkly, Chtn	SB	That portion of the river below a point approximately 30 miles above the junction of Ashley and Cooper Rivers to the junction of Ashley and Cooper Rivers
Cooper River	Bfrt	ORW(SFH)	That portion of the river from New River to Ramshorn Creek
Cooper River	Bfrt	SFH	That portion of the river from Ramshorn Creek to Calibogue Sound
Coosaw River	Bfrt	SFH	The entire river tributary to St. Helena Sound

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Coosawhatchie River	Aldl, Hmpt, Jspr	FW	That portion of the river from its headwaters to saltwater intrusion
Coosawhatchie River	Aldl, Hmpt, Jspr	SFH	That portion of the river from saltwater intrusion to Broad River
Copahee Sound	Chtn	ORW(SFH)	The entire sound
Corbin Creek	Ocne	ORW(TPGT)	The entire creek tributary to Devils Fork
Corner Creek	Abvl	FW	The entire creek tributary to Little River
Coronaca Creek	Gnwd	FW	The entire creek tributary to Wilson Creek
Cowpen Swamp	Diln	FWsp	The entire swamp tributary to Bear Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Cowpens Creek	Chke	FW	The entire creek tributary to Little Thicketty Creek
Cox Branch	Bmbg	FW	The entire branch tributary to Lemon Creek
Cox Creek	Andn	FW	The entire creek tributary to Rocky Creek
Cox Camp Creek	Gnvl	TN	The entire creek tributary to Middle Saluda River
Crab Haul Creek	Gtwn	ORW(SFH)	The entire creek tributary to Old Man Creek
Crane Creek	Rlnd	FW	The entire creek tributary to Broad River
Crims Creek	Nbry	FW	The entire creek tributary to Broad River
Crooked Creek	Mrlb	FW	The entire creek tributary to Pee Dee River
Crowders Creek	York	FW	The entire creek tributary to Lake Wylie
Cutoff Creek	Gtwn	SFH	The entire creek between Oyster Bay and Town Creek
Cypress Branch	Flrn, Smtr	FWsp	The entire branch tributary to Douglas Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Cypress Swamp	Dchr	FW	The entire swamp tributary to Ashley River
Dark Creek	Ocne	ORW(FW)	The entire creek tributary to East Fork Chattooga River
Darrell Creek	Chtn	SFH	The entire creek tributary to Wando River
Dawho River	Chtn	ORW(SFH)	The entire river from South Edisto River to North Edisto River
Debidue Creek	Gtwn	SFH	That portion of the creek from its headwaters to its confluence with Cooks Creek, but not including tidal creeks on western shore between Bass Hole Bay and Cooks Creek
Debidue Creek	Gtwn	ORW(SFH)	That portion of the creek from its confluence with Cooks Creek to North Inlet and all tidal creeks including those on western shore between Bass Hole Bay and Cooks Creek
Debordieu Channel	Gtwn	SFH	The entire channel tributary to Debidue Creek
Deep Creek	Flrn	FW	The entire creek tributary to Lynches River
Devils Fork	Ocne	TN	That portion of the creek from its confluence of Corbin Creek and Howard Creek to Lake Jocassee
Dewee's Inlet	Chtn	SFH	The entire inlet tributary to the Atlantic Ocean
Diversion Canal	Bkly	FW	The entire canal between Lake Marion and Lake Moultrie
Doolittle Creek	Chke	FW	The entire creek tributary to Broad River
Double Branch	Abvl	FW	The entire branch tributary to Long Cane Creek
Double Branch	Lxtn	FW	The entire branch tributary to Saluda River

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Douglas Swamp	Clrn, Flrn, Smtr	FWsp	The entire swamp tributary to Pudding Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Dry Branch	Rlnd	ORW(FW)	That portion of the stream beginning at the boundary of the Congaree National Park to Weston Lake
Dry Branch	Rlnd	FW	That portion of the branch outside the boundary of the Congaree National Park
Dry Fork	Cstr	FW	The entire fork tributary to Sandy River
Duck Creek	Aldl	FW	The entire creek tributary to Coosawhatchie River
Duck Creek	Gtwn	ORW(SFH)	The entire creek tributary to Jones Creek
Duck Island Channel	Chtn	SAsp	The entire channel connecting two segments of the Ashley River (D.O. not less than 4 mg/L)
Duncan Creek	Lrns, Nbry	FW	The entire creek tributary to Enoree River
Duncan Creek	Lxtn	FW	The entire creek tributary to Chinquapin Creek
Dunn Sound	Hory	SFH	The entire sound
Durbin Creek	Gnvl, Lrns	FW	The entire creek tributary to Enoree River
Dye Branch (also called Dry Branch)	York	FW	The entire branch tributary to Jones Branch
Eagle Creek	Chtn	SB	The entire creek tributary to Ashley River
Eastatoe Creek	Pkns	ORW(FW)	That portion of the creek from its headwaters to its confluence with Laurel Creek
Eastatoe Creek	Pkns	TPGT	That portion of the creek from its confluence with Laurel Creek to Lake Keowee
East Beards Creek	Andn	FW	The entire creek tributary to Wilson Creek
East Fork (also called Fork Creek)	Cfld	FW	The entire creek tributary to Lynches River
East Fork Chattooga River	Ocne	ORW(FW)	That portion of the river from the North Carolina line to its confluence with Indian Camp Branch
East Fork Chattooga River	Ocne	TN	That portion of the river from its confluence with Indian Camp Branch to Chattooga River
East Rock Creek	Andn	FW	The entire creek tributary to Broadway Creek
Edisto River	Chtn, Cltn	ORW(FW)	That portion of the river from U.S. Hwy 17 to its confluence with Dawho River and South Edisto River
Edisto River (Main Stem)	Orbg, Bmbg, Dchr, Cltn, Chtn	FW	That portion of the river from the confluence of North and South Forks to U.S. Hwy 17
Eighteen Mile Creek	Pkns, Andn	FW	The entire creek tributary to Hartwell Lake
Emory Creek	Pkns	ORW(FW)	That portion of the creek from its headwaters to the northern boundary of Table Rock Resort property
Emory Creek	Pkns	TN	That portion of the creek from northern boundary of Table Rock Resort property to its confluence with Oolenoy River
Enoree River	Gnvl, Spbg, Lrns, Unin, Nbry	FW	The entire river tributary to Broad River
Fairforest Creek	Spbg, Unin	FW	The entire creek tributary to Tyger River

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Fall Creek	Ocne	FW	The entire creek tributary to Chattooga River
Falls Creek	Gnvl	ORW(FW)	That portion of the creek from its headwaters to Lake Trammell
Falls Creek	Gnvl	TN	That portion of the creek from the dam at Lake Trammell to Gap Creek
Fields Cut	Jspr	SA	The entire stream
Filbin Creek	Chtn	FW	That portion of the creek from its headwaters to the tide gates at Virginia Avenue
Filbin Creek	Chtn	SB	That portion of the creek from the tide gates at Virginia Avenue to Cooper River
First Creek	Lxtn	FW	The entire creek tributary to Congaree Creek
Fishing Creek	Cstr, York	FW	The entire creek tributary to Catawba River
Fishing Creek	Chtn	ORW(SA)	That portion of the creek from its headwaters to a point 2 miles from its mouth
Fishing Creek	Chtn	ORW(SFH)	That portion of the creek from a point 2 miles from its mouth to its confluence with St. Pierre Creek
Fishing Creek	Chtn	ORW(SFH)	The entire creek tributary to Dawho River
Fishing Creek Lake	Cstr, Lctr	FW	The entire lake on Catawba River
Fishtrap Branch	Ocne	FW	The entire branch tributary to Chattooga River
Five Fathom Creek	Chtn	SFH	The entire creek tributary to Bull's Bay
Flagreed Creek	Abvl	FW	The entire creek tributary to Calhoun Creek
Folly River	Chtn	SFH	The entire river tributary to Stono River
Fork Creek	Cfld	FW	The entire creek tributary to Lynches River
Foster Creek	Chtn	SFH	The entire creek tributary to Wando River
Four Hole Swamp	Orbg, Dchr, Bkly, Clhn	FWsp	The entire swamp tributary to Edisto River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Four Mile Creek	Orbg	FW	The entire creek tributary to North Fork Edisto River
Fourteenmile Creek	Lxtn	FW	The entire creek tributary to Twelvemile Creek
Frampton Creek	Chtn	ORW(SFH)	The entire creek tributary to Frampton Inlet
Frampton Inlet	Chtn	ORW(SFH)	The entire inlet tributary to the Atlantic Ocean
Fripps Inlet	Bfrt	ORW(SFH)	The entire inlet tributary to the Atlantic Ocean
Frohawk Creek	Spbg	FW	The entire creek tributary to South Tyger River
Gaffney Creek	Chke	FW	The entire creek tributary to Broad River
Gap Creek	Gnvl	TN	The entire creek tributary to its confluence with Middle Saluda River
Garden Creek	Chtn	ORW(SFH)	The entire creek tributary to Toogoodoo Creek
Georges Creek (and branch from Easley)	Pkns	FW	The entire creek tributary to Saluda River
Gibson Creek	Chtn	ORW(SFH)	The entire creek tributary to Wadmalaw River
Gilder Creek (also called Gillard Creek)	Gnvl	FW	The entire creek tributary to Enoree River
Gills Creek	Rlnd	FW	The entire creek tributary to Congaree River
Golden Creek	Pkns	FW	The entire creek tributary to Twelvemile Creek
Goose Creek	Bkly	FW	That portion of the creek from its headwaters to Goose Creek Reservoir dam
Goose Creek	Bkly	SB	That portion of the creek from Goose Creek Reservoir dam to Cooper River

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Graham Creek	Chtn	SFH	The entire creek tributary to Bull's Bay
Gramling Creek	Orbg	FWsp	The entire creek tributary to Little Bull Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Granny's Quarter Creek	Krsh	FW	The entire creek tributary to Wateree River
Grapevine Branch	Bmbg	FW	The entire branch tributary to Lemon Creek
Grassy Run Branch	Cstr	FW	The entire branch tributary to Rocky Creek
Grays Sound	Chtn	SFH	The entire sound
Great Falls Reservoir	Cstr, Lctr	FW	The entire reservoir on Catawba River
Great Pee Dee River	Cfld, Diln, Drln, Flrn, Marn, Mrlb, Wmbg	FW	That portion of the river from North Carolina line to its confluence with Thoroughfare Creek
Great Pee Dee River	Gtwn	SBsp	That portion of the river from its confluence with Thoroughfare Creek to Winyah Bay (D.O. not less than daily average 5 mg/L and minimum 4 mg/L)
Green Creek	Pkns	ORW(FW)	The entire creek tributary to Carrick Creek
Green Swamp	Smtr	FWsp	The entire swamp tributary to Pocotaligo River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Groundwaters	All	GB	The entire groundwaters of the State (unless otherwise listed)
Guerin Creek	Bkly, Chtn	SFH	The entire creek tributary to Wando River
Gulley Branch	Flrn	FW	The entire branch tributary to Jeffries Creek
Gum Branch	Dchr	FWsp	The entire branch tributary to Indian Field Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Haile Gold Mine Creek	Lctr	FW	The entire creek tributary to Little Lynches River
Halfmoon Branch	Bmbg	FW	The entire branch tributary to Ghents Branch
Hamlin Sound	Chtn	SFH	The entire sound
Hanging Rock Creek	Lctr, Krsh	FW	The entire creek tributary to Little Lynches River
Harbor River	Bfrt	ORW(SFH)	The entire river tributary to St. Helena Sound and Fripps Inlet
Hard Labor Creek	Gnwd, Mcmk	FW	The entire creek tributary to Stevens Creek
Harris Mill Branch	Gnwd	FW	The entire branch tributary to Rocky Creek
Hartwell Lake (NDZ)	Andn, Ocne, Pkns	FW	All that portion within South Carolina
Haulover Creek	Gtwn	SB	The entire creek between Mud Bay and Jones Creek
Hawe Creek	Mcmk	FW	The entire creek tributary to J. Strom Thurmond Lake
Hayes Swamp	Diln	FWsp	The entire swamp tributary to Little Pee Dee River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Head Foremost Creek	Gnvl	ORW(FW)	The entire creek tributary to Middle Saluda River
Hellhole Creek	Lxtn	FW	The entire creek tributary to Lightwood Knot Creek

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Hembree Creek	Andn	FW	The entire creek tributary to Hartwell Lake
Hemedy Creek (also called Ramsey Creek)	Ocne	FW	The entire creek tributary to Chauga River
Hencoop Creek	Andn	FW	The entire creek tributary to Rocky Creek
Hobcaw Creek	Chtn	SFH	The entire creek tributary to Wando River
Hog Inlet/Cherry Grove Inlet	Hory	SFH	The entire inlet
Hollow Creek	Lxtn	FW	The entire creek tributary to Lake Murray
Horlbeck Creek	Chtn	SFH	The entire creek tributary to Wando River
Horse Creek	Aikn	FW	The entire creek tributary to Savannah River
Howard Creek	Ocne	ORW(TPGT)	That portion of the creek from its headwaters to 0.3 mile below S.C. Hwy 130 above the flow augmentation system at the Bad Creek pumped storage station dam
Howard Creek	Ocne	TN	That portion of the creek from just above the flow augmentation system at the Bad Creek pumped storage station dam to Devils Fork
Hunting Swamp	Hory	FW	The entire swamp tributary to Little Pee Dee River
Husbands Creek	Mrlb	FW	The entire creek tributary to Pee Dee River
Indian Camp Branch	Ocne	ORW(FW)	The entire branch tributary to East Fork Chattooga River
Indian Creek	Lrns	FW	The entire creek tributary to Enoree River
Indian Field Swamp	Dchr, Orbg	FWsp	The entire swamp tributary to Polk Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Ira Branch	Ocne	ORW(FW)	The entire branch tributary to the Chattooga River
Irene Creek	Chke	FW	The entire creek tributary to Thicketty Creek
J. Strom Thurmond Lake (also called Clarks Hill Reservoir) (NDZ)	Abvl, Mcmk	FW	The entire lake on Savannah River
Jackies Branch	Pkns	TN	The entire branch tributary to the confluence with Laurel Fork Creek
Jacks Creek	Ocne	ORW(FW)	The entire creek tributary to the East Fork Chattooga River
Jackson Branch	Aldl, Hmpt	FW	The entire branch tributary to Whippy Swamp
Jackson Creek	Ffld	FW	The entire creek tributary to Little River
Jackson Creek	Rlnd	FW	The entire creek tributary to Gills Creek
Jacobs Creek	Lrns	FW	The entire creek tributary to Sand Creek
Jeffries Creek	Drln, Flrn	FWsp	The entire creek tributary to Pee Dee River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Jeremy Inlet	Chtn	ORW(SFH)	The entire inlet tributary to the Atlantic Ocean
Jericho Creek	Bfrt	SA	The entire creek tributary to Battery Creek
Jerry Creek	Ocne	FW	The entire creek tributary to Chauga River
Jimmies Creek	Spbg	FW	The entire creek tributary to the Tyger River
Johnson Creek	Bfrt	ORW(SFH)	The entire creek tributary to Harbor River and the Atlantic Ocean

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Johnsons Swamp (also called Summerhouse Branch and Bartons Branch)	Gtwn, Wmbg	FWsp	The entire swamp tributary to Horse Pen Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Jones Creek	Gtwn	SB	That portion of the creek from its confluence with Mud Bay to its confluence with Nancy Creek
Jones Creek	Gtwn	SFH	That portion of the creek from its confluence with Nancy Creek to a point midway between its confluence with Duck Creek and Noble Slough
Jones Creek	Gtwn	ORW(SFH)	That portion of the creek from a point midway between its confluence with Duck Creek and Noble Slough to North Inlet
Jordan Branch	Brwl	FW	The entire branch tributary to Toby Creek
Julian Creek	Gnvl	ORW(FW)	The entire creek tributary to Matthews Creek
Jumping Branch	Ocne	TN	That portion of the branch from its headwaters to Lake Cherokee
Kate Fowler Branch	Gnwd	FW	The entire branch tributary to Ninety Six Creek
Kellers Creek	Abvl	FW	The entire creek tributary to McCord Creek
Kelsey Creek	Spbg	FW	The entire creek tributary to Fairforest Creek
Kilgore Branch	Drln	FW	The entire branch tributary to Black Creek
King Creek	Ocne	ORW(FW)	The entire creek tributary to Chattooga River
Kinley Creek	Lxtn	FW	The entire creek tributary to Saluda River
Knox Creek	Ocne	FW	That portion of the creek from Lake Cheohee Dam to the confluence with Cheohee Creek
Koon Branch	Lxtn	FW	The entire branch tributary to Rawls Creek
Lake Cheohee	Ocne	FW	The entire lake
Lake Cherokee (also called Lake Isaquenna)	Ocne	FW	The entire lake
Lake Greenwood	Gnwd, Lrns, Nbry	FW	The entire lake on Saluda River
Lake Hartwell (NDZ)	Ocne, Pkns, Andn	FW	All that portion within South Carolina
Lake Jocassee	Ocne	TPGT	The entire lake
Lake Keowee (NDZ)	Andn, Pkns	FW	The entire lake
Lake Lanier	Gnvl	FW	The entire lake on Vaughn Creek
Lake Marion	Bkly, Clrn, Orbg, Smtr	FW	The entire lake
Lake Moultrie	Bkly	FW	The entire lake
Lake Murray (NDZ)	Lxtn, Nbry, Rlnd, Slda	FW	The entire lake on Saluda River
Lake Rabon	Lrns	FW	The entire lake on Rabon Creek, North Rabon Creek, and South Rabon Creek
Lake Richard B. Russell	Abvl, Andn	FW	The entire lake
Lake Rotary	Gnvl	FW	The entire lake
Lake Secession	Abvl, Andn	FW	The entire lake on Rocky River
Lake Sudy	Gnvl	FW	The entire lake

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Lake Swamp	Drln, Flrn	FWsp	The entire lake tributary to Sparrow Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Lake Swamp (also called Lynches Lake)	Flrn	FWsp	The entire lake (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Lake Swamp	Hory	FWsp	The entire lake tributary to Little Pee Dee River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Lake Trammell	Gnvl	TN	The entire lake
Lake Tugaloo	Ocne	TPGT	The entire lake
Lake Wylie (NDZ)	York	FW	The entire lake on Catawba River
Langston Creek (unnamed Creek to Reedy River 1 1/2 miles above Long Branch)	Gnvl	FW	The entire creek tributary to Reedy River
Laurel Branch	Pkns	ORW(FW)	The entire branch tributary to Eastatoe Creek
Laurel Creek	Gnvl	FW	The entire creek tributary to Reedy River
Laurel Creek	Pkns	ORW(FW)	The entire creek tributary to Eastatoe Creek
Laurel Fork Creek	Pkns	TN	The entire creek tributary to Lake Jocassee
Lawsons Fork Creek	Spbg	FW	The entire creek tributary to Pacolet River
Leadenwah Creek	Chtn	ORW(SFH)	The entire creek tributary to North Edisto River
Lee Swamp	Smtr	FWsp	The entire swamp tributary to Rocky Bluff Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Lemon Creek	Bmbg	FWsp	The entire creek tributary to Little Salkehatchie River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Lick Creek	Lrns	FW	The entire creek tributary to North Rabon Creek
Lick Log Creek	Ocne	FW	That portion of the creek from its headwaters through Thrift Lake
Lick Log Creek	Ocne	ORW(FW)	That portion of the creek from Thrift Lake to Chattooga River
Lightwood Knot Creek	Lxtn	FW	The entire creek tributary to North Fork Edisto River
Limber Pole Creek	Ocne	TN	The entire creek tributary to Devils Fork
Limestone Creek	Chke	FW	The entire creek tributary to Broad River
Little Beaverdam Creek	Andn	FW	The entire creek tributary to Rocky River
Little Boggy Swamp	Drln	FW	The entire swamp tributary to Big Boggy Swamp
Little Eastatoe Creek	Pkns	TPGT	That portion of the creek from its headwaters to its confluence with Eastatoe Creek
Little Fork Creek	Cfld	FW	The entire creek tributary to East Fork or Fork Creek
Little Horse Creek	Aikn	FW	The entire creek tributary to Horse Creek
Little Jones Creek	Gtwn	SFH	The entire creek tributary to Jones Creek
Little Lynches River (also called Lynches Creek)	Krsh, Lctr	FW	The entire river tributary to Lynches River
Little Pee Dee River	Diln, Marn, Mrlb	FW	That portion from its headwaters to the confluence with Lumber River

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Little Pee Dee River	Hory, Marn	ORW(FW)	That portion of the river from the confluence with Lumber River to the confluence with Great Pee Dee River
Little Pine Tree Creek	Krsh	FW	The entire creek tributary to Big Pine Tree Creek
Little River	Abvl, Mcmk	FW	The entire river tributary to J. Strom Thurmond Lake
Little River	Ffld	FW	The entire river tributary to Broad River
Little River	Lrns, Nbry	FW	The entire river tributary to Saluda River
Little River	Ocne	FW	The entire river tributary to Lake Hartwell
Little River Inlet	Hory	SFH	The entire inlet from its confluence with the Atlantic Intracoastal Waterway to its confluence with the Atlantic Ocean
Little Salkehatchie River	Bmbg, Cltn	FW	The entire river tributary to Salkehatchie River
Little Saluda River	Slda	FW	The entire river tributary to Lake Murray
Little Sandy River	Cstr	FW	The entire river tributary to Sandy River
Little Thicketty Creek	Chke	FW	The entire creek tributary to Thicketty Creek
Long Branch	Abvl, Andn	FW	The entire branch tributary to Rocky River
Long Cane Creek	Abvl, Mcmk	FW	The entire creek tributary to J. Strom Thurmond Lake
Long Creek	Chtn	ORW(SFH)	The entire creek tributary to Steamboat Creek
Long Creek	Ocne	FW	The entire creek tributary to Chattooga River
Lorick Branch	Lxtn	FW	The entire branch tributary to Saluda River
Lower Toogoodoo Creek	Chtn	SFH	That portion of the creek from its headwaters to a point 3 miles from its mouth
Lower Toogoodoo Creek	Chtn	ORW(SFH)	That portion of the creek from a point 3 miles from its mouth to its confluence with Toogoodoo Creek
Ludlow Branch	Mcmk	FW	The entire branch tributary to J. Strom Thurmond Lake
Lumber River	Diln, Hory, Marn	FW	The entire river tributary to Little Pee Dee River
Lynches Lake (also called Lake Swamp)	Flrn	FWsp	The entire lake (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Lynches River	Cfld, Diln, Flrn, Krsh, Lctr, Lee, Smtr	FW	The entire river tributary to Pee Dee River
Mad Dog Branch	Pkns	FW	The entire branch tributary to Georges Creek
Maidendown Swamp	Marn	FWsp	The entire swamp tributary to Buck Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Maple Creek	Spbg	FW	The entire creek tributary to South Tyger River
Maple Swamp	Diln	FWsp	The entire swamp tributary to Little Pee Dee River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Mark Bay	Chtn	ORW(SFH)	The entire bay
Martin Creek	Ocne	FW	The entire creek tributary to Lake Hartwell

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Matthews Creek	Gnvl	ORW(FW)	That portion of the Creek from its headwaters to the end of State land in the Mountain Bridge area
Matthews Creek	Gnvl	TN	That portion of the creek from the end of State land in the Mountain Bridge area to its confluence with South Saluda River
May River	Bfrt	ORW(SFH)	The entire river tributary to Calibogue Sound
McAlpine Creek	Lctr	FW	The entire creek tributary to Sugar Creek
McCall Branch	Flrn	FW	The entire branch tributary to Lynches River
McCord Creek	Abvl	FW	The entire creek tributary to Long Cane Creek
McIntosh Mill Stream	Drln	FW	The entire stream tributary to Black Creek
McKenzie Creek	Rlnd	FW	That portion of the creek outside the boundary of the Congaree National Park
McKenzie Creek	Rlnd	ORW(FW)	That portion of the creek beginning at the boundary of the Congaree National Park to its confluence with Toms Creek
McKinneys Creek	Ocne	TN	That portion of the creek from its headwaters to S.C. Hwy 25
McKinneys Creek	Ocne	FW	That portion of the creek from S.C. Hwy 25 to Lake Keowee
McLeod Creek (also called Tom Point Creek)	Chtn	ORW(SFH)	The entire creek tributary to North Edisto River
Meings Creek (also called Meng Creek)	Unin	FW	The entire creek tributary to Broad River
Middle Branch	Flrn	FWsp	The entire branch tributary to Jeffries Creek (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Middle Pen Swamp	Orbg	FWsp	The entire swamp tributary to Four Hole Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Middle Saluda River	Gnvl	ORW(FW)	That portion of the river from its headwaters to the end of State Land at Jones Gap State Park land
Middle Saluda River	Gnvl	TN	That portion of the river from Jones Gap State Park land to Oil Camp Creek
Middle Swamp	Drln, Flrn	FWsp	The entire swamp tributary to Jeffries Creek (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Middle Tyger River	Gnvl, Spbg	FW	The entire river tributary to North Tyger River
Mill Branch	Orbg	FW	The entire branch tributary to North Fork Edisto River
Mill Creek	Chke	FW	The entire creek tributary to Limestone Creek
Mill Creek	Ffld	FW	The entire creek tributary to Little River
Mill Creek	Gnvl	FW	That portion of the creek from its headwaters to the end of Pleasant Ridge State Park land including the unnamed lake
Mill Creek	Ocne	TN	That portion of the creek from its headwaters to Burgess Creek
Mill Creek	Pkns	TPGT	The entire creek tributary to Eastatoe Creek
Mill Creek	Rlnd	FW	The entire creek tributary to Congaree River
Mill Creek	Spbg	FW	The entire creek tributary to Enoree River
Mill Creek	Smtr	FW	The entire creek tributary to Lake Marion
Millpond Branch	Flrn	FW	The entire branch tributary to Lynches River

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Milton Creek	Chtn	ORW(SFH)	The entire creek tributary to Shingle Creek
Mine Creek	Slda	FW	The entire creek tributary to Little Saluda River
Mitchell Creek	Unin	FW	The entire creek tributary to Fairforest Creek
Molasses Creek	Chtn	SFH	The entire creek tributary to Wando River
Moody Creek	Ocne	TN	That portion of the creek from its headwaters to its confluence with Cantrell Creek
Morgan River	Bfrt	SFH	The entire river tributary to St. Helena Sound
Mosquito Creek	Cltn	ORW(SFH)	That portion of the creek from Bull Cut to South Edisto River
Moss Mill Creek	Ocne	ORW(FW)	The entire creek tributary to Chattooga River
Mountain Creek	Gnvl	FW	The entire creek tributary to Enoree River
Mountain Creek	Lrns	FW	The entire creek tributary to North Rabon Creek
Mud Creek	Chtn	ORW(SFH)	The entire creek tributary to South Edisto River
Mud Creek	Gtwn	SFH	The entire creek between Oyster Bay and Town Creek
Mud River (also called Fields Cut)	Jspr	SA	The entire river between Savannah River and Wright River
Muddy Creek	Flrn, Wmbg	FWsp	The entire creek tributary to Clark Creek (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Murrells Inlet	Gtwn	SFH	The entire inlet tributary to the Atlantic Ocean
Myers Creek	Rlnd	FW	That portion of the creek outside the boundary of the Congaree National Park
Myers Creek	Rlnd	ORW(FW)	That portion of the creek beginning at the boundary of the Congaree National Park to its confluence with Cedar Creek
Naked Creek	Mrlb	FW	The entire creek tributary to Pee Dee River
Nancy Creek	Gtwn	SB	The entire creek tributary to Jones Creek
New Chehaw River	Cltn	SFH	The entire river tributary to St. Helena Sound
New Cut	Chtn	SFH	The entire cut between Church Creek and Stono River
New River	Bfrt, Jspr	SA	The entire river tributary to the Atlantic Ocean
Newman Swamp	Drln	FWsp	The entire swamp tributary to Sparrow Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Ninety Six Creek	Gnwd	FW	The entire creek tributary to Wilson Creek
No Mans Friend Creek	Gtwn	SB	The entire creek between Mud Bay and Oyster Bay
Noble Slough	Gtwn	SB	The entire slough between Oyster Bay and Jones Creek
Norris Creek	Abvl	FW	The entire creek tributary to Long Cane Creek
North Edisto River	Chtn	ORW(SFH)	That portion of the river from its headwaters to the Atlantic Intracoastal Waterway
North Edisto River	Chtn	SFH	That portion of the river from the Atlantic Intracoastal Waterway to Steamboat Creek
North Edisto River	Chtn	ORW(SFH)	That portion of the river from Steamboat Creek to the Atlantic Ocean
North Fork Edisto River	Aikn, Lxtn, Orbg	FW	The entire river tributary to Edisto River
North Fork Little River	Ocne	TPGT	That portion of the river from the confluence of Mill Creek and Burgess Creek to S.C. Hwy 11

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
North Fork Little River	Ocne	FW	That portion of the river from S.C. Hwy 11 to its confluence with Little River
North Inlet	Gtwn	ORW(SFH)	The entire inlet tributary to the Atlantic Ocean
North Pacolet River	Spbg	FW	The entire river tributary to Pacolet River
North Rabon Creek	Lrns	FW	The entire creek tributary to Rabon Creek
North Saluda River	Gnvl	ORW(FW)	That portion of the river from its headwaters to S.C. Hwy 42
North Saluda River	Gnvl	FW	That portion of the river from S.C. Hwy 42 to Saluda River
North Santee River	Gtwn	FW	That fresh water portion of the river
North Santee River	Gtwn	SA	That portion of the river from U.S. Hwy 17 to 1000 ft below the Atlantic Intracoastal Waterway
North Santee River	Gtwn	ORW(SFH)	That portion of the river from U.S. Hwy 17 from 1000 feet below the Atlantic Intracoastal Waterway to the Atlantic Ocean
North Tyger River	Spbg	FW	The entire river tributary to Tyger River
Ocella Creek	Chtn	ORW(SFH)	The entire creek tributary to South Creek
Oil Camp Creek	Gnvl	ORW(FW)	That portion of the creek from its headwaters to the end of State land at Caesars Head State Park
Oil Camp Creek	Gnvl	TN	That portion of the creek from Caesars Head State Park land to Middle Saluda River
Okatie River	Bfrt	ORW(SFH)	The entire river tributary to Colleton River
Old Chehaw River	Cltn	SFH	The entire river tributary to Combahee River
Old Dead River	Rlnd	ORW(FW)	The entire river within the boundary of the Congaree National Park
Old House Creek	Bfrt	SFH	The entire creek tributary to Fripps Inlet
Old Man Creek	Gtwn	ORW(SFH)	The entire creek tributary to Town Creek
Olive Branch	Lxtn	FW	The entire branch tributary to Duncan Creek
Oolenoy River	Pkns	TPGT	That portion of the river from its headwaters to Emory Creek
Oolenoy River	Pkns	FW	That portion of the river from Emory Creek to its confluence with South Saluda River
Opossum Creek	Ocne	FW	The entire creek tributary to Chattooga River
Oyster Bay	Gtwn	SB	The entire bay between No Mans Friend Creek and Noble Slough
Oyster House Creek	Chtn	ORW(SFH)	The entire creek tributary to Wadmalaw River
Pacolet River	Chke, Spbg, Unin	FW	The entire river tributary to Broad River
Palmetto Swamp	Hory	FW	The entire swamp tributary to Little Pee Dee River
Panther Creek	Mrlb	FW	The entire creek tributary to Beaverdam Creek
Park Creek	Abvl	FW	The entire creek tributary to Little River
Payne Branch	Gnvl	FW	The entire branch tributary to South Rabon Creek
Pen Branch	Orbg	FW	The entire branch tributary to North Fork Edisto River
Peoples Creek (also called Gaffney Creek and Town Creek)	Chke	FW	The entire creek tributary to Broad River
Pig Pen Branch	Ocne	ORW(FW)	The entire branch tributary to Lick Log Creek
Pinckney Branch	Ocne	FW	The entire branch tributary to Chattooga River

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Pinnacle Lake	Pkns	ORW(FW)	The entire lake
Pleasant Meadow Swamp	Hory	FWsp	The entire swamp tributary to Lake Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Pocalla Creek	Smtr	FWsp	The entire creek tributary to Pocotaligo River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Pocotaligo River	Clrn, Smtr	FWsp	The entire river tributary to Black River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Polk Swamp	Dchr, Orbg	FWsp	The entire swamp tributary to Edisto River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Port Royal Sound	Bfrt	SFH	The entire sound tributary to the Atlantic Ocean
Price Inlet	Chtn	ORW(SFH)	The entire inlet tributary to the Atlantic Ocean
Privateer Creek	Chtn	ORW(SFH)	The entire creek tributary to North Edisto River
Providence Branch	Chke	FW	That portion of the branch below County Road 793 to Cherokee Creek
Pudding Swamp	Clrn, Smtr, Wmbg	FWsp	The entire swamp tributary to Black River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Pye Branch	Flrn	FWsp	The entire branch tributary to Jeffries Creek (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Rabon Creek	Lrns	FW	That portion of the creek from the confluence of North Rabon Creek and South Rabon Creek, in Lake Rabon, to its confluence with Lake Greenwood
Ralston Creek	Bkly	SFH	The entire creek tributary to Wando River
Ramsey Creek	Ocne	FW	The entire creek tributary to Chauga River
Ramshorn Creek	Bfrt	SFH	The entire creek between New River and Cooper River
Rathall Creek	Chtn	SFH	The entire creek tributary to Wando River
Rawls Creek	Lxtn, Rlnd	FW	The entire creek tributary to Saluda River
Red Bank Creek	Lxtn	FW	The entire creek tributary to Congaree River
Red Bank Creek	Slda	FW	The entire creek tributary to Mine Creek
Reedy Branch	Ocne	FW	The entire branch tributary to Chattooga River
Reedy Cove Creek	Pkns	FW	The entire creek tributary to Eastatoe Creek
Reedy Fork Branch	Lrns	FW	The entire branch tributary to Little River
Reedy River	Gnvl, Lrns	FW	The entire river tributary to Lake Greenwood
Rices Creek	Pkns	FW	The entire creek tributary to Twelvemile Creek
Richardson Branch	Aldl	FW	The entire branch tributary to Coosawhatchie River
Robb Senn Branch	Lxtn	FW	The entire branch tributary to Saluda River
Rock Creek	Pkns	TN	That portion of the creek within South Carolina
Rocky Bluff Swamp	Lee, Smtr	FWsp	The entire swamp tributary to Scape Ore Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Rocky Bottom Creek	Pkns	ORW(FW)	The entire creek tributary to Eastatoe Creek
Rocky Branch	Gnvl	TN	The entire branch tributary to Middle Saluda River
Rocky Creek	Cstr	FW	The entire creek (including Little Rocky Creek) tributary to Cedar Creek Reservoir
Rocky Creek	Mcmk	FW	The entire creek tributary to Hard Labor Creek
Rocky Creek (also called Rock Creek)	Gnwd	FW	The entire creek tributary to Coronaca Creek
Rocky River	Abvl, Andn	FW	The entire river tributary to Savannah River

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Rose Branch	Drln	FW	The entire branch tributary to Lynches River
Rosemary Creek	Brwl	FW	The entire creek tributary to Salkehatchie River
Running Lake	Rlnd	ORW(FW)	The entire creek within the boundary of the Congaree National Park, including Big Lake and Little Lake to its confluence with Toms Creek
Russel Creek	Chtn	ORW(SFH)	The entire creek tributary to Steamboat Creek
St. Helena Sound	Bfrt, Cltn	SFH	The entire sound tributary to the Atlantic Ocean
Salkehatchie River	Aldl, Bmbg, Brwl, Cltn, Hmpt	FW	That portion of the river from its headwaters to the confluence with the Little Salkehatchie River
Salt Water Creek	Jspr	SB	The entire creek tributary to Wright Creek
Saluda Lake	Gnvl	FW	The entire lake on Saluda River
Saluda River (Main stem)	Abvl, Andn, Gnvl, Gnwd, Lrns, Lxtn, Nbry, Pkns, Rlnd, Slda	FW	The entire river tributary to Lake Murray
Saluda River (Main stem)	Lxtn, Rlnd	TPGTsp	That portion from the Lake Murray Dam to the confluence with Broad River (D.O. not less than daily average 5 mg/L, a running thirty-day (30) average of 5.5 mg/L, with a low of 4.0 mg/L)
Saluda River (Main stem) Unnamed Tributaries	Lxtn, Rlnd	FW	All tributaries to the main stem of Saluda River from the Lake Murray Dam to the confluence with Broad River
Sampit River	Gtwn	SB	The entire river from saltwater intrusion to Winyah Bay
Sampson Island Creek	Cltn	ORW(SFH)	The entire creek tributary to Mosquito Creek
Sand Creek	Ffld	FW	The entire creek tributary to Jackson Creek
Sand Creek	Lrns	FW	The entire creek tributary to Millers Fork
Sand Creek	Chtn	ORW(SFH)	The entire creek tributary to Steamboat Creek
Sanders Branch	Hmpt	FWsp	The entire branch tributary to Coosawhatchie River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Sanders Creek	Krsh	FW	The entire creek tributary to Wateree River
Sandy River	Cstr	FW	The entire creek tributary to Broad River
Santee River	Bkly, Clrn, Gtwn, Wmbg	FW	That portion of the river below Lake Marion to North and South Santee Rivers
Santee River	Clhn, Smtr	FW	From junction of Congaree and Wateree Rivers to Lake Marion
Santee River (North and South)	Bkly, Chtn, Gtwn		See North Santee River and South Santee River (Berkeley, Charleston, and Georgetown Counties)
Savannah Creek	Bmbg, Cltn	FW	The entire creek tributary to Salkehatchie River
Savannah Creek	Hory	FW	The entire creek tributary to Chinners Swamp
Savannah River	Abvl, Andn	TPGT	That portion of the river from Lake Hartwell Dam to the headwaters of Lake Richard B. Russell

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Savannah River	Abvl, Aikn, Aldl, Andn, Brwl, Efld, Hmpt, Mcmk	FW	That portion of the river from the headwaters of Lake Richard B. Russell to Seaboard Coastline Railroad
Savannah River	Hmpt, Jspr	SB sp	That portion of the river from Seaboard Coastline Railroad to Ft. Pulaski (D.O. not less than daily average of 5 mg/L and minimum 4 mg/L)
Savannah River	Jspr	SA	That portion of the river from Ft. Pulaski to the Atlantic Ocean
Sawhead Branch	Ocne	FW	The entire branch tributary to Opossum Creek
Sawmill Branch	Bkly, Dchr	FW	The entire branch tributary to Dorchester Creek
Sawmill Creek	Bfrt	ORW(SFH)	The entire creek tributary to Colleton River
Sawney Creek	Abvl, Mcmk	FW	The entire creek tributary to Little River
Sawneys Creek	Ffld, Krsh	FW	The entire creek tributary to Wateree River
Schewbough Branch (also called Skeebo Branch)	Hory	FWsp	The entire branch tributary to the North Carolina line (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Scott Creek	Nbry	FW	The entire creek tributary to Bush River
Scott Creek	Chtn	ORW(SFH)	The entire creek from Big Bay Creek to Jeremy Inlet
Scouter Creek	Lxtn	FW	The entire creek tributary to Congaree Creek
Sea Creek Bay	Gtwn	ORW(SFH)	The entire bay tributary to Old Man Creek
Second Creek	Lxtn	FW	The entire creek tributary to First Creek
Sewee Bay	Chtn	ORW(SFH)	The entire bay
Shanklin Creek	Andn	FW	The entire creek tributary to Three and Twenty Creek
Shaver Creek (also called Cheves Creek)	Efld	FW	The entire creek tributary to Stevens Creek
Shaw Creek	Aikn, Efld	FW	The entire creek tributary to South Fork Edisto River
Shell Creek	Lrns	FW	The entire creek tributary to Bush River
Shem Creek	Chtn	SB	The entire creek tributary to Charleston Harbor
Shingle Creek	Chtn	ORW(SFH)	The entire creek tributary to St. Pierre Creek
Shoulder Bone Branch	Ocne	FW	The entire branch tributary to Sawhead Branch
Side of Mountain Creek	Pkns	ORW(FW)	The entire creek tributary to Eastatoe Creek
Silver Brook Creek	Andn	FW	The entire creek tributary to Rocky River
Six Mile Creek	Lxtn	FW	The entire creek tributary to Congaree Creek
Six and Twenty Creek	Andn	FW	The entire creek tributary to Lake Hartwell
Sixty Bass Creek	Gtwn	SFH	That portion of the creek from its confluence with Town Creek to a point 0.4 miles from its confluence with Town Creek
Sixty Bass Creek	Gtwn	ORW(SFH)	That portion of the creek from a point 0.4 miles from its confluence with Town Creek to North Inlet

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Skeebo Branch	Hory	FWsp	The entire branch tributary to the North Carolina line (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Slatten Branch	Ocne	ORW(FW)	The entire branch tributary to East Fork Chattooga River
Smeltzer Creek	Ocne	TN	That portion of the creek from its headwaters to S.C. Hwy 130
Smeltzer Creek	Ocne	TPGT	That portion of the creek from S.C. Hwy 130 to North Fork Little River
Smith Branch	Rlnd	FW	The entire branch tributary to Broad River
Smith Swamp	Marn	FWsp	The entire swamp tributary to Catfish Creek (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
South Creek	Chtn	ORW(SFH)	The entire creek tributary to North Edisto River
South Edisto River	Chtn, Cltn	ORW(SFH)	That portion of the river from Dawho River to Mud Creek
South Edisto River	Chtn, Cltn	SFH	That portion of the river from Mud Creek to the Atlantic Ocean
South Fork Edisto River	Aikn, Bmbg, Brwl, Efld, Orbg	FW	The entire river tributary to North Fork Edisto River
South Fork Kings Creek	Nbry	FW	The entire creek tributary to Enoree River
South Pacolet River	Gnvl	TN	That portion of the river from its headwaters to S.C. Hwy 116
South Pacolet River	Gnvl, Spbg	FW	That portion of the river from S.C. Hwy 116 to Pacolet River
South Rabon Creek	Gnvl, Lrns	FW	The entire creek tributary to Rabon Creek
South Saluda River	Gnvl, Pkns	ORW(FW)	That portion of the river from its headwaters to Table Rock Reservoir Dam
South Saluda River	Gnvl, Pkns	TPGT	That portion of the river from Table Rock Reservoir Dam to Hwy 8
South Saluda River	Gnvl, Pkns	FW	That portion of the river from S.C. Hwy 8 to junction with North Saluda River
South Santee River	Bkly, Chtn, Gtwn	FW	That freshwater portion of the river
South Santee River	Bkly, Chtn, Gtwn	SA	That portion of the river from U.S. Hwy 17 to 1000 feet below the Atlantic Intracoastal Waterway
South Santee River	Bkly, Chtn, Gtwn	ORW(SFH)	That portion of the river from U.S. Hwy 17 from 1000 feet below the Atlantic Intracoastal Waterway to the Atlantic Ocean
South Tyger River	Gnvl, Spbg	FW	The entire river tributary to Tyger River
Spain Creek	Gnvl	FW	The entire creek tributary to Saluda River
Sparrow Swamp	Drln, Flrn, Lee	FWsp	The entire swamp tributary to Lynches River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Spears Creek	Krsh, Rlnd	FW	The entire creek (and its tributaries) from its headwaters to its confluence with Wateree River
St. Pierre Creek	Chtn	ORW(SFH)	The entire creek tributary to South Edisto River
Steamboat Creek	Chtn	ORW(SFH)	The entire creek tributary to North Edisto River
Steele Creek	York	FW	The entire creek tributary to Sugar Creek

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Stevens Creek	Efld, Mcmk	FW	The entire creek tributary to Savannah River
Stitt Branch	Ffld	FW	The entire branch tributary to Jackson Creek
Stoddard Creek	Gnvl, Lrns	FW	The entire creek tributary to North Rabon Creek
Stono River	Chtn	SFH	That portion of the river extending eastward to S.C.L. Railroad Bridge
Stono River	Chtn	SFH	That portion of the river from the S.C.L. Railroad Bridge to Abbapoola Creek
Stono River	Chtn	SFH	That portion of the river from Abbapoola Creek to Folly River
Stoops Creek	Lxtn, Rlnd	FW	The entire creek tributary to Saluda River
Store Creek	Chtn	ORW(SFH)	The entire creek tributary to St. Pierre Creek
Story River	Bfrt	SFH	The entire river to Trenchards Inlet and Fripps Inlet
Stuart Creek	Ffld	FW	The entire creek tributary to Jackson Creek
Sugar Creek	Lctr, York	FW	The entire creek tributary to Catawba River
Summerhouse Branch (also called Bartons Branch and Johnsons Swamp)	Gtwn, Wmbg	FWsp	The entire branch tributary to Horse Pen Swamp (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Swaford Creek	Ocne	TN	The entire creek tributary to Whetstone Creek
Sweetwater Branch	Efld	FW	The entire branch tributary to Stevens Creek
Swift Creek	Krsh, Smtr	FW	The entire creek tributary to Wateree River
Swinton Creek	Chtn	ORW(SFH)	The entire creek tributary to Lower Toogoodoo Creek
Tailrace Canal	Bkly	FW	That portion of the canal from Lake Moultrie Dam to Biggin Creek
Tamassee Creek	Ocne	ORW(FW)	That portion of the creek from its headwaters to end of U.S. Forest Service Land
Tamassee Creek	Ocne	FW	That portion of the creek from U.S. Forest Service Land to its confluence with Cheohee Creek
Thicketty Creek	Chke	FW	That portion of the creek below the Cowpens discharge tributary to Broad River
Thompson Creek	Cfld	FW	The entire creek tributary to Pee Dee River
Thompson River	Ocne	TN	That portion of the river from the State line to Lake Jocassee
Three Creeks	Mrlb	FW	The entire creek tributary to Pee Dee River
Tilly Branch	Ocne	FW	The entire branch tributary to Chattooga River
Timothy Creek	Nbry	FW	The entire creek tributary to Bush River
Tinker Creek	Unin	FW	The entire creek tributary to Tyger River
Tinkers Creek	Cstr	FW	The entire creek tributary to Fishing Creek
Toby Creek	Brwl	FW	The entire creek tributary to Salkehatchie River
Todds Branch	Lctr	FW	The entire branch tributary to Little Lynches River
Tom Point Creek (also called McLeod Creek)	Chtn	ORW(SFH)	The entire creek tributary to Wadmalaw River
Toms Branch	Lxtn	FW	The entire branch tributary to Congaree River
Toms Creek	Rlnd	FW	That portion of the creek outside the boundary of the Congaree National Park

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Toms Creek	Rlnd	ORW(FW)	That portion of the creek beginning at the boundary of the Congaree National Park to its confluence with Cedar Creek
Toogoodoo Creek	Chtn	ORW(SFH)	The entire creek tributary to Wadmalaw River
Toomer Creek	Chtn	SFH	The entire creek tributary to Wando River
Town Creek	Chke	FW	The entire creek tributary to Broad Creek
Town Creek	Krsh	FW	The entire creek tributary to Wateree Creek
Town Creek	Pkns	FW	The entire creek tributary to Twelvemile Creek
Town Creek	Gtwn	SB	That portion of the creek from its confluence with No Mans Friend Creek and Oyster Bay to its western confluence with Clambank Creek.
Town Creek	Gtwn	SFH	That portion of the creek from its western confluence with Clambank Creek to its eastern confluence with Clambank Creek
Town Creek	Gtwn	ORW(SFH)	That portion of the creek from its eastern confluence with Clambank Creek to North Inlet
Townes Creek	Ocne	TN	That portion of the creek from the confluence of West Fork and Crane Creek to Lake Cherokee
Townsend River	Chtn	ORW(SFH)	The entire river tributary to Frampton Creek
Trenchards Inlet	Bfrt	SFH	The entire inlet tributary to the Atlantic Ocean
Tugaloo River	Ocne	FW	That portion of the river from Tugaloo Dam to Lake Hartwell
Turkey Creek	Brwl	FW	The entire creek tributary to Salkehatchie River
Turkey Creek	Cstr, York	FW	The entire creek tributary to Broad River
Turkey Creek	Efld, Mcmk	FW	The entire creek tributary to Stevens Creek
Turkey Creek	Gnwd	FW	The entire creek tributary to Saluda River
Turkey Creek	Smtr	FWsp	The entire creek tributary to Pocotaligo River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Turkey Creek (also called Turkey Quarter Creek)	Lctr	FW	The entire creek tributary to Cane Creek
Turpin Branch	Ocne	FW	The entire branch tributary to Chattooga River
Twelvemile Creek	Lxtn	FW	The entire creek tributary to Saluda River
Twelvemile Creek	Pkns	FW	The entire creek tributary to Lake Hartwell
Twentyfive Mile Creek	Krsh	FW	The entire creek tributary to Wateree River
Three and Twenty Creek	Andn	FW	The entire creek tributary to Lake Hartwell
Tyger River (Main Stem)	Nbry, Spbg, Unin	FW	The entire river tributary to Broad River
Unnamed Creek	Gnvl	FW	The unnamed creek which enters Reedy River on the west bank 1 1/4 miles below Conestee Lake
Unnamed Creek	Gnvl		See Langston Creek (Greenville County)
Unnamed Creek	Ocne	FW	The unnamed creek which enters Little River at Newry
Unnamed Creek Mill Creek	Unin	FW	The unnamed creek which originates in Jonesville and flows north-northeast to Mill Creek

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Unnamed Creek Tributary to Beaverdam Creek	Gnvl	ORW(FW)	That portion of the creek from its headwaters, including the reservoir, to Secondary Road 22
Unnamed Creek Tributary to Beaverdam Creek	Gnvl	FW	That portion of the creek from Secondary Road 22 to Beaverdam Creek
Unnamed Creek to Mountain Creek	Gnvl	ORW(FW)	That portion of the creek from its headwaters, including Mountain Lake, to Mountain Creek
Unnamed Creek (Located near Altamont Forest Rd) Tributary to an Unnamed Tributary to Mountain Creek	Gnvl	FW	The entire creek
Unnamed Creek (Fripps Island) Tributary to Fripps Inlet	Bfrt	SFH	The entire creek tributary to Fripps Inlet
Unnamed Creek (Old Island) Tributary to Fripps Inlet	Bfrt	SFH	The entire creek tributary to Fripps Inlet
Unnamed Creek (St. Helena Island) Tributary to Harbor River	Bfrt	SFH	The entire creek tributary to Harbor River
Unnamed Creek (Harbor River) Tributary to St. Helena Sound	Bfrt	SFH	The entire creek tributary to St. Helena Sound
Unnamed Creeks, Ponds, or Lakes	Rlnd	FW	Any portions tributary to waters unnamed or named located within the boundary of the Congaree National Park to the boundary of the Congaree National Park
Unnamed Creeks, Ponds, or Lakes	Rlnd	ORW(FW)	All portions of waters and waters located wholly within the boundary of the Congaree National Park
Unnamed Swamp (Near North, S.C.)	Orbg	FWsp	The entire swamp tributary to North Fork Edisto River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Vaughn Creek	Gnvl	ORW(FW)	The entire creek tributary to Lake Lanier
Waccamaw River	Gtwn, Hory	FWsp	That portion of the river from North Carolina line to its confluence with Thoroughfare Creek (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Waccamaw River	Gtwn	SAsp	That portion of the river from its confluence with Thoroughfare Creek to Winyah Bay (D.O. not less than 4 mg/L)
Wadmalaw River	Chtn	ORW(SFH)	The entire river from Wadmalaw Sound to North Edisto River
Wadmalaw Sound	Chtn	ORW(SFH)	The entire sound

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Wagner Creek	Chtn	SFH	The entire creek tributary to Wando River
Walker Branch	Ffld	FW	The entire branch tributary to Big Dutchman Creek
Wando River	Bkly, Chtn	SFH	That portion from its headwaters to a point 2.5 miles north of its confluence with Cooper River
Wando River	Bkly, Chtn	SA	That portion from a point 2.5 miles north of its confluence with Cooper River to its confluence with Cooper River
Wapoo Creek	Chtn	SB	The entire creek tributary to Stono River
Ward Creek	Bfrt	SFH	The entire creek tributary to Harbor River
Warrior Creek	Lrns	FW	The entire creek tributary to Enoree River
Wateree Lake	Ffld, Krsh, Lctr	FW	The entire lake on Catawba-Wateree River
Wateree River	Cstr, Ffld, Krsh, Lctr, Rlnd, Smtr, York	FW	See Catawba-Wateree River
Watts Mill Branch	Lrns	FW	The entire branch tributary to Little River
West Branch Cooper River	Bkly	FW	The entire river from Biggin Creek to its confluence with East Branch Cooper River (the Tee)
West Fork (also called Little Fork Creek)	Cfld	FW	The entire stream tributary to East Fork or Fork Creek
West Fork	Ocne	TN	That portion from its headwaters to its confluence with Crane Creek
Westbank Creek	Chtn	ORW(SFH)	The entire creek tributary to North Edisto River
Weston Lake	Rlnd	ORW(FW)	The entire lake within the boundary of the Congaree National Park
Whale Branch	Bfrt	SFH	The entire branch between Broad River and Coosaw River
Whetstone Creek	Ocne	TN	The entire creek tributary to Chattooga River
White Oak Creek	Krsh	FW	The entire creek tributary to Wateree Lake
White Oak Creek	Marn	FWsp	The entire creek tributary to River Swamp of Little Pee Dee River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
White Oak Creek	Ocne	TN	That portion of the creek from its headwaters to Knox Creek
Whitewater River	Ocne	ORW(TPGT)	That portion of the river from State line to Lake Jocassee
Whitner Creek	Andn	FW	The entire creek tributary to Big Generostee Creek
Whooping Island Creek	Chtn	ORW(SFH)	The entire creek tributary to Sand Creek
Wildcat Creek	Rlnd	FW	The entire creek tributary to Gills Creek
Wildcat Creek	York	FW	The entire creek tributary to Fishing Creek
Wilkerson Creek	Aikn	FW	The entire creek tributary to Horse Creek
Willis Creek	Pkns	ORW(FW)	That portion of the creek from its headwaters to the northern boundary of Table Rock Resort property

Waterbody Name	County(ies)	Class	Waterbody Description and (Site-Specific Standard)
Willis Creek	Pkns	TN	That portion of the creek from the northern boundary of Table Rock Resort property to its confluence with Oolenoy River
Willow Swamp	Orbg	FWsp	The entire swamp tributary to Little River (D.O. not less than 4 mg/L, pH 5.0 – 8.5)
Wilson Branch	Abvl, Andn	FW	The entire branch tributary to Rocky River
Wilson Branch	Gnvl	FW	The entire branch tributary to Durbin Creek
Wilson Creek	Gnwd	FW	The entire creek tributary to Saluda River
Windy Hill Creek	Bmbg, Brwl	FW	The entire creek tributary to South Fork Edisto River
Winyah Bay	Gtwn	SB	The entire bay tributary to the Atlantic Ocean
Wise Lake	Rlnd	ORW(FW)	The entire lake within the boundary of the Congaree National Park
Wolf Creek	Pkns	FW	The entire creek tributary to Twelvemile Creek
Wood Creek	Gtwn	ORW(SFH)	The entire creek between Boor Creek and Jones Creek
Wright Creek	Ocne	ORW(TPGT)	The entire creek tributary to Lake Jocassee
Wright River	Jspr	SA	The entire river tributary to the Atlantic Ocean
Zekial Creek	Chke, Spbg	FW	The entire creek tributary to Island Creek

Fiscal Impact Statement:

No costs to the State or significant cost to its political subdivisions as a whole should be incurred by these proposed amendments.

Statement of Need and Reasonableness:

The following presents an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: 61-69. Classified Waters.

Purpose: Amendments to R.61-69 will clarify, strengthen, and improve the overall quality of the existing regulation and make appropriate revisions to the State's water quality standards in accordance with 33 U.S.C. Section 303(c)(2)(B) of the federal Clean Water Act ("CWA").

Legal Authority: 1976 Code Sections 48-1-10 et seq.

Plan for Implementation: The amendments will take legal effect upon General Assembly approval and upon publication in the State Register. Department personnel will then take appropriate steps to inform the regulated community of the amendments. Additionally, a copy of the regulation will be posted on the Department's website, accessible at www.scdhec.gov/regulations-table. Printed copies may also be requested, for a fee, from the Department's Freedom of Information Office.

DETERMINATION OF NEED AND REASONABLENESS OF THE REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

R.61-69 establishes the State's site-specific water quality standards and provides a listing of all named and specific unnamed waterbodies, their classifications, and locations. The Department's amendments to R.61-69 clarify and correct, as needed, waterbody names, counties, classes, and descriptions.

DETERMINATION OF COSTS AND BENEFITS:

Existing staff and resources will be utilized to implement these amendments to the regulation. No anticipated additional cost will be incurred by the State if the revisions are implemented, and no additional State funding is being requested.

The overall cost impact to the State's political subdivisions and the regulated community as a whole is not likely to be significant. Existing standards would have incurred similar cost. Furthermore, the standards required under the amendments will be substantially consistent with the current guidelines utilized by the Department.

UNCERTAINTIES OF ESTIMATES:

The uncertainties associated with the estimation of benefits and burdens are minimal.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

Implementation of these amendments will not compromise the protection of the environment or the health and safety of the citizens of the State. The amendments to R.61-69 seek to correct and clarify portions of the list of classified waters in order to provide citizens a more accurate representation of the waters of the State.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

Failure by the Department to incorporate appropriate revisions to the list of classified waters in R.61-69 will allow an inaccurate representation of the State's waters to persist. This list is the only repository of the State's site-specific water quality standards and is used as the basis for National Pollutant Discharge Elimination System ("NPDES") permit decisions. If not corrected, the inaccuracies in the existing regulation my lead to unnecessary contamination of the waters of the State with detrimental effects on the health of flora and fauna, as well as the citizens of South Carolina.

Statement of Rationale:

Here below is the Statement of Rationale pursuant to S.C. Code Section 1-23-110(A)(3)(h):

R.61-69 establishes the State's site-specific water quality standards and provides a listing of all named and specific unnamed waterbodies, their classifications, and locations. The Department amends R.61-69 to clarify and correct, as needed, waterbody names, counties, classes, and descriptions.

Document No. 5118
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61
Statutory Authority: 1976 Code Sections 44-63-10 et seq.

61-19. Vital Statistics.

Synopsis:

Pursuant to S.C. Code Sections 44-63-10, et seq., the Department of Health and Environmental Control ("Department") is tasked with establishing a Bureau of Vital Statistics and formulating, promulgating, and enforcing regulations for administering the program. The Department amends R.61-19 to make processes more clear, concise, customer-friendly, and efficient; to remove obsolete sections; to add and update definitions; to

address advancements in processes for the creation and amendment to vital records; and to bring the regulation into conformity with changes in South Carolina law.

The Department had a Notice of Drafting published in the April 22, 2022, South Carolina State Register.

Changes made at the request of the Senate Medical Affairs Committee by letter dated April 18, 2023:

Section 303.A: Removed language regarding information exempt from Freedom of Information Act requests. Section 1111: Removed language regarding amendments to a registrant's sex. The remaining sections are renumbered. The Table of Contents is amended to reflect the requested changes.

Section-by-Section Discussion of Amendments:

Section	Type of Change	Purpose
100	Revision Addition Reorganization	Amended and recodified existing definitions to update terminology. Added applicable definitions for clarity.
200	Revision Reorganization	Amended to designate the role of Assistant State Registrar, and to recodify sections.
300	No Changes	
301	Addition	Added language to clarify access to the vital statistics system by users "as allowed by law."
302	No changes	
303	Revision Addition	Updated language to avoid conflicts with existing laws.
304	Revision Addition/Deletion	Updated language to clarify and simplify data release protocol.
400	No Changes	
401	Revision	General clarification to role of State Registrar.
402	Revision	General clarification to role of State Registrar.
403	Technical Correction	General clarification.
404	Revision Addition	General clarification to role of State Registrar.
405	Revision	General clarification to role of State Registrar.
500	No Changes	
501	Revision Addition Technical Corrections	General clarification to role of State Registrar. Added language for the process for surrogacy and gestational carriers. Clarify that only two parents may be listed on a certificate. Update language addressing father to second parent except in cases of a Paternity Acknowledgment. Specify that a child's name may not include more characters or

Section	Type of Change	Purpose
		characters that are not allowed by the Vital Statistics system.
502	Revision Addition	General clarifications to the evidences required to file an out-of-institution birth and allow the State Registrar more latitude to accept evidence.
503	Revision Addition	Clarified to align with statute regarding abandoned infants. Specified when certificates of this nature may be issued.
600	No Changes	
601	Revision	Updated language to reflect father/parent. Other general clarifications.
602	No changes	
603	Revision Addition	Updated rules regarding delayed certificate for children under ten (10) to be seventeen (17). Added examples of commonly used documents by the Department.
604	Revision Addition	General clarification to role of State Registrar. Language to allow destruction of copies of the accepted documents rather than retain them.
605	Revision	General clarifications.
606	Revision	General clarification to role of State Registrar.
607	Revision	General clarifications.
608	New Section	Clarified that an applicant may petition a court for a delayed birth certificate in accordance with law.
700	No Changes	
701	Revision Addition Technical Corrections	Updated language referring to physicians, coroners, etc., to medical certifier. Prohibits transport companies from filing certificates. Codifies process for "natural burials." Specifies rules for medical certifiers and funeral directors related to the timely filing of certificates as required by law and the process for administering administrative penalties. Allows for date found to be listed as date of death. Clarifies process for coroners or medical examiners to submit non-medical information.

Section	Type of Change	Purpose
702	Revision	General clarifications.
800	Revision	Amended to provide general clarifications.
900	No Changes	
901	Revision Addition/Deletion	Updated language regarding Burial-Removal-Transit Permits and updated rules for filing to allow for capabilities of new system. Removed language referring to obsolete processes.
902	Revision	General clarifications.
903	Revision Addition	Specified that a body being reinterred in the same plot does not need a Disinterment permit. Specified that the disinterment must be performed within one (1) year of the permit being issued. Added language to govern release of information of a disinterment permit.
904	Technical Corrections	
1000	Revision Addition	Amended to provide general clarifications. Added a section to allow for reduction of fines assessed if paid within 30 days.
1100	No Changes	
1101	Revision Additions	General clarifications to specify that sealed files may not be copies or photographed. New section to clarify that the name of the father on a birth certificate will not be removed if paternity is rescinded unless ordered by a court.
1102	Revision Addition	Amended to give authority to the State Registrar for acceptance of evidence. Added language to allow demographic language to be corrected when it was originally submitted by the coroner who was not able to contact the family.
1103	Revision Addition	Specifies that affidavit forms must be created by Vital Statistics. Specifies rules for who must sign when a registrant is 18 or older to amend a record. Other general clarifications.
1104	Revision Addition	Clarifies requirements for evidences to amend vital records. Gives latitude to the State

Section	Type of Change	Purpose
		Registrar for accepting documents.
1105	Revision Addition	Updated language to allow persons over 1 year old to amend an unnamed certificate with evidence rather than to go to court.
1106	Revision Addition	Updated requirements to amend a date of birth on a birth certificate.
1107	Deletion	Retitled section and moved the last section to a more appropriate location (Section 1104).
1108	Addition/Deletion	Moved language to new section (1113) and replaced with new language regarding a/k/a/ names.
1109	Revision Addition	General clarifications regarding sealed amendment processes. Included language for surrogacy or gestational carrier agreements.
1110	Revision	Clarified that the form is to be developed by the Department. General clarifications. Specified that when parent's rights are terminated the parent will not be removed unless specified in the court order.
1111	New Section	New section to address amendments to parental titles on vital records.
1112	New Section	Includes language from former section 1108 and specifies that once a court order or parentage amendment has been applied to a record, no other amendments may be made without a court order.
1200	Revision Addition/Deletion Technical Corrections Reorganization	Amended to provide general clarifications, added the informant as an entitled party to receive a death certificate for 1 year after date of death, defined minimum certification fields for a birth certification, recodified the section specifying that amended and delayed certificates be marked, specified that verifications for government agencies are subject to the fee schedule, clarified that applications for requests of vital

Section	Type of Change	Purpose
		events are not to be released, and specified that certifications will be issued in the electronic format unless it does not correctly reflect the information from the original record.
1300	Addition/Deletion	Added a clarifying identifier for non-refundable fees, and deleted language requiring a split in the funding.

Instructions:

Replace R.61-19 in its entirety with this amendment.

Text:

61-19. Vital Statistics.

Statutory Authority: 1976 S.C. Code Sections 44-63-10 et seq.

TABLE OF CONTENTS

100. DEFINITIONS

For the purpose of this regulation, the following definitions shall apply:

A. Amendment. A change to a certification item.

(1) Administrative Amendment. An amendment to a certification item on a vital record without the need of a court order, using documentary evidence, an affidavit form created by the Bureau of Vital Statistics, and other administrative requirements of the Bureau of Vital Statistics.

(2) Sealed Amendment. A change to a birth record after an adoption, statutory maternity or paternity process, or other amendment required by law to be placed in a sealed file. A replacement record is created and the original record is sealed.

(3) Amendment by Court Order. A change to a certification item on a vital record based on a court order.

B. Birth Mother. The woman who gives live birth to a child.

C. Book Copy. A certified image of the original birth certificate.

D. Certification. The document issued by the Department and containing all or a part of the exact information contained on the original vital record, and which, when issued by the Department, has the full force and effect of the original vital record.

E. Certification Item. Any item of information that appears on a certification.

F. Certifier. A person required to attest to the accuracy of the information submitted on a vital event report.

G. Correction. A change to rectify a mistake on a birth or death record or a report of fetal death based on the original information used to register the record or report.

(1) Administrative Correction. A correction to a certification item on a vital record without the need of a court order, using documentary evidence and an application approved by the Bureau of Vital Statistics.

(2) Correction by Court Order. A change to a certification item on a vital record based on a court order.

H. Court of Competent Jurisdiction. A court within the United States with jurisdiction over the subject matter and over the necessary parties.

I. Date of Registration. The month, day, and year a vital event is incorporated into the official records of the Bureau of Vital Statistics.

J. Dead Body. A human body or such parts of a human body from the condition of which it reasonably may be concluded that death has occurred.

K. Department. The South Carolina Department of Health and Environmental Control (DHEC).

L. Disclosure. Making available or making known personally identifiable information contained in a vital record or vital report, by any means of communication.

M. Electronic Signature. An electronic sound, symbol, or process attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to attest to the accuracy of the facts in the record.

N. Facts of Live Birth. The child's name, date of birth, place of birth and sex, and the name(s) of parent(s) appearing on the record of live birth.

O. Fetal Death. Death prior to the complete expulsion or extraction from its birth mother or gestational carrier of a product of human conception, irrespective of the duration of pregnancy and which is not an induced termination of pregnancy. The death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

P. Final Disposition. The burial, interment, cremation, removal from the state, or other authorized disposition of a dead body or fetus.

Q. Gestational Carrier. A woman carrying and delivering a child through a formal written agreement for assisted reproduction and when she is not the intended parent of the child.

R. Government Agency. A unit of local, state, federal, or tribal government.

S. Health Research. A systematic study to gain information and understanding about health with the goal of finding ways to improve human health, conducted in accordance with generally accepted scientific standards or principles and designed to develop or contribute to generalizable scientific knowledge.

T. Human Remains. A dead body, or any part of the body of a human being from the condition of which it reasonably can be concluded that death occurred but does not include human ashes recovered after cremation.

U. Individual. A natural person.

V. Induced Termination of Pregnancy. The purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live-born infant, and which does not result in a live birth. This definition excludes management of prolonged retention of products of conception following fetal death.

W. Informant. The person who provides demographic and personal information as required for the report of death.

X. Institution. Any establishment, public or private, which provides:

(1) in-patient or out-patient medical, surgical, or diagnostic care or treatment; or

(2) nursing, custodial, or domiciliary care; or

(3) to which persons are committed by law.

Y. Interment. The disposition of human remains by entombment or burial.

Z. Legal Representative. A licensed attorney representing the registrant or other entitled applicant.

AA. Live Birth. The complete expulsion or extraction from its birth mother or gestational carrier of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes, or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

BB. Medical Certifier. A licensed physician, physician assistant (PA), advanced registered nurse (APRN), coroner, medical examiner, or other officer authorized by S.C. law or regulation to certify the cause and manner of death on a death certificate who has treated the decedent through examination, medical advice, or medications within the twelve (12) months preceding the death for the illness or condition which resulted in death as defined in S.C. Code Section 44-63-74(3).

CC. Midwife. A person licensed by the State of South Carolina who provides midwifery services as defined in Regulation 61-24, Licensed Midwives.

DD. Natural Burial. The interment of the body of a dead person in the soil in a manner that does not inhibit decomposition but allows the body to be naturally recycled. The body is neither cremated nor prepared with chemicals such as embalming fluids. The body may be placed in a biodegradable coffin or shroud and interred without a concrete burial vault.

EE. Next of Kin/Immediate Family Member. The decedent's surviving spouse, adult children, parents, siblings, grandparents, or grandchildren.

FF. Original Birth Certificate for Adoptees. A copy of the sealed original birth certificate issued to adoptees according to S.C. Code Section 44-63-140. The non-certified copy is issued on plain white paper and may not be used for legal purposes.

GG. Person Serving as Funeral Director (Other Agent). An individual who chooses to handle final disposition and filing of the death record of a deceased family member or friend without compensation and without the services of a licensed funeral director. Transportation companies cannot serve as a funeral director or other agent unless specified by the State Registrar or Assistant State Registrar.

HH. Personally Identifiable Information. Information that can be used to distinguish or trace an individual's identity, such as, but not limited to, his or her name, Social Security number, biometric records or address, alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as, but not limited to, date and place of live birth or mother's name prior to first marriage.

II. Person in Charge of an Institution. The officer or employee who is responsible for administration and includes, but is not limited to, a person holding the title of chief executive officer, administrator, superintendent, director or executive director.

JJ. Physician. A person authorized or licensed to practice medicine or osteopathy pursuant to the laws of this state.

KK. Record. A report of a vital event that has been registered by the Department.

LL. Registration. The process by which reports are accepted and incorporated into the official records of the Bureau of Vital Statistics.

MM. Report. A document, paper or electronic, containing information related to a vital event submitted by a person or entity required to submit the information in accordance with this regulation to the Bureau of Vital Statistics for the purpose of registering a vital event.

NN. Sealed File. The original record of a vital event that has been sealed after amendment and the evidence submitted to support the change. Sealed files shall not be subject to inspection, except upon order of the Family Court.

OO. State Registrar. The officer tasked by state law with carrying into effect the regulations and orders of the Department related to Vital Statistics. All duties and responsibilities relating to Vital Statistics may be delegated at his discretion to the Assistant State Registrar.

PP. System of Vital Statistics. The collection, registration, preservation, amendment, certification, verification, and the maintenance of the security and integrity of vital records; the collection of other reports required by this regulation; and activities related thereto including the tabulation, analysis, publication, and dissemination of vital statistics.

QQ. User. Any individual with access to or responsibility for data entry into the Vital Statistics system.

RR. Verification. A confirmation of the information contained in a vital record.

SS. Vital Event. A live birth, death, fetal death, marriage, divorce, annulment, or induced termination of pregnancy.

TT. Vital Records. Reports of live birth, death, marriage, divorce, or annulment and data related thereto which have been accepted for registration and incorporated into the official records of the Bureau of Vital Statistics.

UU. Vital Reports. Reports of fetal death and induced terminations of pregnancy which have been accepted for registration and incorporated into the Department’s vital statistics.

VV. Vital Statistics. The aggregated data derived from the records and reports of live birth, death, fetal death, induced termination of pregnancy, marriage, divorce, or annulment and supporting documentation and related reports.

200. SYSTEM OF VITAL STATISTICS

A. The State Registrar may establish, designate, or eliminate offices in the state to aid in the efficient administration of the system of vital statistics. The Assistant State Registrar shall be the Director of the Bureau of Vital Statistics.

B. The State Registrar and Assistant State Registrar may delegate such functions and duties vested in them to

employees of the Bureau of Vital Statistics and to employees of any office established or designated under Section 200.A.

C. The System of Vital Statistics shall:

(1) be directed and supervised by the State Registrar who shall be custodian of its records.

(2) be uniform in policy and procedure throughout the state.

D. Public health programs within the Department may be provided copies of or data derived from vital records and vital reports required under this regulation, as the State Registrar determines are necessary for public health planning and program activities. The copies or data shall remain the property of the Bureau of Vital Statistics, and the uses shall be governed by the State Registrar as allowed by law.

300. SECURITY AND CONFIDENTIALITY OF SYSTEM OF VITAL STATISTICS

301. General.

All users of the system of vital statistics shall:

A. complete authentication procedures as required by the Bureau of Vital Statistics and only access the components of the system necessary for their official roles and duties and as allowed by law;

B. maintain specified levels of training related to security and acknowledge in writing security procedures and penalties;

C. allow validation of data provided in reports submitted for registration through site visits by Department staff at a frequency specified by the State Registrar to maximize the integrity of the data reported;

D. secure their workplace, storage and technology environments to protect all personally identifiable information; and

E. acknowledge in writing the procedures to identify and report to the Department any breach of the system of vital statistics.

302. Preservation of Vital Records and Vital Reports.

Records or reports registered with the Department shall be reproduced and preserved as determined appropriate by the State Registrar. Such reproductions when verified and approved by the State Registrar shall be accepted as the original vital record documents. The original vital record documents from which permanent reproductions have been made may be disposed of as provided by retention schedules.

303. Confidentiality.

A. Vital records, vital reports, indices, related documents, and data or information contained therein shall be confidential.

(1) No person shall permit inspection of, or disclose data or information contained in vital records, vital records related documents, or in vital reports, except as specifically allowed by law.

(2) No person shall copy or issue a copy of all or part of any such record or report except as specifically allowed by law.

B. To protect the confidentiality and security of vital records and vital reports, access to or disclosure of information contained in vital records for sale or release to the public, for direct or indirect marketing of goods or services, for solicitation of registrants or families of registrants (unless explicitly allowed by law), or for other commercial or speculative purposes shall not be deemed a proper purpose.

304. Disclosure of Information from Vital Records or Vital Reports for Health Research.

A. Each request for vital records and reports data to be used for health research or other informational purposes shall be submitted in accordance with the Department's public health data release policies and procedures.

B. Any requestor will be required to sign a data release agreement that:

(1) prohibits the re-release of any information, unless specifically allowed in the data release agreement;

(2) restricts use of the data for the specified purpose;

(3) specifies that ownership of vital records and vital report data provided under the data release agreement remains with the Bureau of Vital Statistics;

(4) specifies applicable data suppression rules to protect confidentiality when the number of cases is small enough that reidentification is possible; and

(5) defines variables classified as confidential and non-releasable variables.

Variables will be classified as restricted, confidential, or non-releasable by the Director of the Bureau of Vital Statistics.

400. RECORDS AND REPORTS

401. Forms, Records, Reports, and Electronic Data Files.

All forms, records, electronic data files, reports, and supporting documentation used in the system of vital statistics are the property of the Department and shall be surrendered upon demand. The forms prescribed and distributed by the Department for reporting vital events shall be used only for official purposes. Only those forms, including worksheets used in the preparation of records or reports, furnished or approved by the State Registrar shall be used for the submission of records and reports or in certifications thereof. Electronic data records will be accepted only when standards set by the State Registrar are met. Only computer programs specified and provided or otherwise authorized by the State Registrar shall be used for the submission of records and reports.

402. Requirements for Preparation of Records and Reports.

A. All individuals preparing, submitting, or certifying a vital event shall be trained or approved by the Bureau of Vital Statistics.

B. All forms, records, and reports relating to vital events must either be computer printed, typewritten, or printed legibly in black, unfading ink, or generated using electronic media approved by the State Registrar.

C. All signatures required shall be either electronic or entered in black, unfading ink.

D. Unless otherwise directed by the State Registrar, a report shall only be acceptable for registration when it:

(1) contains the certifier's name computer printed, typed, or printed legibly;

(2) supplies all items of information or satisfactorily accounts for their omission;

(3) does not contain alterations or erasures;

(4) does not interfere with document imaging;

(5) contains signatures as required;

(6) has no marks or flags such as "copy" or "duplicate";

(7) is an original;

(8) is prepared on the proper form;

(9) does not contain improper or inconsistent data;

(10) does not contain an indefinite cause of death, which denotes only symptoms of disease or conditions resulting from disease;

(11) is prepared in conformity with regulations or instructions issued by the Department; and

(12) does not contain false information.

403. Persons Required to Retain Documentation.

A. Every person in charge of an institution shall retain documentation of personal data as required for the reports of live birth, death, fetal death, or induced termination of pregnancy required by this regulation. The documentation shall include information provided by the person being admitted or confined, but when it cannot be so obtained, the information shall be obtained from relatives or other persons acquainted with the facts. The name and address of the person providing the information shall be a part of the documentation.

B. Any licensed health care provider shall retain documentation of personal data concerning each person under the provider's care for a condition that results in a reportable vital event when such documentation is not maintained by an institution described in Section 403.A. The documentation shall include such information as required for the provider to submit a report of live birth, death, fetal death, or induced termination of pregnancy required by this regulation. The documentation shall include information provided by the person being treated. If the person being treated cannot provide the information, then the licensed health care provider shall obtain the information from relatives or other persons acquainted with the facts. The name and address of the person providing the information shall be a part of the documentation.

C. When a dead body or fetus is released or disposed of by an institution, the person in charge of the institution shall retain documentation showing the name of the decedent, date of death, name and address of the person to whom the body or fetus is released, and the date of removal from the institution. If final disposition is made by the institution, the date, place, and manner of disposition shall also be documented.

D. A funeral director, embalmer, or other person who removes from the place of death, transports, or makes final disposition of a dead body or fetus, in addition to filing any record or other report required by law or regulations, shall retain documentation which shall identify the body, and the following information pertaining to his or her receipt, removal, delivery, burial, or cremation of such body:

(1) The date, place, and time of receipt;

(2) The date, place, and manner of disposition;

(3) If the dead body or fetus is delivered to another funeral director, the date of such delivery and the name and address of the funeral director to whom delivered; and

(4) The demographic and personal data collected from the informant as required by the report of death for those deaths for which the funeral director was required to register the report.

E. Documentation maintained under this section shall be retained for a period of not less than one (1) year and shall be made available for inspection by the State Registrar or his or her representative upon demand.

404. Duties to Furnish Information.

A. Upon demand of the Department, any person having knowledge of the facts shall furnish such information as he or she may possess regarding any live birth, death, fetal death, induced termination of pregnancy, marriage, divorce, or annulment. Any person required to report shall provide to the Department information that was required to be reported, but that was not so reported, within five (5) calendar days of that person receiving that information.

B. Within five (5) calendar days of receipt of any autopsy results or other information that would provide pending or missing information or correct errors in a reported cause of death, the physician, medical examiner, or coroner required to report the death shall register a supplemental report of the cause of death to amend the record.

C. The State Registrar or designee shall have the authority to require alternative documentation from the data provider of the occurrence of vital events for the purpose of quality assurance.

405. Content of Vital Records and Vital Reports.

A. In order to promote and maintain nationwide uniformity in the system of vital statistics, the forms of vital records and vital reports required by law, or by regulations, shall include as a minimum the items recommended by the National Center for Health Statistics or its successor agency.

B. Each vital record, vital report, and other document required by this regulation shall be prepared in the format approved by the State Registrar.

C. All vital records and vital reports shall contain the date of registration.

D. Information required in forms, vital records, or vital reports authorized by this regulation may be submitted, verified, registered, and stored by photographic, electronic, or other means as prescribed by the Department.

500. LIVE BIRTH REGISTRATION

501. General.

A. A report of live birth for each live birth which occurs in this state shall be submitted to the Bureau of Vital Statistics, or as otherwise directed by the State Registrar, within five (5) calendar days after such live birth and shall be registered if it has been completed and submitted in accordance with this section.

B. The physician, institution, or other person providing prenatal care shall provide the prenatal care information required for the report to the institution where the delivery is expected to occur not less than thirty (30) calendar days prior to the expected delivery date. Any subsequent prenatal care information shall be submitted to the institution prior to submission of report of live birth.

C. When a live birth occurs in an institution or en route thereto, the person in charge of the institution or his

or her authorized designee shall obtain all data required by the Department, prepare the report, certify that the child was born alive at the place and time and on the date stated either by signature or by an approved electronic process, and submit the report within the required five (5) calendar days.

D. In obtaining the information required for the report, all institutions shall use information gathering procedures, including worksheets, provided or approved by the State Registrar. Institutions may establish procedures to transfer, electronically or otherwise, information required for the report from other systems. Such procedures shall be reviewed and approved by the State Registrar prior to implementation to ensure that the information being transferred is the same as that being requested for the report.

E. When a live birth occurs outside an institution:

(1) the information for the report of live birth shall be submitted in the format specified by the Department and in the following order of priority within five (5) calendar days of the live birth by:

(a) the medical institution at which the birth mother or gestational carrier and child are examined within five (5) calendar days of the live birth; or

(b) a licensed midwife or physician in attendance at the live birth; or

(c) the birth mother with documentary evidence as described in Section 502; or

(d) the coroner in cases where investigation is required.

(2) an order from a South Carolina Family Court shall be required to register a live birth when the report submitted does not include the minimum acceptable documentation required in the regulations or the State Registrar has cause to question the validity or adequacy of the documentary evidence.

F. When a live birth occurs on a moving conveyance within the United States and the child is first removed from the conveyance in this state, the live birth shall be registered in this state and the place where it is first removed shall be considered the place of live birth. When a live birth occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the child is first removed from the conveyance in this state, the live birth shall be registered in this State, but the report shall show the actual place of live birth insofar as can be determined.

G. For purposes of live birth registration and maternity determination:

(1) The woman who gives live birth to the child shall be recorded as the birth mother and the information required by the report of live birth shall be that of the birth mother, except as required by Section 501.G(4);

(2) A court of competent jurisdiction may determine that a woman other than the live birth mother is the biological or genetic mother and order that the original live birth record be so replaced in accordance with Section 1109. The original live birth record shall then be placed under seal.

(3) In the context of birth through gestational carrier, Sections 501.G(1) and G(2) above shall apply for recording the parentage information, unless the intended parent or parents have obtained a pre-birth order from a court of competent jurisdiction. The pre-birth order establishing parentage may be acceptable when the order is issued no more than six (6) months prior to the expected due date and contains all of the following information:

(a) The full name and date of birth of the gestational carrier;

(b) The expected due date and intended name of the child;

(c) The intended hospital of birth;

(d) A finding of no parental rights to the child of the gestational carrier and her spouse, if married; and

(e) The full names (including names prior to first marriage), dates of birth, state of birth (or country, if foreign born), and any other necessary information of the intended parents to create the birth certificate.

(4) In the context of birth through a gestational carrier agreement in which a pre-birth order is obtained, the institution will record information from both the gestational carrier and the intended parent(s) when filing the birth certificate.

H. Up to two (2) individuals may be listed as the parents on a certificate of live birth. Paternity/second parent shall be determined as follows:

(1) If the birth mother was married at the time of either conception or live birth, or between conception and live birth, the name of the spouse shall be entered on the report as the second parent of the child.

(2) If the birth mother was not married at the time of either conception or live birth or between conception and live birth, the name of the father shall not be entered on the report without an Acknowledgment of Paternity on a form developed by the Department and as prescribed by state law and signed by the birth mother and the person to be named as the father. The Acknowledgment shall be filed with the Department.

(3) If the second parent is not named on the report of live birth, no information about that second parent will be entered on the report.

(4) Thereafter, paternity or second parentage of a child may be determined by a court of competent jurisdiction pursuant to South Carolina law. The name of the father or second parent and surname of the child shall be entered on the report of live birth in accordance with the finding of the court when a valid court order is submitted to the Bureau of Vital Statistics. The original live birth record shall then be placed under seal.

I. The birth mother of the child or, in the case of a gestational carrier, the intended parents and gestational carrier shall verify the accuracy of the personal data to be entered on the report to permit the submission of the report within the five (5) calendar days as prescribed in Section 501.A.

(1) If the birth mother or gestational carrier is incapacitated or deceased, the legal spouse, or other informant as determined appropriate by the State Registrar shall provide and verify the accuracy of the information.

(2) If the birth mother, the legal spouse, or other informant does not verify the accuracy of the personal data entered within the prescribed five (5) days, the report of live birth shall be filed without verification.

(3) A child’s name may not include more characters than is allowed in the system for registration and may not include types of characters not allowed by the system for registration utilized by the Bureau of Vital Statistics for the purpose of registering birth records.

J. Reports of live birth submitted after five (5) calendar days, but within one (1) year from the date of live birth shall be registered in the standard format of live birth reports in the manner prescribed above. Such reports shall not be marked or flagged “Delayed.”

K. The State Registrar may require additional evidence in support of the facts of live birth.

502. Out-of-Institution Live Birth.

A. When a live birth occurs in this state outside of an institution, and there is found to be no live birth

registration and the report of live birth is to be registered before the first birthday, additional evidence in support of the facts of live birth may be required.

B. For an unattended birth when the birth mother is responsible for submitting the report of live birth, the following documentary evidence is required:

(1) Evidence of pregnancy from a licensed medical professional;

(2) Evidence created within (5) calendar days of the date of live birth from a licensed medical professional showing that the infant was born alive;

(3) Evidence of the birth mother's presence in this state on the date of the live birth; and

(4) Other evidence acceptable to the State Registrar.

C. When the State Registrar has cause to question the validity or adequacy of the documentary evidence submitted for an out-of-institution live birth, the report of live birth shall not be registered without an order from a South Carolina Family Court establishing the facts of birth.

503. Abandoned Infants.

A. When an abandoned infant, including a baby surrendered pursuant to S.C. Code Section 63-7-40, is brought to an emergency room or to an institution, the person in charge of the institution shall submit the report of live birth within five (5) calendar days of discovery to the Bureau of Vital Statistics with the following information:

(1) The date and city and/or county of discovery;

(2) Sex and approximate live birth date of child as determined by a physician or licensed health care provider;

(3) Name and address of the person or institution submitting this report;

(4) Name given to the child by the custodian of the child, if applicable; and

(5) Other data required by the State Registrar.

B. The place where the child was found or discovered shall be entered as the place of live birth.

C. Information submitted under this section shall constitute the basis for the report of live birth for the child.

D. The report for an abandoned infant shall be registered in the current format for live births and shall:

(1) have foundling plainly marked or flagged on the report;

(2) show the required facts as determined by approximation and have parentage data left blank; and

(3) show the name and title of the person or institution submitting the report under section 503.A.

E. If the child is identified and a live birth registration is found or obtained, the report submitted under this Section and any live birth registration resulting from that report shall be voided and placed in a sealed file and shall not be subject to inspection except upon order of a South Carolina Family Court or by the Department for purposes of administering the vital statistics program.

F. For purposes of this section, when an abandoned child does not meet the definition of "infant" in S.C. Code Section 63-7-40, a court order shall be required to file a report of live birth. The court order shall establish the facts of birth in Section 503.A.

G. Birth Records registered under this Section that contain the parents' information shall not be issued except to the S.C. Department of Social Services for the purposes of adoption or care for the child.

600. DELAYED REGISTRATION OF BIRTHS

601. General.

A. The following minimum facts must be established by documentary evidence:

(1) the full name of the person at the time of live birth;

(2) the date of live birth;

(3) that the live birth occurred in South Carolina;

(4) the full name of the birth mother prior to first marriage; and

(5) the full name of the father/parent if parents were married at the time of birth. Otherwise, the name of the father/parent shall not be entered on the delayed certificate unless:

(a) the child has been adopted or legitimized, or

(b) the paternity has been determined by a court of competent jurisdiction or an Acknowledgment of Paternity accompanies the establishment of the delayed certificate.

B. All delayed births are to be filed on a special "delayed certificate of birth" form adopted by the Department.

C. Each delayed certificate of birth established administratively shall be signed by the person whose birth is to be filed if of legal age and is competent to swear to the accuracy of the facts stated therein; otherwise, the certificate shall be signed by a parent or legal guardian.

602. Documentary Evidence Requirements.

To be acceptable for registration, the name of the person at the time of the live birth and the date and place of live birth entered on a delayed registration of live birth shall be supported by at least:

A. Three (3) pieces of acceptable documentary evidence that will establish to the satisfaction of the State Registrar the facts and date of live birth as alleged in the application; and

B. Facts of parentage shall be supported by at least one (1) document.

603. Documentary Evidence Acceptability.

A. The acceptability of all documentary evidence submitted shall be determined by the State Registrar.

B. Documents must be from independent sources and shall be in the form of the original record or a duly certified copy thereof or a signed statement from the custodian of the record or document.

C. All documents submitted in evidence:

(1) For persons more than seventeen (17) years of age, must have been established at least ten (10) years prior to the date of application;

(2) For persons seventeen (17) years of age or younger, must be dated at least one (1) year prior to the date of application; and

(3) Shall not be contradictory.

D. Documents may include, but are not limited to:

(1) Census Records;

(2) Hospital or Medical Records;

(3) Military Records;

(4) Social Security Numident Reports;

(5) Voter registration application;

(6) School records; or

(7) Other documents as designated by the State Registrar.

E. When the State Registrar finds reason to question the validity or adequacy of any evidence submitted, he or she may reject the evidence and advise the applicant of the reasons for this action.

604. Abstraction of Documentary Evidence.

A. The Vital Statistics employee preparing the certificate shall abstract on the delayed registration of live birth a description of each document submitted to support the facts. This description shall include:

(1) the title or description of the document;

(2) the name and address of the custodial organization;

(3) the creation date of the original document; and

(4) all live birth facts required by Section 601 contained in each document accepted as evidence.

B. Original documents submitted in support of the delayed birth registration shall be returned to the applicant after review. After a delayed birth certificate has been registered with the state, convenience copies of all accepted documents on file with the Bureau of Vital Statistics shall be destroyed.

605. Verification by the State Registrar.

The State Registrar, or his or her designated representative, shall verify:

A. That no prior report of live birth is registered in this state for the person whose live birth is to be recorded;

B. That he or she has reviewed the evidence submitted to establish the facts of live birth; and

C. That the abstract of the evidence appearing on the delayed birth certificate accurately reflects the nature

and content of the document.

606. Dismissal After One Year.

An application for a delayed registration birth certificate that has not been completed within one (1) year from the date of application may be dismissed at the discretion of the State Registrar. The Department shall so advise the applicant and documents submitted in support of such application shall be returned to the applicant.

607. Delayed Birth Records Amended by Court Order.

A live birth originally registered as a delayed live birth shall remain in the delayed birth certificate format, regardless of subsequent legal change of status or amendment. The amended certificate will clearly indicate the information changed by court order and be marked as amended by court order. Any certification of such record shall notate the items changed by the court order and the date the change was made.

608. Establishment of Delayed Birth Certificate by Court Order.

When the evidence submitted does not satisfy the above requirements, the applicant may petition a court of competent jurisdiction to establish a delayed birth certificate pursuant to S.C. Code Section 44-63-100.

700. DEATH REGISTRATION

701. General.

A. A report of death for each death which occurs in this state shall be submitted to the Bureau of Vital Statistics, or as otherwise directed by the State Registrar, within five (5) calendar days after death or the finding of a dead body and shall be registered if it has been completed and submitted in accordance with this section.

(1) If the place of death is unknown but the dead body is found in this state, the report of death shall be completed and submitted in accordance with this section. The place where the body is found shall be noted as the place of death.

(2) When death occurs in a moving conveyance within the United States and the body is first removed from the conveyance in this State, the death shall be registered in this state and the place where it is first removed shall be deemed the place of death. When a death occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the body is first removed from the conveyance in this State, the death shall be registered in this State, but the report shall show the actual place of death insofar as can be determined.

(3) If the date of death is unknown, the medical certifier shall determine the date by approximation. If the date cannot be determined by approximation, the date found shall be entered and identified as date found.

B. The funeral director or person acting as such who first assumes custody of the dead body shall submit the report of death to the Bureau of Vital Statistics. In cases where there is no funeral director or person acting as such, the coroner shall submit the report of death. In no event shall a transport company file a death record.

(1) The funeral director or person acting as such shall obtain the personal data from the next of kin or the best qualified person or source available and shall obtain the medical certification from the person responsible, therefore.

(2) The funeral director or person acting as such shall provide the report of death containing sufficient information to identify the decedent to the medical certifier within forty-eight (48) hours after death unless the medical certification has already been submitted.

(3) In cases where the family chooses not to engage the services of a licensed funeral director, they may dispose of the body by way of a natural burial as defined in Section 100 of this regulation. In such cases, the person listed on the Burial-Removal-Transit Permit (BRTP) as first assuming custody or handling the final disposition of the body shall also be responsible for submitting the report of death to the Bureau of Vital Statistics. If no report is filed within thirty (30) calendar days after the date of death and the Bureau has been unsuccessful in contacting the person listed as responsible for the disposition of the body via the means of contact listed on the BRTP form, they shall file the certificate with the available information.

(4) Medical certifiers or their staff should review cases of deceased individuals designated to them at least once each business day. The medical certification shall be completed within forty-eight (48) hours, excluding weekends and federal or state holidays, after receipt of notice of the death by the decedent's primary or attending physician, except when inquiry is required by S.C. Code Section 44-43-720. In the absence or inability of said medical certifier, or with his or her approval, the report may be completed by his or her associate physician, physician's assistant, or APRN, the chief medical officer of the institution in which death occurred, or the physician who performed an autopsy upon the decedent, provided such individual has access to the medical history of the case, and death is due to natural causes. The person completing the cause of death shall attest to its accuracy either by signature or by an approved electronic process.

(5) When inquiry is required by S.C. Code Section 44-43-720, the coroner or medical examiner in the jurisdiction where death or injury occurred or where the body was found shall determine the cause and manner of death and shall complete and sign the medical certification within forty-eight (48) hours after taking charge of the case. If the cause and/or manner of death cannot be determined within forty-eight (48) hours, the cause and/or manner of death shall be entered as pending and a supplemental medical amendment shall be submitted when the cause and/or manner of death is determined.

(6) Administrative penalties as defined in S.C. Code Section 44-63-74 shall be assessed whenever a death certificate is filed more than five (5) calendar days after the date of death. The Department shall review each record filed late to determine whether the funeral home or director, medical certifier (excluding coroners and medical examiners), or both are at fault for the delay of registration.

(a) When fault for the delay of registration is determined by the Department, the party or parties determined to be at fault shall be emailed a notice of violation by the Department and informed of the total amount of the administrative penalty. The funeral home, funeral director, or medical certifier may submit a statement or evidence showing good cause for the delay up to fifteen (15) calendar days after the notice is sent from the Department. If no statement or evidence of good cause is submitted within fifteen (15) calendar days, the party determined at fault will be sent an official notice of the fine assessed via certified mail.

(b) If a statement or evidence is submitted claiming good cause for the delay, the Department shall make a determination within fifteen (15) calendar days whether the good cause is justified. Good cause shall include, but not be limited to, the following: (1) a natural disaster, (2) an emergency declaration from the Governor, (3) a verified system malfunction or error reported within the specified timeframe, (4) when significant but unsuccessful efforts were made to file the record on time, or (5) when the funeral director is unable to obtain information pursuant to S.C. Code Section 44-63-74(A)(2)(a). In cases where there were significant but unsuccessful efforts to file the record on time, the person responsible for registration shall notify the Department via email within the specified timeframe with the cause of the delay. In cases where the decedent's information cannot be obtained pursuant to S.C. Code Section 44-63-74(A)(2)(a), a statement from the informant listed on the death certificate must be submitted stating the reason for the inability to collect the information for good cause to be considered. The Department shall notify the party whether or not good cause is determined within fifteen (15) calendar days after final review of the evidence. If the Department determines good cause is present, fines will be reduced or removed.

(c) If the Department determines that the evidence submitted does not establish good cause for the delay, the party or parties determined at fault will receive a final notice of violation via email and certified mail that

the evidence for good cause has been denied and the fines will be due. Administrative penalties assessed should be paid within thirty (30) calendar days of the final notice being sent. If the fines are paid within the thirty (30) calendar days of the final notice, the party at fault will be eligible for a fifty percent (50%) reduction of fines. If the fees are not paid within thirty (30) calendar days of the final notice, the entire amount due must be paid.

C. When a court of competent jurisdiction determines a death has occurred within this state but the body cannot be located, a death certificate may be prepared by the Department upon receipt of an order of the court, which shall include the finding of facts required to complete the death record, including, but not limited to, the county of death. Such a death record shall be marked "presumptive" and shall show on its face the date of filing and shall identify the court and the date of the decree.

D. When a death occurring in this state has not been registered as prescribed by this section, a report of death may be submitted to the Department using the current format of the report of death provided the medical certifier at the time of death and the funeral director or person acting as such are available to complete the report of death. If the medical certifier at the time of death and the funeral director or person acting as such are unavailable or decline then the death shall not be registered except upon receipt of an order from a court with competent jurisdiction. If the report of death is submitted more than one (1) year after the date of death, the record shall be marked as "delayed" and any certified copy shall be marked as such. If the date of death cannot be determined, the record shall be filed with the date the body was found as the date of death.

E. In obtaining the information required for the report, funeral directors or persons acting as such shall use information gathering procedures, including worksheets, provided or approved by the Department. Medical Certifiers may establish procedures to transfer, electronically or otherwise, information required for the medical certification from other systems. Such procedures shall be reviewed and approved by the State Registrar prior to implementation to ensure that the information being transferred is the same as that being requested for the report.

F. In cases where the coroner or medical examiner is providing the non-medical information for report of death, any supplemental non-medical information shall be submitted by the coroner or medical examiner on the approved worksheet form with the Department within five (5) calendar days after such information is obtained. The supplemental information shall be incorporated into the existing death record in accordance with S.C. Code Section 44-63-74.

702. Judicial Procedures to Register a Death.

A death may be registered by the Department, upon receipt of an order of a court of competent jurisdiction within this state.

A. The court order to establish a death record shall include all of the following information:

(1) decedent's legal name (first, middle, surname and suffix, if any);

(2) date of death as determined from the evidence presented;

(3) place of death, including county, as determined from the evidence presented;

(4) decedent's date of live birth, state or country of live birth, sex and parent(s) name(s) prior to first marriage;

(5) decedent's residence, including county and state, at time of death;

(6) decedent's marital status at time of death;

(7) name, prior to first marriage, of surviving spouse (if any); and

(8) the information necessary to complete the medical certification including the cause and manner of death. If the death occurred from an injury, information on how and when the injury occurred. If such information is unknown, the order shall indicate such.

B. All certifications issued shall show the date of the court order and the name of the court issuing that order.

C. If the death was registered pursuant to Section 701.C, the record shall be marked or flagged "Presumptive."

800. FETAL DEATH REGISTRATION

A. A report of each fetal death of 350 grams or more, or if weight is unknown, of twenty (20) completed weeks gestation or more, based on clinical estimate of gestation at delivery, which occurs in this state shall be submitted within five (5) calendar days after delivery to the Bureau of Vital Statistics or as otherwise directed by the State Registrar and shall be registered if it has been completed and submitted in accordance with this Section. All induced terminations of pregnancy shall be reported in the manner prescribed in Section 1000 and shall not be reported as fetal deaths.

B. When a fetus is delivered in an institution or en route thereto, the person in charge of the institution, or his or her designated representative, shall obtain all data required by the Department to prepare and submit the report. In obtaining the information required by the fetal death report, all institutions shall use information-gathering procedures including worksheets provided or approved by the State Registrar. Institutions may establish procedures to transfer, electronically or otherwise, information required by the fetal death report from other systems. Such procedures shall be reviewed and approved by the State Registrar prior to implementation to ensure that the information being transferred is the same as that being requested on the fetal death report.

C. When a fetus is delivered outside an institution and then taken to an institution, the institution shall prepare and submit the report.

D. When a fetal death required to be reported by this Section occurs outside of an institution and the fetus is not taken to an institution immediately after the delivery or when inquiry is required by state law, the coroner shall investigate the cause of fetal death and shall prepare and submit the fetal death report within five (5) calendar days of notification.

E. If the cause of fetal death is unknown or pending investigation, the cause of fetal death shall be noted as such on the fetal death report.

F. When a fetal death occurs in a moving conveyance and the fetus is first removed from the conveyance in this state or when a fetus is found in this state and the place of fetal death is unknown, the fetal death shall be reported in this state. The place where the fetus was first removed from the conveyance or the fetus was found shall be considered the place of fetal death.

G. Reports of fetal death are statistical reports to be used only for public health purposes. Such reports shall be disposed of when all statistical processing of the reports has been accomplished. However, the Department may establish a data file of such reports so they will be available for future research and such file may be retained for as long as the State Registrar deems necessary.

900. DISPOSITION AND TRANSPORTATION OF HUMAN REMAINS

901. Permits Governing the Disposal or Transportation of Dead Human Bodies.

A. The subregistrar or the coroner in the county in which the death occurred shall issue a Burial-Removal-Transit Permit (BRTP) within forty-eight (48) hours after death or the next business day. If the body is found more than forty-eight (48) hours after death, the BRTP shall be filed within forty-eight (48) hours after the body is found.

B. The funeral director, or person acting as such, who first assumes custody of a dead body or fetus shall obtain a BRTP prior to final disposition or removal of the body or fetus from the State. BRTPs may be emailed, hand delivered, or faxed to a funeral home or company that first takes possession of the body. If a funeral home or transportation company is not participating in the electronic system to receive the BRTP via email, the permit must be printed and delivered to them via one of the aforementioned methods.

C. A BRTP issued under the law of another state which accompanies a dead body or fetus into this state shall be authority for final disposition of the body or fetus in this state.

902. Removal of Body.

Before taking charge of a dead human body or fetus, the funeral director or person acting as such shall:

A. Contact the medical certifier and receive assurance from him or her that death is from natural causes and that the medical certifier will assume responsibility for certifying to the cause of death; or

B. Contact the coroner if the case comes within his or her jurisdiction and receive authorization from him or her to remove the body.

903. Authorization for Disinterment and Reinterment.

A. Except as otherwise provided by statute, a permit for disinterment and reinterment of human remains shall be required prior to disinterment of a dead body or fetus. If the dead body or fetus is being reinterred in the same plot where it was originally interred, a permit shall not be required.

B. A disinterment permit shall be issued only upon receipt of the form prescribed by the State Registrar signed by the next of kin and the person who is to perform the disinterment or upon receipt of an order of a court of competent jurisdiction directing such disinterment. The permit shall be permission for disinterment, transportation, and reinterment. The disinterment must be performed within one (1) year of the date permission was granted by the State Registrar or designee, otherwise the applicant must apply for a new permit. The Department may destroy any copies of permits issued but not returned within one (1) year of the date permission was granted.

C. Human remains deposited in a receiving vault shall not be considered a disinterment when removed from the vault for final disposition.

D. The funeral director to whom the permit is issued shall retain a copy. A copy shall be used during transportation and filed with the sexton or person in charge of the cemetery of reinterment. The funeral director shall return a copy to the Bureau of Vital Statistics showing the date of reinterment.

E. The permit requirement of this section shall not apply to disinterment or reinterment of a dead body or fetus when death occurred before 1915.

F. Certified copies of completed disinterment permits may be issued to any next of kin of the deceased or the firm authorized to perform the disinterment upon receipt of an application and payment for a record search as defined in Section 1300. No other parties shall be issued copies of the completed disinterment permit except upon order from a court of competent jurisdiction.

904. Disposition of Body or Fetus by Hospital Officials Authorized by Next of Kin.

Hospital officials who dispose of bodies of persons or fetuses dead of natural causes, with legal permission of the next of kin and not for hire or profit, are responsible for filing the record of fetal death or of death. In all cases, including a reportable fetal death, a Burial Removal Transit Permit must be obtained for the disposition of the remains.

1000. REPORTS OF INDUCED TERMINATION OF PREGNANCY

A. Each induced termination of pregnancy which occurs in this state, regardless of the length of gestation, shall be reported to the Bureau of Vital Statistics within seven (7) calendar days by the person in charge of the institution in which the induced termination of pregnancy was performed. If the induced termination of pregnancy was performed outside an institution, it shall be reported by the attending medical provider.

B. Reports of induced termination of pregnancy are statistical reports to be used only for public health purposes. Such reports shall be disposed of when all statistical processing of the reports has been accomplished. However, the Department may establish a data file of such reports so they will be available for future research and such file may be retained for as long as the State Registrar deems necessary.

C. When a late fee is assessed pursuant to S.C. Code Section 44-41-460(D), the institution shall be eligible for a fifty percent (50%) reduction of fees if the fee is paid in full within thirty (30) calendar days. If the fee is not paid in full within thirty (30) calendar days, the full amount due must be paid.

1100. CORRECTION AND AMENDMENT OF VITAL RECORDS

1101. General.

A. Live birth records are presumed to contain accurate information on the facts of live birth when they are registered. Live birth records will be amended or corrected only to rectify errors in the facts of live birth, except as provided for in this regulation.

B. A delayed record of live birth placed on file with supporting documentation or by judicial procedure shall not be amended except to reflect changes upon receipt of a certified court order.

C. Certificates of marriage and reports of divorce must be corrected by the custodian of the official record from which the report was prepared. The custodian shall submit the amended certificate to the Department with a statement listing the items changed and evidence presented to support each certification item changed. Any corrected records shall be marked amended when issued by the Department.

D. Except as specifically allowed by law, sealed records and their accompanying documents are not subject to reproduction by any means, including, but not limited to, photography or photocopying, and shall not be subject to inspection except upon order of the Family Court. The State Registrar or their designee may inspect such information for purposes of properly administering the vital statistics program.

E. Changes to birth or death records must be requested by a person entitled by law to obtain a certified copy of the record to be amended.

F. If paternity is rescinded pursuant to S.C. Code Section 63-17-50, the signatory's name will not be removed from the record of live birth except upon receipt of an order from a court of competent jurisdiction terminating the parental rights of the father and ordering the Department to remove the father's information.

1102. Correction of Birth and Death Records.

A. Any certification item on a live birth or death record may be corrected by the Bureau of Vital Statistics within one (1) year of the event if the Bureau of Vital Statistics becomes aware of incorrect information on a record. Any institution or individual responsible for the original submission of data shall assist in the collection of evidence of the error and correct information upon request of the Bureau of Vital Statistics. Evidence submitted in support of a correction is subject to approval by the State Registrar.

B. When the demographic portion of a death certificate is filed by a coroner due to the inability to contact the family to select a funeral home, the death certificate may be corrected to update any incorrect demographic information and to list the funeral home selected upon submission of a funeral home worksheet and the signed contract with the family.

C. Correction of items that do not appear on certifications may be made by the Bureau of Vital Statistics upon identification or query.

D. When such corrections are made by the Bureau of Vital Statistics, a notation as to the source of the information, the date the change was made, and the identity of the authorized vital statistics employee making the change shall be made on the record in such a way as not to become a part of any certification issued. Any certified copy shall not be marked as "Amended."

1103. Administrative Amendment of Birth and Death Records.

A. Unless otherwise provided in this regulation or in statute, all administrative amendments to live birth and death records shall be supported by documentary evidence and a notarized affidavit. The notarized affidavit shall be on a form created by the Bureau of Vital Statistics setting forth:

(1) information to identify the record;

(2) the items to be amended;

(3) the incorrect information as it appears; and

(4) the correct information as it should appear and supported by documentary evidence.

B. To amend a live birth record, an application shall be initiated and signed by the parents, the legal guardian, or the registrant if eighteen (18) years of age. Amendments to the registrant's information on a birth record, if eighteen (18) years of age or older, must be signed by the registrant unless the registrant is incapacitated or deceased. Affidavits to amend the information on a birth record for deceased individuals may be signed by the decedent's next of kin with adequate supporting documentation.

C. To amend demographic certification items on a death record, an affidavit of amendment shall be signed by the informant or, in the case of the death or incapacity of the informant, the adult next of kin of the deceased.

D. The medical certification items on a death record may only be amended upon receipt of a signed statement or approved electronic notification from the medical certifier who originally certified the cause of death. In the absence or inability of the medical certifier, the cause of death may be amended upon receipt of a signed statement or an approved electronic notification from his or her duly authorized medical associate, or the chief medical officer of the institution in which death occurred, or a medical examiner, or coroner who assumes jurisdiction of the case. The Department may require documentary evidence to substantiate the requested amendment.

E. Upon acceptance of the requested amendment by the Department, records of live birth and death shall be amended by the Department by adding the new information to the record in a manner that preserves the existing information for audit purposes.

F. Amended records shall be marked as "Amended" on certifications of the record. The date of the change and what item was changed shall also be shown on certifications of the record except on certifications of the record in cases of sealed amendments as described in Section 1109.

1104. Documentary Evidence Required to Amend Birth and Death Records.

A. With the exception of corrections as outlined in Section 1102, or an amendment to the medical certification, one or more items of documentary evidence must be presented that support the alleged facts. All documents presented must contain sufficient information to clearly indicate that they pertain to the registrant on the record for which the amendment or correction has been requested.

(1) Documents presented must be from independent sources. Family documents that are not independently filed by a government entity, such as records from bibles or genealogical records, are not acceptable.

(2) Documents must be in the form of the original record or must be a duly certified copy or excerpt thereof from the original custodian of the record and may not contain alterations of any kind, including strike out, whiteout, or other forms of alteration unless approved by the State Registrar.

(3) For live birth records, the earliest evidence available is preferable to show consistency of use. In general, documents submitted must have been established prior to the registrant's eighteenth (18^{th}) birthday or at least ten (10) years prior to the date of application for the amendment unless otherwise specified by the State Registrar. For amendments to the registrant's information, the evidence submitted must contain the full name of the registrant and at least one (1) other identifier such as the date of birth or age.

(4) For death records, the evidence submitted to support an address change must have been established within one (1) year prior to death unless otherwise specified by the State Registrar. For amendments to other certification items on the death record:

(a) Signatures and signatories shall not be amended;

(b) Other personal and statistical items on the death record shall be amended with supporting documentary evidence that is acceptable to the State Registrar.

(c) The informant's name may only be amended to correct minor errors in spelling without an order from a court of competent jurisdiction.

B. Documents for other certification items will be accepted at the discretion of the State Registrar or their designee.

C. The State Registrar or their designee shall evaluate the evidence submitted in support of any amendment, and when he or she finds reason to doubt its validity or adequacy, the amendment may be rejected and the applicant advised of the reason(s).

1105. Addition of Registrant's Names on Live Birth Records.

A. Until the registrant's first birthday, names may be added for unnamed registrants upon receipt of an affidavit of amendment form created by the Bureau of Vital Statistics and signed by the parents named on the record or the legal guardian of the registrant.

B. For a person aged one (1) to ten (10) years of age, names may be added for unnamed registrants upon presentation of one (1) piece of documentary evidence in accordance with Section 1104.

C. For a person older than ten (10) years of age, names may be added for unnamed registrants upon

presentation of two (2) pieces of documentary evidence in accordance with Section 1104. At least one (1) of the documents must have been created within the first eighteen (18) years of life.

D. Section 1105 applies to the addition of names only for unnamed registrants. Changes to names already included on a birth record, with the exception of corrections or amendments, or adding names to an already named child, shall be accomplished in accordance with Section 1110.

1106. Date of Birth Amendments to Live Birth Records.

A. The date of live birth cannot be changed to a date that is after the date the live birth record was registered.

B. The date of live birth may be amended with a certified copy of a record from the hospital of birth and an affidavit created by the Department and signed by a party listed in Section 1103(B).

C. Other administrative amendments to the date of live birth may be made provided that an affidavit created by the Department and signed by a party listed in Section 1103.B presents a minimum of two (2) documents that adequately support that the registrant has consistently used the date from childhood and the change does not make the live birth date after the date the live birth record was registered. At least one (1) of the documents must have been created within eighteen (18) years of the alleged date of live birth. The change cannot be made if that change would conflict with any live birth record registered in the Bureau of Vital Statistics for other children of the same birth mother.

1107. Amendments to Marital Status on Death Records.

A. When the marital status is shown as married and a surviving spouse is listed on the death record of the decedent then the marital status shall be changed to:

(1) widowed and the spouse removed if a death certification for the spouse is submitted documenting that the spouse died prior to the death of the decedent.

(2) divorced or never married and the spouse removed if a certification of divorce/annulment is submitted documenting that the event occurred prior to the death of the decedent.

B. If the marital status is shown as married and surviving spouse is listed as unknown or is blank on the death record, then a marriage certification must be provided to add the name of the surviving spouse.

C. If the marital status is shown as married and the surviving spouse is listed on the death record then an order from a court of competent jurisdiction will be needed to change that spouse to a different person.

D. When the marital status is shown as divorced, widowed, or never married and no surviving spouse is listed on the death record of the decedent then the marital status shall be amended to married and the surviving spouse added upon receipt of:

(1) a certified copy of a marriage record showing that the person to be listed as surviving spouse was married to the decedent and an affidavit of correction signed by the informant and the alleged surviving spouse; or

(2) an order from a court of competent jurisdiction finding that the person was married to the decedent at the time of the decedent's death.

E. Other changes to marital status and surviving spouse will be made only upon the finding of a court of competent jurisdiction in an order that determined the marital status of the decedent and identifies the surviving spouse, if appropriate.

1108. Amendments to Also Known As ("a/k/a") Names on Death Certificates.

Addition of a/k/a name(s) to a death certificate that were not present at the time the record was filed may be made if a document is produced that contains both names and another identifier that clearly identifies the decedent as using both names. An a/k/a for the decedent's name prior to first marriage may be made if a marriage license is provided that shows the name prior to marriage and matches the surname listed on the death certificate.

1109. Sealed Amendments and Replacement Records of Live Birth.

A. The replacement record of live birth prepared pursuant to state law shall be on the form in use at the time of its preparation and shall include the following items and such other information necessary to complete the record of live birth:

(1) the name of the child;

(2) the date, city, and county of live birth as transcribed from the original report of live birth;

(3) the names and personal information of the parents after establishment of parentage;

(4) the state file number assigned to the original record of live birth unless it has been changed through the amendment process; and

(5) the original date of registration.

B. The information necessary to locate the existing report of live birth and to complete the replacement report of live birth shall be submitted to the Department on forms prescribed or approved by the State Registrar.

C. After preparation of the replacement record of live birth, the prior record of live birth and the evidence upon which the replacement record of live birth was based shall be placed in a sealed file.

D. With the exception of an adoption of an adult, certifications of birth records of adopted children shall not be marked amended.

E. Upon receipt of notice of annulment of adoption, the original certificate of birth shall be restored to its place in the files. The adoptive certificate and evidence shall be placed in a sealed file.

F. If no certificate of birth is on file for the person for whom a replacement record is to be established under this section, a delayed certificate of birth must be filed with the Department before a new record of live birth is established. Evidence for a delayed certificate of birth shall not be required when the date and place of birth and parentage have been established in an adoption proceeding.

G. When a child is born through a gestational carrier agreement, and a pre-birth order from a court of competent jurisdiction establishing parentage was not obtained in accordance with Section 501.G, a post-birth order is acceptable when the order contains all of the following information and it matches the information that was provided to register the birth certificate:

(1) The full name and date of birth of the gestational carrier;

(2) The date of birth and name listed on the child's birth certificate;

(3) The hospital or place of birth;

(4) A finding of no parental rights to the child of the gestational carrier and her spouse, if married; and

(5) The full names (including names prior to first marriage), dates of birth, state of birth (or country, if foreign born), and any other necessary information of the intended parents to create the replacement certificate.

1110. Amendments by Court Order.

A. Upon receipt of a certified copy of a court order changing a birth or death record on file in the Bureau of Vital Statistics and upon request of an entitled person, the Bureau of Vital Statistics shall record the changes by completion of a special form developed by the Department. Such form shall include the original information as it appears on the original certificate, the information as changed by the court order, identification of the court which issued the order and the date of the order, and sufficient information about the registrant or decedent to link the special form to the original record. Upon completion of the amendment, the certified order will be maintained in a sealed file as defined in Section 1101.D.

B. When an electronic certification is issued, the items amended by the court and the date of the amendment must be noted. When a certified copy of the original record is issued, a copy of the special form must be attached.

C. Birth and death records amended by court order shall be marked "Amended by Court Order," except in parentage amendments made pursuant to S.C. Code Section 44-63-163.

D. When a parent's rights are terminated pursuant to an order from a court of competent jurisdiction, a special form is prepared by the Bureau of Vital Statistics indicating that the rights have been terminated and the certificate will not be issued to that parent after the order is received. The name of the parent will not be removed from the certificate unless it is specifically stated in the order.

1111. Administrative Amendments to Parental Titles.

A. Parental titles on a birth certificate may be designated as mother, father, or parent. Upon request of the parent listed on the certificate of a minor child, the title may be changed one (1) time for each parent upon receipt of an affidavit created by the Department and signed by the parent whose title is to be changed, stating the title the parent would prefer to be listed for their name only on the certificate.

B. Subsequent changes to the parental titles will require an order from a court of competent jurisdiction.

C. If the affidavit is completed within the first year of life, no special filing fee will be charged for creation of the affidavit and no notation will be made on the face of the certificate.

D. For certificates of adults, the affidavit must also be signed by the registrant showing consent to the parental title change.

E. Parental titles on a death certificate may be designated as mother, father, or parent. Upon request of the informant or a parent listed on the certificate, the title may be changed one (1) time for each parent upon receipt of an affidavit created by the Department and signed by the informant and the parent.

1112. Amendment of the Same Certification Item More than Once.

A. Once there has been an administrative amendment to a certification item on a vital record, except for cause and manner of death to be amended by the medical certifier or clerical error on the part of the Department, that same certification item shall not be amended again except upon receipt of an order from a court of competent jurisdiction.

B. Once an amendment by court order or parentage amendment is made to a vital record, no other amendments may be made to the same record without a subsequent order from a court of competent jurisdiction.

1200. CERTIFICATIONS FROM THE SYSTEM OF VITAL STATISTICS

A. A certification of a live birth, death, marriage, or report of divorce, or any part thereof, issued in accordance with this section, shall be considered for all purposes the same as the original and shall be prima facie evidence of the facts stated therein.

B. The applicant for a certification shall be required to submit a signed application, proof of identity, and evidence of entitlement. Upon receipt of an application and before issuing a certification:

(1) Proof of identity must be acceptable to the Bureau of Vital Statistics;

(2) Evidence of entitlement must demonstrate that the applicant is qualified to receive a certification; and

(3) The Bureau of Vital Statistics may verify with originating agencies the proof of identity documents and evidence of entitlement submitted in support of an application.

C. All certifications of vital records registered in the state system shall be issued from the state's central database.

D. For the purpose of obtaining certified copies of death records on behalf of the deceased's family at the time of registration, a funeral director or person acting as such, or the informant, shall be deemed a legal representative for up to one (1) year from the date of death.

E. No certification shall be issued without a first name for the registrant except by subpoena or to a government agency for adoption or custody purposes.

F. Information listed on live birth, death, marriage, or divorce records as administrative, statistical, medical, or health use only shall not be included in a certification of the vital record. The minimum fields of information that will be included on a birth certification are:

(1) Registrant's full name, date of birth, place of birth, and sex;

(2) The parent's names and places of birth if listed on the original certificate; and

(3) The dates of registration and issuance.

G. Each certification issued shall be certified as a true representation of the facts on file, the date issued, the state file number, and the registrar's signature or an authorized facsimile thereof. Each copy issued shall show the date of filing and copies issued from records marked "Delayed," "Amended," or "Amended by Court Order" shall be similarly marked and show the effective date.

H. Verification of the facts contained in a vital record may be furnished by the Bureau of Vital Statistics to any government agency in the conduct of its official duties. The request for verification must:

(1) include an application listing the facts of the event including, at a minimum, names and dates and be in a format prescribed or approved by the Bureau of Vital Statistics; or

(2) be submitted electronically through an automated system approved by the Bureau of Vital Statistics if the requester attests to having the certification and can provide the state file number and date of registration.

(3)Verifications are subject to the record search fee schedule in Section 1300, except in cases where the verification is needed for an active criminal investigation by a verified law enforcement agency.

I. When the State Registrar receives information that a record may have been registered, corrected, or amended through fraud or misrepresentation, he or she may withhold issuance of any certification of that record pending inquiry by appropriate authorities to determine whether fraud or misrepresentation has occurred.

(1) If upon conclusion of the inquiry no fraud or misrepresentation is found, certifications shall be issued upon the request of a qualified applicant.

(2) If upon conclusion of the inquiry there is reasonable cause to suspect fraud or misrepresentation, the Bureau of Vital Statistics shall give the person named in the record notice in writing of his or her intention to void said record or cancel the amendment. The notice shall give such person an opportunity to appear and show cause why the record should not be voided or the amendment cancelled. The notice may be served on such person or, in the case of a minor, on his or her parent or legal guardian by registered mail to his or her last known address.

(3) Unless such person or his or her parent or legal guardian shall, within thirty (30) calendar days after the date of mailing, show cause why the certificate shall not be voided or the amendment cancelled, the record shall be so voided or the amendment cancelled.

(4) The voided record or amendment and evidence shall be retained but shall not be subject to inspection or copying except upon order of a court with competent jurisdiction over the Department or by the Bureau of Vital Statistics for purposes of administering the vital statistics program.

J. When the State Registrar receives information that an application for a certification may have been submitted for purposes of fraud or misrepresentation, he or she may withhold issuance of the certification requested pending inquiry by appropriate authorities to determine whether fraud or misrepresentation has occurred.

(1) If upon conclusion of the inquiry no fraud or misrepresentation is found, certification shall be issued.

(2) If upon conclusion of the inquiry there is reasonable cause to suspect fraud or misrepresentation, the requested certification shall not be issued and the Bureau of Vital Statistics shall provide copies of the application and evidence to appropriate authorities for further investigation.

(3) The application and evidence shall be retained but shall not be subject to inspection or copying except upon order of a court with competent jurisdiction over the Department or by the Bureau of Vital Statistics for purposes of administering the vital statistics program.

K. All applications and supporting documentation submitted for the purpose of issuing certifications of vital records shall be confidential and shall not be released without acceptable authorization provided to the Department by the person listed as the applicant, except upon receipt of an order from a court of competent jurisdiction.

L. Certifications of vital records will be issued in electronic format unless the electronic format does not accurately reflect information contained in the original record as determined by the State Registrar. If the electronic format of the certification cannot be produced, a book copy will be issued when the record is requested by an entitled party.

1300. FEES

Fees generated by the following fee schedule shall be retained and expended by the Department to offset the cost of operation of the Vital Records System.

FEE SCHEDULE		
a.	*Records Search (includes one certification, if located)	$ 12.00
b.	Additional Similar Certifications of the Same Record ordered	$ 3.00
c.	Expedited Service (additional to other required fees)	$ 5.00
d.	*Index Verification for Government Agencies	$ 2.00
e.	*Special Filing Fees (additional to search fee)	
	(1) Correction of certificate by affidavit	$ 15.00
	(2) Amended certificate (adoption, legitimation court order, paternity acknowledgment	$ 15.00
	(3) Delayed Registration of Birth	$ 15.00

* Indicates a non-refundable fee

Fiscal Impact Statement:

Most of the regulation updates will have minimal, if any, fiscal impact on the Department. The impact of the administrative penalties and fines, which are required by statute, will assist the Department in the timely filing of certificates, and any revenue will be used for the upkeep and improvement of the program.

Statement of Need and Reasonableness:

The following presents an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: R.61-19, Vital Statistics.

Purpose: The Department amends R.61-19, Vital Statistics, to provide general updates to make processes more clear, concise, customer-friendly, and efficient; to remove obsolete sections; to add and update definitions; to address advancements in processes for the creation and amendment of vital records; and to bring the regulation into conformity with changes in South Carolina law.

Legal Authority: 1976 Code Sections 44-63-10, et seq.

Plan for Implementation: The amendments will take legal effect upon General Assembly approval and upon publication in the State Register. Department personnel will then take appropriate steps to inform the regulated community of the amendments. Additionally, a copy of the regulation will be posted on the Department's website, accessible at www.scdhec.gov/regulations-table. Printed copies may also be requested, for a fee, from the Department's Freedom of Information Office.

DETERMINATION OF NEED AND REASONABLENESS OF THE REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The revisions are needed to clarify Department processes that are performed but not codified in law or regulation, such as surrogacy/gestational carrier agreements, changes to a registrant or decedent's sex, and other more minor amendments. It also establishes processes for laws that were passed in recent years, such as administrative penalties for death certifiers/verifiers and fines for Induced Termination of Pregnancy (ITOP) providers. The amendments will also update and improve policies that presently cause significant hardship for our customers, such as elderly citizens attempting to add their names to unnamed certificates and persons trying to amend their dates of birth. These cases often require court intervention, which is expensive and time-consuming. Other amendments such as to parental titles and regulations governing changes to a registrant's sex are intended to reduce risk to the agency, particularly as it pertains to out-of-state orders. Finally, all of the updates and general clarifications will allow the Department to carry out its role more effectively as stewards of vital records.

DETERMINATION OF COSTS AND BENEFITS:

Although the need for court-required action can never be eliminated completely, the amendments aim to remove this need as much as possible to benefit customers who currently have to pay attorney fees and complete the challenging steps of obtaining a court order to amend vital records. The administrative penalties process will bring some additional revenue to the Department. However, it is difficult to gauge the exact fiscal impact as the Department will be working with providers over the coming years to help them improve processes for filing certificates in a timely fashion once enforcement does take effect.

UNCERTAINTIES OF ESTIMATES:

As discussed above, the implementation of administrative penalties is unclear how severely it will impact the state or stakeholders.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

The amendments will not have a significant impact on the environment. The impact to public health will be providing clearer requirements and guidelines to the public for the processes they need to obtain their vital records. This will allow for more timely submission of documents and reduce the challenges caused by amendment processes to registrants.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

The amendments will not have a significant impact on the environment. The impact to public health if these amendments are not implemented will be a continuation of having to go to court for many basic amendments that could be done administratively. This can cause financial and emotional stress, which are negative indicators of public health. The timely filing of death certificates also impacts the Department's vital statistics data, which is used to influence many public policies and research requests in the state and nation. Additionally, important aspects of the vital statistics program will continue to go undefined under current regulations and will perpetuate ambiguity and legal risk for the Department.

Statement of Rationale:

Here below is the Statement of Rationale pursuant to S.C. Code Section 1-23-110(A)(3)(h):

The Department amends R.61-19 to provide general updates that will improve clarity of processes and functions of the Department related to vital statistics, as well as provide more customer-friendly and efficient processes to achieving constituent goals. The amendments update and improve language that more easily relate to the updated system of vital statistics and add much-needed definitions. Finally, it defines processes that were passed into law that the Department was unable to implement previously. Overall, the amendments are designed to fully implement the law while improving the functions of the Department.

Document No. 5119
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61
Statutory Authority: 1976 Code Sections 48-1-10 et seq.

61-68. Water Classifications and Standards.

Synopsis:

Pursuant to S.C. Code Sections 48-1-10 et seq., the Department of Health and Environmental Control ("Department") establishes appropriate goals and water uses to be achieved, maintained, and protected; general rules and water quality criteria to protect classified and existing water uses; and an antidegradation policy to protect and maintain the levels of water quality necessary to support and maintain those existing and classified uses. Section 303(c)(2)(B) of the federal Clean Water Act ("CWA") requires South Carolina's water quality standards be reviewed and revised, where necessary, at least once every three years. Referred to as the triennial review, this required process consists of reviewing and adopting, where appropriate, the Environmental Protection Agency's updated numeric and narrative criteria. The Department amends R.61-68 to adopt the criteria the Department deems necessary to comply with federal regulatory recommendations and revisions.

In this revision and amendment of R. 61-68, the Department adopts a revised recreational water quality criteria for bacteria to reflect the most current final published criteria in accordance with the CWA. The Department also makes stylistic changes for overall improvement of the text of the regulation.

The Department had a Notice of Drafting published in the February 25, 2022, South Carolina State Register.

Section-by-Section Discussion of Amendments:

Section	**Type of Change**	**Purpose**
A. Purpose and Scope	Technical Correction	Amend Code references and section references for accuracy.
B. Definitions	Technical Correction Addition	Correcting each instance of mg/l by replacing it with mg/L for accuracy. Correcting punctuation. Adding definitions for: Department and Environmental Protection Agency for clarity. Renumbering definitions.
C. Applicability of Standards	Technical Correction	Correcting each instance of mg/l by replacing it with mg/L for accuracy. Correcting grammar and punctuation.
D. Antidegradation Rules	Technical Correction Reorganization Revision	Correcting each instance of mg/l by replacing it with mg/L for accuracy. Reorganizing and revising D.2.a. and D.2.b. to clarify the requirements of an alternatives analysis.
E. General Rules and Standards Applicable to All Waters	Technical Correction Revision	Correcting grammar and punctuation. Correcting each of the following instances for accuracy: replacing mg/l with mg/L; replacing ml with mL; and

Section	Type of Change	Purpose
		replacing ug/l with µg/L. Correcting taxonomic classifications to italicized font. Clarifying the assessment of enterococci and E. coli for purposes of Section 303(d) listing determinations shall be based on the geometric mean with an allowable 10% exceedance. Correcting a description from 17 items to 19 items.
F. Narrative Biological Criteria	Technical Correction	Correcting grammar and punctuation.
G. Class Descriptions, Designations, and Specific Standards for Surface Waters	Technical Correction Revision	Correcting each of the following instances for accuracy: replacing mg/l with mg/L; and replacing ml with mL. Revising the following standards to add an allowable 10% exceedance to the geometric mean: E. coli, fecal coliform, and enterococci.
H. Class Descriptions and Specific Standards for Ground Waters	Technical Correction	Correcting each instance of mg/l by replacing it with mg/L for accuracy. Correcting references and punctuation.
Appendix	Technical Correction	Correcting a reference from three attachments to four attachments.
Appendix – Priority Toxic Pollutants	Technical Correction	Correcting cadmium criteria from dissolved to total.
Appendix – Water Quality Criteria Additional Note 1	Technical Correction	Correcting the spelling of the word exceedance, and correcting punctuation. Correcting each instance of mg/l and replacing it with mg/L for accuracy.
Appendix Attachment 4	Technical Correction	Correcting each instance of mg/l by replacing it with mg/L, and correcting CCC by replacing it with CMC for accuracy.

Instructions:

Replace R.61-68 in its entirety with this amendment.

Text:

61-68. Water Classifications and Standards.

(Statutory Authority: S.C. Code Sections 48-1-10 et seq.)

TABLE OF CONTENTS

A. PURPOSE AND SCOPE.

1. This regulation, promulgated pursuant to authority in the S.C. Pollution Control Act, S.C. Code Sections 48-1-10 et seq., establishes a system and rules for managing and protecting the quality of South Carolina's surface and ground water. They establish the State's official classified water uses for all waters of the State, establish general rules and specific numeric and narrative criteria for protecting classified and existing water uses, and establish procedures for classifying waters of the State. The water quality standards include the uses of the waters, the numeric and narrative criteria, and the antidegradation rules contained in this regulation.

a. The uses of the waters of the State are defined and described in Sections B, C, E, F, G, and H of this regulation.

b. Numeric criteria for aquatic life and human health are numeric values for specific parameters and pollutants or water quality levels which have been assigned for the protection of the existing and classified uses for each of the classifications in South Carolina and are listed in Sections D, E, G, H, and the Appendix. Narrative criteria for aquatic life and human health are general goals and statements of attainable or attained conditions of biological integrity and water quality of the waterbody. These narrative criteria rely upon the use of standardized measures and data analyses to make qualitative determinations of the water quality and use attainment. The Department uses scientifically sound and, where applicable, EPA-approved methods in making these determinations. Narrative criteria are listed in Sections C, D, E, F, G, and H.

c. Antidegradation rules provide a minimum level of protection to all waters of the State and also include provisions and requirements necessary to determine when and if water quality degradation is allowed. Antidegradation rules are described in Section D of this regulation.

2. Waters which meet standards shall be maintained. Waters which do not meet standards shall be improved, wherever attainable, to achieve those standards. However, the Department cannot assure that classified waters shall at all times meet the numeric water quality standards for such uses.

3. Recognizing the technical and economic difficulty in restoring water quality, the Department shall emphasize a preventive approach in protecting waters of the State.

4. It is a goal of the Department to maintain and improve all surface waters to a level to provide for the survival and propagation of a balanced indigenous aquatic community of flora and fauna and to provide for recreation in and on the water. It is also a goal to provide, where appropriate and desirable, for drinking water after conventional treatment, shellfish harvesting, and industrial and agricultural uses.

5. It is a goal of the Department to maintain or restore ground water quality so it is suitable as a drinking water source without any treatment.

B. DEFINITIONS.

1. The definition of any word or phrase employed in this regulation shall be the same as given in the South Carolina Pollution Control Act, S.C. Code Sections 48-1-10, et seq., hereafter referred to as the Act. Words or phrases which are not defined in the Act are defined as follows:

2. **7Q10** means the annual minimum seven (7)-day average flow rate that occurs with an average frequency of once in ten (10) years as published or verified by the U. S. Geological Survey (USGS) or an estimate extrapolated from published or verified USGS data.

3. **30Q5** means the annual minimum thirty (30)-day average flow rate that occurs with an average frequency of once in five (5) years as published or verified by the U.S. Geological Survey (USGS) or an estimate extrapolated from published or verified USGS data.

4. **Acute** means a stimulus severe enough to rapidly induce an effect; in aquatic toxicity tests, an effect observed in ninety-six (96) hours or less typically is considered acute. When referring to aquatic toxicology or human health, an acute effect is not always measured in terms of lethality.

5. **Acute-to-chronic ratio** (ACR) means the ratio of the acute toxicity of an effluent or a toxicant to its chronic toxicity. It is used as a factor for estimating chronic toxicity on the basis of acute toxicity data, or for estimating acute toxicity on the basis of chronic toxicity data.

6. **Agricultural** means the use of water for stock watering, irrigation, and other farm purposes.

7. **Annual average flow** means the annual mean flow rate of a stream at a specific point as published or verified by the U.S. Geological Survey (USGS) or an estimated annual mean flow rate extrapolated from published or verified USGS data.

8. **Aquaculture** means a defined managed water area which uses discharges of pollutants into that designated area for the maintenance or production of harvestable freshwater, estuarine, or marine plants or animals.

9. **Aquatic farm** means the cultivation, production, or marketing of domestic aquatic organisms which are any fish, aquatic invertebrates, or aquatic plants that are spawned, produced, or marketed as a cultivated crop in the waters of the State.

10. **Aquatic toxicity test** mean laboratory experiments that measure the biological effect (e.g., growth, survival, and reproduction) of effluents or receiving waters on aquatic organisms.

11. **Aquifer** means a geologic formation, group of formations, or part of a formation that contains sufficient saturated permeable material to yield significant quantities of ground water to wells or springs.

12. **Balanced indigenous aquatic community** means a natural, diverse biotic community characterized by the capacity to sustain itself through cyclic seasonal changes, presence of necessary food chain species, and by a lack of domination by pollutant tolerant species.

13. **Best management practice** (BMP) means a practice or combination of practices that are the most effective, practical ways of controlling or abating pollution from widespread or localized sources.

14. **Bioaccumulation** means the process by which a compound is taken up and retained by an aquatic organism, both from water and through food.

15. **Bioavailability** means a measure of the physiochemical access that a toxicant has to the biological processes of an organism. The less the bioavailability of a toxicant, the less its toxic effect on an organism.

16. **Bioconcentration** means the process by which a compound is absorbed from water through gills or epithelial tissues and is concentrated in the body.

17. **Bioconcentration factor** (BCF) means the ratio of a substance‘s concentration in tissue versus its concentration in water, in situations where the food chain is not exposed or represents equilibrium partitioning between water and organisms.

18. **Biological assessment** means an evaluation of the biological condition of a waterbody using biological surveys and other direct measurements of resident biota in surface waters and sediments.

19. **Biological criteria**, also known as biocriteria, mean narrative expressions or numeric values of the biological characteristics of aquatic communities based on appropriate reference conditions. Biological criteria serve as an index of aquatic community health.

20. **Biological monitoring**, also known as biomonitoring, means a description of the living organisms in water quality surveillance used to indicate compliance with water quality standards or permit effluent limits and to document water quality trends. Methods of biological monitoring may include, but are not limited to, toxicity testing such as ambient toxicity testing, whole effluent toxicity testing, and ambient assessment of the resident biological community.

21. **Chlorophyll *a*** means a photosynthetic pigment present in all types of green plants. It is used as a measure of algal biomass and is an indicator of nutrient enrichment.

22. **Chronic** means a stimulus that lingers or continues for a relatively long period of time, often one-tenth of the life span or more. Chronic should be considered a relative term depending on the life span of an organism. The measurement of a chronic effect can be reduced growth, reduced reproduction, etc., in addition to lethality.

23. **Classified uses** mean those uses specified in Section G for surface waters and Section H for ground waters, whether or not those uses are being attained.

24. **Concentrated aquatic animal production facility** means a hatchery, fish farm, or other facility related to aquatic animal production which is not located in waters of the State and is subject to a National Pollutant Discharge Elimination System (NPDES) permit.

25. **Conventional treatment as applying to potable water supplies** means treatment including at least flocculation, sedimentation, filtration, and disinfection.

26. **Criterion continuous concentration** (CCC) means the highest instream concentration of a toxicant or an effluent to which the organisms can be exposed to protect against chronic (long-term) effects. EPA derives

chronic criteria from longer term (often greater than twenty-eight (28) days) tests that measure survival, growth, reproduction, and, in some cases, bioconcentration.

27. **Criterion maximum concentration** (CMC) means the highest instream concentration of a toxicant or an effluent to which the organisms can be exposed for a brief period of time without causing an acute effect. EPA derives acute criteria from forty-eight (48) to ninety-six (96) hour tests of lethality or immobilization.

28. **Daily average** means the average of all samples taken during any twenty-four (24)-hour period.

29. **Daily maximum** (for bacterial indicators only) means the highest arithmetic average of bacterial samples collected [for each of the bacterial indicator species (i.e., *E. coli*, enterococci, and/or fecal coliform)] in any twenty-four (24) hour period during a calendar month.

30. **Deleterious substances** mean those substances which in sufficient concentrations or levels have a harmful effect on classified or existing water uses.

31. **Department** means the S.C. Department of Health and Environmental Control.

32. **Ecoregions** mean areas of general similarity in ecosystems and in the type, quality, and quantity of environmental resources and are designed to serve as a spatial framework for the research, assessment, management, and monitoring of ecosystems and ecosystem components. The EPA has published a document that outlines the Level III ecoregions (please refer to U.S. Environmental Protection Agency. 1999. Level III ecoregions of the continental United States (revision of Omernik, 1987). Corvallis, Oregon, U.S. E.P.A.-National Health and Environmental Effects Research Laboratory, Map M-1.) The following are South Carolina Level III ecoregions: Blue Ridge Mountains, Piedmont, Southeastern Plains, and Middle Atlantic Coastal Plains.

33. **EPA** means the U.S. Environmental Protection Agency.

34. **Ephemeral streams** mean streams that generally have defined natural watercourses that flow only in direct response to rainfall or snowmelt and in which discrete periods of flow persist no more than twenty-nine (29) consecutive days per event.

35. **Existing uses** mean those uses actually being attained in or on the water, on or after November 28, 1975, regardless of the classified uses.

36. **Fishing** means the taking, harvesting, or catching of finfish or crustaceans for human consumption.

37. **Full pool elevation** means the maximum lake level attained before water releases over a fixed weir, spillway, or other discharge structure. In larger lakes and reservoirs, the full pool elevation is the maximum level established for management.

38. **Groundwater** means water below the land surface in a zone of saturation.

39. **Hydrograph controlled release** (HCRs) means the onsite storage or holding of treated wastewater or the use of an alternative discharge option contained in Section D.2.a. of this regulation, during specified critical streamflow conditions and then discharging the treated wastewater to the stream when streamflow is sufficient to assimilate the wastewater.

40. **Intermittent streams** mean streams that generally have defined natural watercourses which do not flow year around, but flow beyond periods of rainfall or snowmelt.

41. **Lake** means any water of the State that is a freshwater pond, reservoir, impoundment, or similar body of water located wholly or partially within the State.

42. **LC_{50}** means the concentration of a toxicant at which lethality occurs to fifty percent (50%) of the test organisms during a specified exposure time period.

43. **Mixing zone** means:

a. For surface waters, an area where a discharge undergoes initial dilution and is extended to cover the secondary mixing in the ambient waterbody. A mixing zone is an allocated impact zone where water quality criteria can be exceeded as long as acutely toxic conditions are prevented (except as defined within a Zone of initial dilution) and public health and welfare are not endangered.

b. For ground waters, a hydrogeologically controlled three-dimensional flow path in the subsurface which constitutes the pathway for waste constituents to migrate from a source.

44. **Monthly average** (for bacterial indicators only) means the calendar month (i.e., twenty-eight (28) days, twenty-nine (29) days, thirty (30) days, or thirty-one (31) days) geometric mean of all bacterial samples collected [for each of the bacterial indicator species (i.e., *E. coli,* enterococci, and/or fecal coliform)] during that calendar month.

45. **Natural conditions** mean those water quality conditions unaffected by anthropogenic sources of pollution.

46. **No discharge zone** (NDZ) means a waterbody (or a portion of a waterbody) so designated that no discharging Marine Sanitation Devices (MSDs) are allowed on vessels on waterbodies so designated. All vessels located on such designated waterbodies shall be equipped with MSDs which discharge to a holding tank which shall be pumped out at a designated pump-out location or shall discharge legally outside the boundary of the United States.

47. **No observed effect concentration** (NOEC) means the highest tested concentration of an effluent or a toxicant at which no adverse effects are observed on the aquatic test organisms at a specific time of observation and determined using hypothesis testing.

48. **Nutrients** mean an element or chemical essential to life including, but not limited to, nitrogen and phosphorus.

49. **Organoleptic effects** mean those sensory effects associated with taste and smell.

50. **Outstanding recreational or ecological resource waters** means waters which are of exceptional recreational or ecological importance or of unusual value. Such waters may include, but are not limited to: waters in national or state parks or wildlife refuges; waters supporting threatened or endangered species; waters under the National Wild and Scenic Rivers Act or South Carolina Scenic Rivers Act; waters known to be significant nursery areas for commercially important species or known to contain significant commercial or public shellfish resources; or waters used for or having significant value for scientific research and study.

51. **Practical quantitation limit** (PQL) means a concentration at which the entire analytical system must give a recognizable signal and acceptable calibration point. It is the concentration in a sample that is equivalent to the concentration of the lowest calibration standard analyzed by a specific analytical procedure, assuming that all the method-specific sample weights, volumes, and processing steps have been followed.

52. **Prohibited area** means an area adjacent to point source discharges or other sources of potential contamination in shellfish growing waters where the gathering of clams, mussels, or oysters is prohibited to protect public health.

53. **Primary contact recreation** means any activity with the intended purpose of direct water contact by the human body to the point of complete submergence, including, but not limited to, swimming, water skiing, and skin diving.

54. **Propagation** means the continuance of species through reproduction and growth in the natural environment, as opposed to the maintenance of species by artificial culture and stocking.

55. **Public water system** means any public or privately owned waterworks system which provides drinking water for human consumption, except those serving a single private residence or dwelling.

56. **Recharge area** means an area where an underground source of drinking water is poorly confined, is under water table conditions, and has a downward component of flow from the water table into the underground source of drinking water.

57. **Secondary contact recreation** means any activity occurring on or near the water which does not have an intended purpose of direct water contact by the human body to the point of complete submergence, including, but not limited to, fishing, boating, canoeing, and wading.

58. **Shellfish** mean bivalve mollusks, specifically clams, mussels, or oysters.

59. **Shellfish harvesting** means taking of bivalve mollusks, specifically clams, mussels, or oysters, for direct marketing or human consumption.

60. **Source for drinking water supply** means any source of surface water which is used for domestic consumption, or used in connection with the processing of milk, beverages, food or for other purposes which required finished water meeting regulations (40 CFR Part 141 and 40 CFR Part 143) established pursuant to the Safe Drinking Water Act (Public Law 93-523, 95-190) applicable to public water systems.

61. **Tidal conditions** mean conditions determined by the Department as appropriate for tidally influenced waters of the State to be analogous to the 7Q10 or the annual average flow for flowing waters of the State.

62. **Tidal saltwaters** mean those waters whose elevation is subject to changes due to oceanic tides and which have chloride ion content in excess of two hundred fifty milligrams per liter (250 mg/L) (salinity = 0.48 parts per thousand).

63. **Toxic wastes** means those wastes or combinations of wastes including disease-causing agents which, upon discharge and exposure, ingestion, inhalation, or assimilation into any organism, either directly from the environment or indirectly by ingestion through food chains, may cause death, disease, behavioral abnormalities, cancer, genetic mutations, physiological malfunctions (including malfunctions in reproduction), physical deformations, or restrict or impair growth in such organisms or their offspring.

64. **Underground source of drinking water** (USDW) means an aquifer or its portion:

a. Which supplies any public water system or individual residential well; or

b. Which contains a sufficient quantity of ground water to supply a public water system or individual residential well; and

(1) Currently supplies drinking water for human consumption; or

(2) Contains water with less than ten thousand milligrams per liter (10,000 mg/L) total dissolved solids.

65. **Variance** means a short-term exemption from meeting certain otherwise applicable water quality standards.

66. **Water table** means that level below the land surface at which all the voids are filled with water at a pressure equal to atmospheric.

67. **Weekly average** means the average of all samples taken during any consecutive seven (7)-day period.

68. **Whole effluent toxicity** (WET) means the aggregate toxic effect of an aqueous sample measured directly by an aquatic toxicity test.

69. **Zone of initial dilution** (ZID) means that minimal area of a mixing zone immediately surrounding the outfall where water quality criteria are not met, provided there is no acute toxicity to drifting organisms and public health and welfare are not endangered.

C. APPLICABILITY OF STANDARDS.

1. The water quality standards are applicable to both surface waters and ground waters.

2. Any exception specified in this regulation is to be applied exclusively to the situation for which it was incorporated and not as a general rule applicable to all situations or waters of the State.

3. Uses in all waters shall be protected, wherever attainable, regardless of flow and classification of waters.

4. Critical flows for determining permit effluent limitations and/or permit conditions or requirements, including permit development such as wasteload allocations or load allocations in total maximum daily loads (TMDLs), will be calculated in accordance with the following:

a. Aquatic life numeric criteria.

(1) The applicable critical flow conditions for aquatic life criteria shall be defined as 7Q10 or tidal conditions as determined by the Department. The numeric criteria of this regulation are not applicable to waters of the State when the flow rate is less than 7Q10 except as prescribed below.

(2) The Department shall consider conditions that are comparable to or more stringent than 7Q10 where appropriate to protect classified and existing uses, such as below dams and in tidal situations. Only those situations where the use of 7Q10 flows are determined to be impracticable, inappropriate, or insufficiently protective of aquatic life uses shall be considered as a situation in which the Department may consider other flow conditions.

(3) NPDES permit conditions shall be based on a critical condition analysis (e.g., critical flow, temperature or pH, or a combination of factors which would represent a critical condition). The Department may consider less stringent limits based on a critical ambient water temperature during November through February.

b. Human health and organoleptic numeric criteria.

(1) The applicable critical flow conditions for human health shall be defined as annual average flow for carcinogens, 7Q10 (or 30Q5 if provided by the applicant) for noncarcinogens, or tidal conditions as determined by the Department. The applicable critical flow conditions for organoleptic criteria shall be defined as annual average flow or tidal conditions as determined by the Department. The numeric criteria of this regulation are not applicable to waters of the State when the flow rate is less than the annual average flow for carcinogens or 7Q10 (or 30Q5 if provided by the applicant) for noncarcinogens, except as prescribed below.

(2) The Department shall consider conditions that are comparable to or more stringent than annual average flow, 7Q10, or 30Q5 (if provided by the applicant) where appropriate to protect the classified and existing uses, such as below dams and in tidal situations. Only those situations where the use of annual average flow, 7Q10,

or 30Q5 (if provided by the applicant) are determined to be impracticable, inappropriate, or insufficiently protective of human health uses shall be considered as a situation in which the Department may consider other flow conditions.

c. As described below, the Department may also consider conditions other than 7Q10 for use with an HCR.

(1) After a complete antidegradation review in compliance with Section D.2., an HCR for oxygen-demanding substances may be permitted by the Department for the following situations:

i. If other flow-related effluent conditions are allowed by federal effluent guidelines as specified in 40 CFR Parts 400-499 (Chapter I, Subchapter N) and when used the numeric criteria shall not be exceeded and all water quality standards are maintained and protected;

ii. For industrial discharges, after application of advanced wastewater treatment, as determined by the Department, for the type of wastewater discharged;

iii. For other discharges, after application of advanced wastewater treatment which will be defined, for this purpose, at or below the following permit effluent limitations of BOD_5 = 10 mg/L, NH_3-N = 1 mg/L, and DO = 6 mg/L.

(2) In cases where an HCR may be allowed, the permit effluent limitations for toxics will not be variable and will be based on the critical flow conditions (chemical-specific or WET).

(3) In cases where an HCR may be allowed, new or proposed expansions of existing permits shall require instream biological assessments and existing permits may require instream biological assessments.

5. Intermittent streams and ephemeral streams shall be considered waters of the State. The water quality standards of the class of the stream to which intermittent and ephemeral streams are tributary shall apply, disregarding any site-specific numeric criteria for the named waterbody. This does not preclude the development of site-specific numeric criteria for intermittent and ephemeral streams.

6. The standards of adjacent waters must be maintained in basins excavated from high ground and constructed solely for berthing vessels. The standards of the adjacent waters must also be maintained with regard to impacts from created marina basins.

7. The existing and classified uses of downstream waters shall be maintained and protected and existing uses shall be protected regardless of the classification of the downstream waters. In tidally-influenced waters, the existing and classified uses of both upstream and downstream waters shall be maintained and protected and the existing uses shall be protected regardless of the classification of the upstream and downstream waters.

8. Where surface waters are not classified by name (unlisted) in R.61-69, Classified Waters, the water quality standards of the class of the stream to which they are tributary shall apply, disregarding any site-specific numeric criteria for the named waterbody. In tidal areas where an unlisted tributary may affect or flows between two (2) differently classified waterbodies, regardless of whether the location is upstream or downstream, the more stringent numeric criteria of the classified waters apply to the unlisted tributary, disregarding any site-specific numeric criteria for those waterbodies. This does not preclude the development of site-specific numeric criteria for unlisted tributaries.

9. Because of natural conditions some surface and ground waters may have characteristics outside the standards established by this regulation. Such natural conditions do not constitute a violation of the water quality standards; however, degradation of existing water quality is prohibited unless consistent with Section D.4. of this regulation.

10. A mixing zone for surface waters may be allowed by the Department. All water quality standards of the classification of the surface waters, including affected downstream waters, are applicable unless a mixing zone, setting forth certain conditions, is granted by the Department. When the Department grants a mixing zone, the mixing zone shall not be an area of waste treatment, nor shall it interfere with or impair the existing uses of the waterbody. The size of the mixing zone shall be minimized, as determined by the Department, and shall be based upon applicable critical flow conditions. Since mixing zones are allocated impact zones where human health and aquatic life numeric criteria can be exceeded, the Department shall restrict their use. The following prohibitions and restrictions are established in order to support these important uses of the waters of the State.

a. In order to protect human health, mixing zones are not allowed when: they would endanger public health and welfare, the mixing zone would adversely affect shellfish harvesting, or the mixing zone would be for bacteria (e.g., fecal coliform).

b. In order to protect aquatic life, mixing zones are not allowed when: a pollutant, excluding temperature or thermal, in a discharge would attract biota; the mixing zone would result in undesirable aquatic organisms or a dominance of nuisance species outside of the mixing zone; there is a reasonable expectation that a discharge would adversely affect a federally-listed endangered or threatened aquatic species, its habitat, or a proposed or designated critical habitat; the mixing zone would not allow safe passage of aquatic organisms when passage would otherwise be unobstructed; or the mixing zone would not allow for the protection and propagation of a balanced indigenous aquatic community in and on the water body.

c. In order to protect both human health and aquatic life, mixing zones are not allowed when: a discharge would not be predicted to or does not produce adequate mixing at the point of discharge; or a discharge would be to a waterbody where multiple discharges interact if the combined mixing zone would impair the waterbody outside the mixing zone. The Department may prohibit or limit mixing zones in waters of the State that may be considered a significant estuarine nursery habitat for resident species.

d. The size of the mixing zone shall be kept to a minimum and may be determined on an individual project basis considering biological, chemical, engineering, hydrological, and physical factors.

11. Mixing zones for ground waters may be allowed by the Department. In order to ensure the maintenance and protection of the uses of the waters of the State and in compliance with Section D of this regulation, any mixing zone granted by the Department shall be determined on an individual basis by the Department as prescribed below.

a. The numeric standards for Class GB ground water, Section H.9., are applicable unless a mixing zone solely within the bounds of the property, setting forth certain conditions, is granted by the Department. Such a mixing zone shall be granted upon satisfactory demonstration to the Department that:

(1) Reasonable measures have been taken or binding commitments are made to minimize the addition of contaminants to ground water and/or control the migration of contaminants in ground water;

(2) The ground water in question is confined to a shallow geologic unit which has little or no potential of being an Underground Source of Drinking Water, and discharges or will discharge to surface waters without contravening the surface water standards set forth in this regulation;

(3) The contaminant(s) in question occurs within the bounds of the property, and there is minimum possibility for ground water withdrawals (present or future) to create drawdown such that contaminants would flow off-site; and

(4) The contaminants or combination of contaminants in question are not dangerously toxic, mobile, or persistent.

b. [Reserved].

12. Site-specific numeric criteria for surface waters may be established by the Department to replace the numeric criteria of Sections E, G, and the appendix of this regulation or to add new numeric criteria not contained in this regulation. Establishment of such numeric criteria shall be subject to public participation and administrative procedures for adopting regulations. In addition, such site-specific numeric criteria shall not apply to tributary or downstream waters unless specifically described in the water classification listing in R.61-69, Classified Waters.

13. In classifying and adopting standards for the waters of the State, the Department considers:

a. The size, depth, surface area covered, volume, flow direction, rate of flow, stream gradient, and temperature of the water;

b. The character of the district bordering such water and its suitability for the uses and with a view to conserving it and encouraging the most appropriate use of the lands bordering on such water for residential, agricultural, industrial, or recreational purposes;

c. The uses which have been made, are being made, may be made or are desired to be made of such waters for transportation, domestic, and industrial consumption, irrigation, swimming, fishing, fish culture, fire prevention, sewage disposal, or other uses;

d. The present quality of such waters; and

e. Information, about the four (4) items above, from government agencies, interested groups, and the public.

D. ANTIDEGRADATION RULES.

1. Existing water uses and the level of water quality necessary to protect these existing uses shall be maintained and protected regardless of the water classification and consistent with the policies below.

a. A new activity or expansion of an existing activity shall not be allowed in Class ONRW, Class ORW, or Shellfish Harvesting Waters if it would exclude, through establishment of a prohibited area, an existing shellfish harvesting or culture use. A new activity or expansion of an existing activity which will result in a prohibited area may be allowed in Class SA or Class SB waters when determined to be appropriate by the Department and would not remove or impair an existing use.

b. Existing uses and water quality necessary to protect these uses are presently affected or may be affected by instream modifications or water withdrawals. The stream flows necessary to protect classified and existing uses and the water quality supporting these uses shall be maintained consistent with riparian rights to reasonable use of water.

c. Existing or classified ground water uses and the conditions necessary to protect those uses shall be maintained and protected.

2. Where surface water quality exceeds levels necessary to support propagation of fish, shellfish, and wildlife, and recreation in and on the water, that quality shall be maintained and protected unless the Department finds, after intergovernmental coordination and public participation, that allowing lower water quality is necessary to important economic or social development in the areas where the waters are located. In allowing such lower water quality, water quality adequate to fully protect existing and classified uses shall be maintained. The highest statutory and regulatory requirements for all new and existing point sources shall be achieved and all cost-effective and reasonable best management practices for nonpoint source control shall be achieved within the State's statutory authority and otherwise encouraged. In order to fulfill these goals, the Department shall

consider (a) through (e) below when evaluating any proposed expansion or new discharge to waters of the State that will lower water quality to a measurable effect. This includes, but is not limited to, the new or increased loading of any pollutant or pollutant parameter in the effluent regardless of whether the discharge flow changes.

a. An alternatives analysis, conducted by the applicant, must demonstrate to the Department that none of the following applicable alternatives that would minimize or eliminate the lowering of water quality are economically and technologically reasonable:

(1) Water recycle or reuse;

(2) Use of other discharge locations;

(3) Connection to other wastewater treatment facilities;

(4) Use of land application;

(5) Product or raw material substitution; and

(6) Any other treatment option or alternative.

b. If an evaluation of the alternatives analysis reveals that economically and technologically reasonable treatment options, combined with any alternatives, would prevent the need for the lowering of water quality, the Department shall deny the request.

c. If there are no economically and technologically reasonable alternatives to a proposed discharge that will result in the lowering of water quality of a waterbody, the Department shall evaluate whether the proposed discharge is necessary for important economic or social development and may deny the request based upon this evaluation. For purposes of this evaluation, several economic and social factors may be considered, including, but not limited to, the following:

(1) Employment (increases, maintenance, or avoidance of reduction);

(2) Increased industrial production;

(3) Improved community tax base;

(4) Improved housing; and/or

(5) Correction of an environmental or public health problem.

d. Conformance of the proposed discharge with the applicable 208 Areawide Water Quality Management Plans may demonstrate importance to economic and social development as well as intergovernmental coordination and public participation.

e. Activities requiring permits or certification by the Department shall provide for public participation through the Department's existing public notification processes.

3. The water quality of outstanding resource surface waters designated as Class ONRW or Class ORW shall be maintained and protected through application of the standards for these classifications as described in Section G.

4. Certain natural conditions may cause a depression of dissolved oxygen in surface waters while existing and classified uses are still maintained. The Department shall allow a dissolved oxygen depression in these naturally low dissolved oxygen waterbodies as prescribed below pursuant to the Act, S.C. Code Sections 48-1-83, et seq.:

a. For purposes of section D of this regulation, the term "naturally low dissolved oxygen waterbody" is a waterbody that, between and including the months of March and October, has naturally low dissolved oxygen levels at some time and for which limits during those months shall be set based on a critical condition analysis. The term does not include the months of November through February unless low dissolved oxygen levels are known to exist during those months in the waterbody. For a naturally low dissolved oxygen waterbody, the quality of the surface waters shall not be cumulatively lowered more than 0.1 mg/L for dissolved oxygen from point sources and other activities; or

b. Where natural conditions alone create dissolved oxygen concentrations less than one hundred ten percent (110%) of the applicable water quality standard established for that waterbody, the minimum acceptable concentration is ninety percent (90%) of the natural condition. Under these circumstances, an anthropogenic dissolved oxygen depression greater than 0.1 mg/L shall not be allowed unless it is demonstrated that resident aquatic species shall not be adversely affected pursuant to S.C. Code Section 48-1-83. The Department may modify permit conditions to require appropriate instream biological monitoring.

c. The dissolved oxygen concentrations shall not be cumulatively lowered more than the deficit described above utilizing a daily average unless it can be demonstrated that resident aquatic species shall not be adversely affected by an alternate averaging period.

E. GENERAL RULES AND STANDARDS APPLICABLE TO ALL WATERS.

1. The General Assembly of South Carolina in the Act has declared the following policy: "It is declared to be the public policy of the State to maintain reasonable standards of purity of the air and water resources of the State, consistent with the public health, safety and welfare of its citizens, maximum employment, the industrial development of the State, the propagation and protection of terrestrial and marine fauna and flora, and the protection of physical property and other resources. It is further declared that to secure these purposes and the enforcement of the provisions of this Act, the Department of Health and Environmental Control shall have authority to abate, control and prevent pollution."

2. The classes and standards described in Sections G and H of this regulation implement the above State policy by protecting the waters of South Carolina. Consistent with the above policy, the Department adopts the following general standards in items 3-19 for all waters of South Carolina.

3. No waters of the State shall be used for the sole or principal purpose of transporting or treating wastes.

4. a. Any discharge into waters of the State must be permitted by the Department and receive a degree of treatment and/or control which shall produce an effluent which is consistent with the Act, the Clean Water Act (P.L. 92-500, 95-217, 97-117, 100-4), this regulation, and related regulations. No permit issued by the Department shall be interpreted as creating any vested right in any person. Additionally, any discharge into waters of the State containing sanitary wastes shall be effectively disinfected as necessary to meet the appropriate standards of this regulation. The Department may require best management practices (BMPs) for control of stormwater runoff as part of the requirements of an NPDES permit, a State construction permit, or a State 401 Water Quality Certification.

b. When not specifically covered by permit reporting requirements, any unauthorized discharge into waters of the State which may cause or contribute to an excursion of a water quality standard must be reported by the responsible party to the Department orally within twenty-four (24) hours of becoming aware of such conditions. Further, written notification must be provided to the Department (Bureau of Water) within five (5) calendar days of becoming aware of such conditions and the written notice must include the following:

(1) A description of the discharge and cause;

(2) The duration of the discharge, including exact dates and times, and if not corrected, the time that the unauthorized discharge is expected to cease, and what steps are being taken to eliminate, minimize, and prevent recurrence of the discharge.

5. All ground waters and surface waters of the State shall at all times, regardless of flow, be free from:

a. Sewage, industrial waste, or other waste that will settle to form sludge deposits that are unsightly, putrescent, or odorous to such a degree as to create a nuisance, or interfere with classified water uses or existing water uses;

b. Floating debris, oil, grease, scum, and other floating material attributable to sewage, industrial waste, or other waste in amounts sufficient to be unsightly to such a degree as to create a nuisance or interfere with classified water uses or existing water uses;

c. Sewage, industrial, or other waste which produce taste or odor or change the existing color or physical, chemical, or biological conditions in the receiving waters or aquifers to such a degree as to create a nuisance, or interfere with classified water uses (except classified uses within mixing zones as described in this regulation) or existing water uses; and

d. High temperature, toxic, corrosive, or deleterious substances attributable to sewage, industrial waste, or other waste in concentrations or combinations which interfere with classified water uses (except classified uses within mixing zones as described in this regulation), existing water uses, or which are harmful to human, animal, plant or aquatic life.

6. Waters where classified uses are not being attained can be reclassified for protection of an attainable use and standards designated for that use where:

a. Natural conditions prevent the attainment of the use; or

b. Natural, ephemeral, intermittent, low flow conditions, or water levels prevent the attainment of the use; or

c. Human caused conditions or sources prevent the attainment of the use and cannot be remedied or would cause more environmental damage to correct than to leave in place; or

d. Dams, diversions, or other types of hydrologic modifications preclude the attainment of the use, and it is not feasible to restore the waterbody to its original condition or to operate such modification in a way that would result in the attainment of the use; or

e. Physical conditions related to the natural features of the water body, such as the lack of a proper substrate, cover, flow, depth, pools, riffles, and the like, preclude attainment of aquatic life protection uses; or

f. Controls more stringent than those required by Sections 301(b) and 306 of the Clean Water Act would result in substantial and widespread economic and social impact.

7. Before the Department may grant a variance for any water of the State, there must be a demonstration that one of the following factors for reclassifying uses has been satisfied:

a. Natural conditions prevent the attainment of the use; or

b. Natural, ephemeral, intermittent, low flow conditions, or water levels prevent the attainment of the use; or

c. Human caused conditions or sources prevent the attainment of the use and cannot be remedied or would cause more environmental damage to correct than to leave in place; or

d. Dams, diversions, or other types of hydrologic modifications preclude the attainment of the use, and it is not feasible to restore the waterbody to its original condition or to operate such modification in a way that would result in the attainment of the use; or

e. Physical conditions related to the natural features of the water body, such as the lack of a proper substrate, cover, flow, depth, pools, riffles, and the like, preclude attainment of aquatic life protection uses; or

f. Controls more stringent than those required by Sections 301(b) and 306 of the Clean Water Act would result in adverse social and economic impact, disproportionate to the benefits to the public health, safety, or welfare as a result of maintaining the standard.

8. If the demonstration necessary under Section E.7 above has been satisfied, the Department may then grant a variance provided the following apply:

a. The variance is granted to an individual discharger for a specific pollutant(s) or parameter(s) and does not otherwise modify water quality standards; and

b. The variance identifies and justifies the criterion that shall apply during the existence of the variance; and

c. The variance is established as close to the underlying criterion as is possible and, upon expiration of the variance, the underlying criterion shall become the effective water quality standard for the waterbody; and

d. The variance is reviewed every three (3) years, at a minimum, and extended only where the conditions for granting the variance still apply; and

e. The variance does not exempt the discharger from compliance with any applicable technology or other water quality-based permit effluent limitations; and

f. The variance does not affect permit effluent limitations for other dischargers.

9. Prior to removing any uses or granting a variance, notice and an opportunity for a public hearing shall be provided.

10. Discharge of fill into waters of the State is not allowed unless the activity is consistent with Department regulations and will result in enhancement of classified uses with no significant degradation to the aquatic ecosystem or water quality.

11. In order to protect and maintain lakes and other waters of the State, consideration needs to be given to the control of nutrients reaching the waters of the State. Therefore, the Department shall control nutrients as prescribed below.

a. Discharges of nutrients from all sources, including point and nonpoint, to waters of the State shall be prohibited or limited if the discharge would result in, or if the waters experience growths of, microscopic or macroscopic vegetation such that the water quality standards would be violated or the existing or classified uses of the waters would be impaired. Loading of nutrients shall be addressed on an individual basis as necessary to ensure compliance with the narrative and numeric criteria.

b. Numeric nutrient criteria for lakes are based on an ecoregional approach which takes into account the geographic location of the lakes within the State and are listed below. These numeric criteria are applicable to

lakes of forty (40) acres or more. Lakes of less than forty (40) acres will continue to be protected by the narrative criteria.

(1) For the Blue Ridge Mountains ecoregion of the State, total phosphorus shall not exceed 0.02 mg/L, chlorophyll *a* shall not exceed 10 µg/L, and total nitrogen shall not exceed 0.35 mg/L.

(2) For the Piedmont and Southeastern Plains ecoregions of the State, total phosphorus shall not exceed 0.06 mg/L, chlorophyll *a* shall not exceed 40 µg/L, and total nitrogen shall not exceed 1.50 mg/L.

(3) For the Middle Atlantic Coastal Plains ecoregion of the State, total phosphorus shall not exceed 0.09 mg/L, chlorophyll *a* shall not exceed 40 µg/L, and total nitrogen shall not exceed 1.50 mg/L.

c. In evaluating the effects of nutrients upon the quality of lakes and other waters of the State, the Department may consider, but not be limited to, such factors as the hydrology and morphometry of the waterbody, the existing and projected trophic state, characteristics of the loadings, and other control mechanisms in order to protect the existing and classified uses of the waters.

d. The Department shall take appropriate action, to include, but not be limited to: establishing numeric effluent limitations in permits, establishing Total Maximum Daily Loads, establishing waste load allocations, and establishing load allocations for nutrients to ensure that the lakes attain and maintain the above narrative and numeric criteria and other applicable water quality standards.

e. The criteria specific to lakes shall be applicable to all portions of the lake. For this purpose, the Department shall define the applicable area to be that area covered when measured at full pool elevation.

12. a. The water temperature of all Freshwaters which are free flowing shall not be increased more than 5°F (2.8°C) above natural temperature conditions and shall not exceed a maximum of 90°F (32.2°C) as a result of the discharge of heated liquids unless a different site-specific temperature standard as provided for in C.12. has been established, a mixing zone as provided in C.10. has been established, or a Section 316(a) determination under the Federal Clean Water Act has been completed.

b. The weekly average water temperature of all Shellfish Harvesting, Class SA and Class SB waters shall not exceed 4°F (2.2°C) above natural conditions during the fall, winter or spring, and shall not exceed 1.5°F (0.8°C) above natural conditions during the summer as a result of the discharge of heated liquids unless a different site-specific temperature standard as provided for in C.12. has been established, a mixing zone as provided for in C.10 has been established, or a Section 316(a) determination under the Federal Clean Water Act has been completed.

c. The weekly average water temperature of all Freshwaters which are lakes shall not be increased more than 5°F (2.8°C) above natural conditions and shall not exceed 90°F (32.2°C) as a result of the discharge of heated liquids unless a different site-specific temperature standard as provided for in C.12. has been established, a mixing zone as provided in C.10. has been established, or a Section 316(a) determination under the Federal Clean Water Act has been completed.

13. Numeric criteria based on organoleptic data (prevention of undesirable taste and odor) are adopted herein. Those substances and their criteria are listed in the appendix. For those substances which have aquatic life and/or human health numeric criteria and organoleptic numeric criteria, the most stringent of the three (3) shall be used for derivation of permit effluent limitations.

14. Numeric criteria for the protection and maintenance of all classes of surface waters are adopted herein and are listed in Sections E, G, and the appendix. Footnotes that further describe the application of these numeric criteria are included in the appendix.

a. Application of numeric criteria to protect aquatic life.

(1) The stated CMC value shall be used as an acute toxicity number for calculating permit effluent limitations.

(2) The stated CCC value shall be used as a chronic toxicity number for calculating permit effluent limitations.

(3) If metals concentrations for numeric criteria are hardness-dependent, the CMC and CCC concentrations shall be based on 25 mg/L hardness (as expressed as $CaCO_3$) if the ambient hardness is less than 25 mg/L. Concentrations of hardness less than 400 mg/L maybe based on the actual mixed stream hardness if it is greater than 25 mg/L and less than 400 mg/L and 400 mg/L if the ambient hardness is greater than 400 mg/L.

(4) If separate numeric criteria are given for fresh and salt waters, they shall be applied as appropriate. In transitional tidal and estuarine areas, the Department shall apply the more stringent of the criteria to protect the existing and classified uses of the waters of the State.

(5) The Department shall review new or revised EPA criteria for adoption by South Carolina when published in final form.

(6) If the State develops site-specific criteria for any substances for which EPA has developed national criteria, the site-specific criteria shall supersede the national criteria.

b. Application of numeric criteria to protect human health.

(1) If separate numeric criteria are given for organism consumption, water and organism consumption (W/O), and drinking water Maximum Contaminant Levels (MCLs), they shall be applied as appropriate. The most stringent of the criteria shall be applied to protect the existing and classified uses of the waters of the State.

(2) The Department shall review new or revised EPA criteria for adoption by South Carolina when published in final form by EPA.

(3) If the State develops site-specific criteria for any substances for which EPA has developed national criteria, the site-specific criteria shall supersede the national criteria.

(4) Adoption of EPA human health criteria does not preclude the Department from considering health effects of other pollutants or from considering new or revised EPA criteria when developing effluent permit conditions.

c. Application of criteria for the derivation of permit effluent limitations.

(1) Numeric criteria for substances listed in Sections E, G, and the appendix shall be used by the Department to derive NPDES permit effluent limitations at the applicable critical flow conditions as determined by the Department unless an exception is provided below.

(2) When the derived permit effluent limitation based on aquatic life numeric criteria is below the practical quantitation limit for a substance, the derived permit effluent limitation shall include an accompanying statement in the permit that the practical quantitation limit using approved analytical methods shall be considered as being in compliance with the limit. Appropriate biological monitoring requirements shall be incorporated into the permit to determine compliance with appropriate water quality standards. Additionally, if naturally occurring instream concentration for a substance is higher than the derived permit effluent limitation, the Department may establish permit effluent limitations at a level higher than the derived limit, but no higher than the natural

background concentration. In such cases, the Department may require biological instream monitoring and/or WET testing.

(3) When the derived permit effluent limitation based on human health numeric criteria is below the practical quantitation limit for a substance, the derived permit effluent limitation shall include an accompanying statement in the permit that the practical quantitation limit using approved analytical methods shall be considered as being in compliance with the limit. Additionally, if naturally occurring instream concentration for a substance is higher than the derived permit effluent limitation, the Department may establish permit effluent limitations at a level higher than the derived limit, but no higher than the natural background concentration.

(4) NPDES permit effluent limitations for metals shall normally be expressed on the permits as total recoverable metals, but the Department may utilize a federally-approved methodology to predict the dissolved fraction, partitioning coefficient, or the bioavailable portion of metals in calculating these limits.

(5) Except as provided herein, where application of MCLs or W/O numeric criteria using annual average flow for carcinogens, 7Q10 (or 30Q5 if provided by the applicant) for noncarcinogens, or comparable tidal conditions as determined by the Department results in permit effluent limitations more stringent than limitations derived from other applicable human health criteria (organism consumption only), aquatic life criteria, or organoleptic numeric values, MCLs or W/O shall be used in establishing permit effluent limitations for human health protection. The Department may, after Notice of Intent included in a notice of a proposed NPDES permit in accordance with R.61-9.124.10, Procedures for Decision Making, determine that drinking water MCLs or W/O shall not apply to discharges to those waterbodies where there is: no potential to affect an existing or proposed drinking water source and no state-approved source water protection area. For purposes of this section, a proposed drinking water source is one for which a complete permit application, including plans and specifications for the intake, is on file with the Department at the time of consideration of an NPDES permit application for a discharge that will affect or has the potential to affect the drinking water source.

(6) Except as provided herein, the Department may determine that an NPDES permitted discharge will not cause, have reasonable potential to cause, or contribute to an exceedance of the numeric criterion for turbidity under the following conditions:

i. The facility withdraws its surface intake water containing turbidity from the same body of water into which the discharge is made;

ii. The facility does not significantly concentrate or contribute additional turbidity to the discharged water; or

iii. The facility does not alter the turbidity through chemical or physical means that would cause adverse water quality impacts to occur.

(7) Site-specific permit effluent limitations and alternate criteria less stringent than those derived in accordance with the above requirements may be derived where it is demonstrated that such limits and criteria shall maintain the existing and classified uses, adequate opportunity for public participation in such derivation process has occurred, and the effluent shall not cause human health criteria to be exceeded. Where a site-specific permit effluent limitation and alternate criterion has been derived, such derivation shall be subject to EPA review as appropriate. Also, at a minimum, opportunity for input in derivation of a site-specific permit effluent limitation and alternate criterion shall be provided via public notice in NPDES permit notices.

(8) In order to protect recreational uses in freshwaters (including FW, and all types of Trout Waters) of the State, NPDES permit effluent limitations shall be specified as indicated below:

i. Monthly Average (E. coli)	126 MPN per 100 mL
ii. Daily Maximum (E. coli)	349 MPN per 100 mL (see c(12) below)

iii. Shellfish protection	Class SFH requirements for fecal coliform (see c(11)i. and c(11)ii. below) may be specified (in addition to the limits above) for the protection of downstream waters (regardless of their individual classification) with shellfish uses.
iv. Municipal separate storm sewer systems	For municipal separate storm sewer systems (as described in R.61-9.122.26.a.), compliance with the bacterial standards shall be determined in accordance with c(13) below.
v. Protection of upstream and/or downstream waters	Permit limitations may include (in addition to the requirements listed in c(8)i. and c(8)ii. above) one or more bacterial limitations for fecal coliform, *E. coli*, and/or enterococci to protect both uses in the specific receiving waterbody and also to protect any upstream and/or downstream uses that may be required. If more than one bacterial limit is required, the conditions associated with each section below shall apply independently regardless of the water classification at the point of discharge.
vi. Class ORW or ONRW protection	For Class ORW or ONRW waters, the bacterial requirements shall be those applicable to the classification of the waterbody immediately prior to reclassification to either ORW or ONRW, including consideration of natural conditions. See G.5 and G.7 for prohibitions.

(9) In order to protect recreational uses in Class SA saltwaters of the State, NPDES permit effluent limitations shall be specified as indicated below:

i. Monthly Average (enterococci)	35 MPN per 100 mL
ii. Daily Maximum (enterococci)	104 MPN per 100 mL (see c(12) below)
iii. Shellfish protection	Class SFH requirements for fecal coliform (see c(11)i. and c(11)ii. below) may be specified (in addition to the limits above) for the protection of upstream and/or downstream waters (regardless of their individual classification) with shellfish uses.
iv. Municipal separate storm sewer systems	For municipal separate storm sewer systems (as described in R.61-9.122.26.a.), compliance with the bacterial standards shall be determined in accordance with c(13) below.
v. Protection of upstream and/or downstream waters	Permit limitations may include (in addition to the requirements listed in c(9)i. and c(9)ii. above) one or more bacterial limitations for fecal coliform, E. coli, and /or enterococci to protect both uses in the specific receiving waterbody and also to protect any upstream or downstream uses that may be required. If more than one bacterial limit is required, the conditions associated with each section above

	or below shall apply independently regardless of the water classification at the point of discharge.
vi. Class ORW or ONRW protection	For Class ORW or ONRW waters, the bacterial requirements shall be those applicable to the classification of the waterbody immediately prior to reclassification to either ORW or ONRW, including consideration of natural conditions. See G.5 and G.7 for prohibitions.

(10) In order to protect recreational uses in Class SB saltwaters of the State, NPDES permit effluent limitations shall be specified as indicated below:

i. Monthly Average (enterococci)	35 MPN per 100 mL
ii. Daily Maximum (enterococci)	104 MPN per 100 mL (see c(12) below)
iii. Class SA recreational daily maximum and/or shellfish protection	Class SA daily maximum (see c(9)ii. above) recreational use requirements for enterococci and/or Class SFH requirements (see c(11)i. and c(11)ii. below) for fecal coliform may be specified (in addition to the limits above) for the protection of upstream and/or downstream waters (regardless of their individual classification).
iv. Municipal separate storm sewer systems	For municipal separate storm sewer systems (as described in R.61-9.122.26.a.), compliance with the bacterial standards shall be determined in accordance with c(13) below.
v. Protection of upstream and/or downstream waters	Permit limitations may include (in addition to the requirements listed in c(10)i. and c(10)ii. above) one or more bacterial limitations for fecal coliform, E. coli and /or enterococci to protect both uses in the specific receiving waterbody and also to protect any upstream or downstream uses that may be required. If more than one bacterial limit is required, the conditions associated with each section above or below shall apply independently regardless of the water classification at the point of discharge.
vi. Class ORW or ONRW protection	For Class ORW or ONRW waters, the bacterial requirements shall be those applicable to the classification of the waterbody immediately prior to reclassification to either ORW or ONRW, including consideration of natural conditions. See G.5 and G.7 for prohibitions.

(11) In order to protect for the consumption of shellfish, for any discharge either directly or indirectly in Class SFH waters or in Class SA, Class SB, ORW, or ONRW waters with existing and/or approved shellfish harvesting uses as described in Section C.7, including protection of shellfish upstream and/or downstream uses in all waters regardless of their classification, NPDES permit effluent limitations shall be specified as indicated below:

i. For protection of shellfish uses-Monthly Average (Fecal coliform)	14 MPN per 100 mL
ii. For protection of shellfish uses- Daily Maximum (Fecal coliform)	43 MPN per 100 mL (see c(12) below)

iii. For protection of recreational uses - Monthly Average (enterococci)	35 MPN per 100 mL
iv. For protection of recreational uses-Daily Maximum (enterococci)	104 MPN per 100 mL (see c(12) below)
v. Protection of upstream and/or downstream waters	Permit limitations may include (in addition to the requirements listed in c(11)i. through c(11)iv. above) one or more bacterial limitations for fecal coliform, E. coli and /or enterococci to protect both uses in the specific receiving waterbody and also to protect any upstream or downstream uses that may be required. If more than one bacterial limit is required, the conditions associated with each section above shall apply independently regardless of the water classification at the point of discharge.
vi. Municipal separate storm sewer systems	For municipal separate storm sewer systems (as described in R.61-9.122.26.a.), compliance with the bacterial standards shall be determined in accordance with c(13) below.

(12) Provided the permittee verifies in writing to the Department that conditions (12)i. through (12)iv. below have been met, the permittee would be in compliance with the daily maximum bacterial requirement. However, nothing in this regulation precludes the Department from taking action, depending on the individual circumstances, to protect public health and/or the environment.

i. If the facility exceeds the permitted Daily Maximum bacterial limitation listed above (for E. coli, enterococci, or fecal coliform) but two (2) additional samples collected within forty-eight (48) hours of the original sample result do NOT exceed the required Daily Maximum limit; and

(A) For all waters not involving shellfish protection (regardless of the specific water classification), the individual bacterial sample result has not exceeded 800 MPN per 100 mL, and for those waters involving shellfish protection, the individual bacterial sample result for fecal coliform has not exceeded 200 MPN per 100 mL; and

(B) There is neither an existing Consent Order nor Administrative Order associated with the facilities operation of their disinfection system; and

(C) Either:

1. For facilities that routinely collect ten (10) bacterial samples per month (or one hundred twenty (120) or more samples per calendar year), there were no more than four (4) total bacteria samples exceeding the daily maximum limit in the previous twelve (12) months; or

2. For facilities other than those listed in (C)1. above (e.g., smaller facilities or those that do not routinely collect ten (10) samples or more per month), there was no more than one (1) bacterial sample exceeding the daily maximum limit in the previous twelve (12) months; and

ii. The permittee verifies that all disinfection equipment was fully functional, and the solids handling system was fully functional during that monitoring period; and

iii. Any additional bacterial sampling collected during the monthly monitoring period when the daily maximum exceedance occurred was reasonably distributed in time while maintaining representative sampling; and

iv. The permittee must provide sufficient laboratory data sensitivity (e.g., dilutions) to accurately represent the effluent bacterial concentration to utilize this procedure. Effluent bacterial results reported as greater than (>) do not meet this criteria, since the actual results are unknown.

(13) For waters of the State, where a permit has been issued pursuant to R.61-9.122.26 and R.61-9.122.34, the Department shall consider the permittee in compliance with the established bacterial (i.e., E. coli, enterococci, fecal coliform) criteria for recreational uses of the waterbody if the permittee is in compliance with their permit.

(14) TMDL(s), WLA(s), and LA(s) included in currently approved freshwater fecal coliform TMDL documents shall be converted to *E. coli* utilizing a translator equation established by the Department and shall be based upon existing targets included in approved freshwater fecal coliform bacteria TMDL documents.

(15) All effluent permit limitations which include WET shall require that the WET tests be conducted using *Ceriodaphnia dubia* (*C. dubia*), except as stated. If the salinity of a discharge to a saline waterbody is high enough to be toxic to *C. dubia*, *Mysidopsis bahia* (*M. bahia*) shall be used. If the hardness of a waterbody is low enough to be toxic to *C. dubia*, then *Daphnia ambigua* (*D. ambigua*) may be used. Low salinity discharges to saltwater may be tested using either *C. dubia* or *M. bahia* with salinity adjustment, as determined by the Department. The Department may consider an alternative species if it can be demonstrated that the proposed species meets the requirements of 40 CFR 136.4 and 5, as approved by EPA. EPA test methods (40 CFR 136) for acute and chronic toxicity testing with freshwater organisms or marine and estuarine organisms must be followed. The Department may consider an alternative method if it can be demonstrated that the proposed method meets the requirements of 40 CFR 136 and is approved by EPA.

d. Evaluation of ambient water quality.

(1) If the numeric criterion for toxic pollutants is lower than the analytical detection limit, the criterion is not considered violated if the ambient concentration is below the detection limit and the instream indigenous biological community is not adversely impacted.

(2) If the ambient concentration is higher than the numeric criterion for toxic pollutants, the criterion is not considered violated if biological monitoring has demonstrated that the instream indigenous biological community is not adversely impacted.

(3) In order to appropriately evaluate the ambient water quality for the bioavailability of the dissolved portion of hardness dependent metals, the Department may utilize a federally-approved methodology to predict the dissolved fraction or partitioning coefficient in determining compliance with water quality standards established in this regulation.

(4) The assessment of fecal coliform for purposes of evaluating the shellfish harvesting use for South Carolina's Shellfish Management Units is conducted in accordance with provisions of R.61-47, Shellfish. R.61-47 also includes specific language describing the use of the allowable ten percent (10%) exceedance value in the shellfish program.

(5) The assessment of enterococci for purposes of issuing swimming advisories for ocean beaches for recreational use will be based on the single sample maximum of 104/100 mL.

(6) The assessment of enterococci and E. coli for purposes of Section 303(d) listing determinations for recreational uses shall be based on either the geometric mean with an allowable ten percent (10%) exceedance,

where sufficient data exists to calculate a geometric mean, or the single sample maximum with an allowable ten percent (10%) exceedance.

(7) The assessment of total microcystins for purposes of issuing a swimming advisory for freshwater recreational use will be based on the single sample maximum of 8 µg/L. Once issued, the swimming advisory will remain in effect until resample results indicate the toxin concentration falls below 8 µg/L.

(8) The assessment of total microcystins for purposes of Section 303(d) listing determinations for recreational uses shall be based on no more than three (3) swimming advisories in a three (3)-year assessment period.

(9) The assessment of cylindrospermopsin for purposes of issuing a swimming advisory for freshwater recreational use will be based on the single sample maximum of 15 µg/L. Once issued, the swimming advisory will remain in effect until resample results indicate the toxin concentration falls below 15 µg/L.

(10) The assessment of cylindrospermopsin for purposes of Section 303(d) listing determinations for recreational uses shall be based on no more than three (3) swimming advisories in a three (3)-year assessment period.

15. The Department may require biological or other monitoring in NPDES permits to further ascertain any bioaccumulative effects of pollutants. Such monitoring may include analyses of fish and shellfish, macroinvertebrates, macrophytes, and/or sediments in order to assess the accumulation of pollutants in tissues or sediments that:

a. May cause or have the potential to cause adverse impacts to the balanced indigenous aquatic community; and

b. May cause or have the potential to cause adverse impacts to human health and/or terrestrial flora and fauna.

16. The Department may consider other scientifically-defensible published data which are appropriate for use in developing permit limits and evaluating water quality for constituents for which EPA has not developed national criteria or South Carolina has no standards.

a. The Department shall apply a sensitivity factor to aquatic toxicity data unless, in the Department's judgment, the data represent a minimum of three (3) appropriately sensitive species representing three (3) taxonomic groups (plant, macroinvertebrate, and fish).

(1) If only an acute toxicity effect concentration for a number of species for a particular pollutant is given as an LC_{50}, the lowest concentration should be divided by an acute-to-chronic ratio (ACR) of ten (10) and a sensitivity factor of 3.3, for an acceptable instream concentration in order to protect against chronic toxicity effects.

(2) If a chronic toxicity effect concentration for a number of species for a particular pollutant is given as a no observed effect concentration (NOEC), the lowest concentration should be divided by a sensitivity factor of 3.3 in order to protect against chronic toxicity to the most sensitive species.

b. The Department must notify the permittee that other such data were used in developing permit limits and provide justification for their use.

17. Tests or analytical methods to determine compliance or non-compliance with standards shall be made in accordance with methods and procedures approved by the Department and the EPA. In making any tests or applying analytical methods to determine compliance or non-compliance with water quality standards,

representative samples shall be collected in accordance with methods and procedures approved by the Department and the EPA. Consideration of representative sample methods shall include the following:

a. Surface water and ground water samples shall be collected so as to permit a realistic appraisal of quality and actual or potential damage to existing or classified water uses. For ground waters, consideration shall be given to, but shall not be limited to, depth to water table, flow direction, and velocity. For surface waters, time of day, flow, surface area, and depth shall be considered.

b. Biological assessment methods may be employed in appropriate situations to determine abnormal nutrient enrichment, trophic condition, LC_{50}, concentration of toxic substances, acceptable instream concentrations, or acceptable effluent concentrations for maintenance of a balanced indigenous aquatic community.

c. Temporal distribution of samples in tidally influenced waters shall cover the full range of tidal conditions.

d. Ambient toxicity tests used for screening purposes shall be conducted using *Ceriodaphnia dubia (C. dubia)*, except as stated. If salinity of a waterbody is high enough to be toxic to *C. dubia*, *Mysidopsis bahia (M. bahia)* will be used. If the hardness of a waterbody is low enough to be toxic to *C. dubia*, then *Daphnia ambigua (D. ambigua)* may be used. The Department may consider an alternative species if it can be demonstrated that the proposed species meets the requirements of 40 CFR Part 136.4 and 5, as approved by EPA. EPA test methods (40 CFR Part 136) for acute and chronic toxicity testing with freshwater organisms or marine and estuarine organisms must be followed. The Department may consider an alternative method if it can be demonstrated that the proposed method meets the requirements of 40 CFR Part 136, and is approved by EPA.

18. For the protection of human health, methylmercury concentration in fish or shellfish shall not exceed 0.3 mg/kg in wet weight of edible tissue.

a. NPDES permit implementation for methylmercury will require mercury monitoring, assessment and minimization for discharges that meet the following conditions;

(1) The receiving stream is impaired for methylmercury in fish or shellfish tissue; and

(2) The discharge or proposed discharge has consistently quantifiable levels of mercury.

b. The need for a total mercury effluent limit, for the protection of aquatic life and/or human health, pursuant to R.61-9.122.44(d), shall be based on a reasonable potential analysis of the discharge compared to the mercury standards for ambient waters.

19. The assessment of methylmercury in fish or shellfish for purposes of Section 303(d) listing determinations shall be based on the Department's Fish Consumption Advisories.

F. NARRATIVE BIOLOGICAL CRITERIA.

1. Narrative biological criteria are contained in this regulation and are described throughout the sections where applicable. The following are general statements regarding these narrative biological criteria.

a. Narrative biological criteria in Section A.4. describe the goals of the Department to maintain and improve all surface waters to a level that provides for the survival and propagation of a balanced indigenous aquatic community of fauna and flora. These narrative criteria are determined by the Department based on the condition of the waters of the State by measurements of physical, chemical, and biological characteristics of the waters according to their classified uses.

b. Section C.10. describes narrative biological criteria relative to surface water mixing zones and specifies requirements necessary for the protection and propagation of a balanced indigenous aquatic community.

c. Narrative biological criteria shall be consistent with the objective of maintaining and improving all surface waters to a level that provides for the survival and propagation of a balanced indigenous aquatic community of fauna and flora attainable in waters of the State, and in all cases shall protect against degradation of the highest existing or classified uses or biological conditions in compliance with the antidegradation rules contained in this regulation. Section D.1.a. describes narrative biological criteria relative to activities in Outstanding National Resource Waters, Outstanding Resource Waters, and Shellfish Harvesting Waters.

d. In order to determine the biological quality of the waters of the State, it is necessary that the biological component be assessed by comparison to a reference condition(s) based upon similar hydrologic and watershed characteristics that represent the optimum natural condition for that system. Such reference condition(s) or reaches of waterbodies shall be those observed to support the greatest variety and abundance of aquatic life in the region as is expected to be or would be with a minimal amount of disturbance from anthropogenic sources. Impacts from urbanization and agriculture should be minimal and natural vegetation should dominate the land cover. There should also be an appropriate diversity of substrate. Reference condition(s) shall be determined by consistent sampling and reliable measures of selected indicative communities of flora and fauna as established by the Department and may be used in conjunction with acceptable physical, chemical, and microbial water quality measurements and records judged to be appropriate for this purpose. Narrative biological criteria relative to activities in all waters are described in Section E.

e. In the Class Descriptions, Designations, and Specific Standards for Surface Waters Section, all water use classifications protect for a balanced indigenous aquatic community of fauna and flora. In addition, Trout Natural and Trout Put, Grow, and Take classifications protect for reproducing trout populations and stocked trout populations, respectively.

2. [Reserved].

G. CLASS DESCRIPTIONS, DESIGNATIONS, AND SPECIFIC STANDARDS FOR SURFACE WATERS.

1. All surface waters of the State, except as discussed in Section C., shall be identified within one of the classes described below. The Department may determine in accordance with Section 312 of the Clean Water Act that for some waterbodies (or portions of waterbodies), the designation of No Discharge Zone (NDZ) for Marine Sanitation Devices (MSDs) shall be enacted with application of the existing classified standards of the waterbody. Those waters classified by name shall be listed in R.61-69, Classified Waters, along with the NDZ designation, if applicable.

2. Where a surface waterbody is tributary to waters of a higher class, the quality of the water in the tributary shall be protected to maintain the standards of the higher classified receiving water.

3. For items not listed in each class, criteria published pursuant to Sections 304(a) and 307(a) of the Federal Clean Water Act or other documents shall be used as guides to determine conditions which protect water uses. Many of these criteria are listed in the appendix to this regulation. For consideration of natural conditions, refer to Sections: C.9., D.4., E.12., E.14.c.(2), E.14.c.(3), F.4.d., G.4., G.6., and G.9. For the following numeric criteria for turbidity (with the exception of Outstanding National Resource Waters, Outstanding Resource Waters, Trout Waters, and Shellfish Harvesting Waters), compliance with these turbidity criteria may be considered to be met as long as the waterbody supports a balanced indigenous aquatic community when land management activities employ Best Management Practices (BMPs). For consideration, BMPs must be in full compliance with all specifications governing the proper design, installation, operation, and maintenance of such BMPs and all applicable permit conditions and requirements must be met.

4. Outstanding National Resource Waters (ONRW) are freshwaters or saltwaters which constitute an outstanding national recreational or ecological resource.

Quality Standards for Outstanding National Resource Waters	
ITEMS	**STANDARDS**
a. Color, dissolved oxygen, fecal coliform, enterococci, *E. coli*, pH, temperature, turbidity, and other parameters.	Water quality conditions shall be maintained and protected to the extent of the Department's statutory authority. Numeric and narrative criteria for Class ONRW shall be those applicable to the classification of the waterbody immediately prior to reclassification to Class ONRW, including consideration of natural conditions.

5. In order to maintain the existing quality of Class ONRW waters the following additional standards apply:

ITEMS	**STANDARDS**
a. Discharge from domestic, industrial, or agricultural waste treatment facilities; aquaculture; open water dredged spoil disposal.	None allowed.
b. Stormwater, and other nonpoint source runoff, including that from agricultural uses, or permitted discharge from aquatic farms, concentrated aquatic animal production facilities, and uncontaminated groundwater from mining.	None allowed.
c. Dumping or disposal of garbage, cinders, ashes, oils, sludge, or other refuse.	None allowed.
d. Activities or discharges from waste treatment facilities in waters upstream or tributary to ONRW waters.	Allowed if there shall be no measurable impact on the downstream ONRW consistent with antidegradation rules.

6. Outstanding Resource Waters (ORW) are freshwaters or saltwaters which constitute an outstanding recreational or ecological resource or those freshwaters suitable as a source for drinking water supply purposes with treatment levels specified by the Department.

Quality Standards for Outstanding Resource Waters	
ITEMS	**STANDARDS**
a. Color, dissolved oxygen, fecal coliform, enterococci, *E. coli*, pH, temperature, turbidity, and other parameters.	Water quality conditions shall be maintained and protected to the extent of the Department's statutory authority. Numeric and narrative criteria for Class ORW shall be those applicable to the classification of the waterbody immediately prior to reclassification to Class ORW, including consideration of natural conditions.

7. In order to maintain the existing quality of Class ORW waters the following additional standards apply:

ITEMS	STANDARDS
a. Discharge from domestic, industrial, agricultural waste treatment facilities; aquaculture; open water dredged spoil disposal.	None allowed.
b. Stormwater, and other nonpoint source runoff, including that from agricultural uses, or permitted discharge from aquatic farms, concentrated aquatic animal production facilities, and uncontaminated groundwater from mining.	Allowed if water quality necessary for existing and classified uses shall be maintained and protected consistent with antidegradation rules.
c. Dumping or disposal of garbage, cinders, ashes, oils, sludge, or other refuse.	None allowed.
d. Activities or discharges from waste treatment facilities in waters upstream or tributary to ORW waters.	Allowed if water quality necessary for existing and classified uses shall be maintained and protected consistent with antidegradation rules.

8. Trout Waters. The State recognizes three types of trout waters: Natural; Put, Grow, and Take; and Put and Take.

a. Natural (TN) are freshwaters suitable for supporting reproducing trout populations and a cold water balanced indigenous aquatic community of fauna and flora. Also suitable for primary and secondary contact recreation and as a source for drinking water supply after conventional treatment in accordance with the requirements of the Department. Suitable for fishing and the survival and propagation of a balanced indigenous aquatic community of fauna and flora. Suitable also for industrial and agricultural uses.

b. Put, Grow, and Take (TPGT) are freshwaters suitable for supporting growth of stocked trout populations and a balanced indigenous aquatic community of fauna and flora. Also suitable for primary and secondary contact recreation and as a source for drinking water supply after conventional treatment in accordance with the requirements of the Department. Suitable for fishing and the survival and propagation of a balanced indigenous aquatic community of fauna and flora. Suitable also for industrial and agricultural uses.

c. Put and Take (TPT) are freshwaters suitable for primary and secondary contact recreation and as a source for drinking water supply after conventional treatment in accordance with the requirements of the Department. Suitable for fishing and the survival and propagation of a balanced indigenous aquatic community of fauna and flora. Suitable also for industrial and agricultural uses. The standards of Freshwaters classification protect these uses.

9. The standards below protect the uses of Natural and Put, Grow, and Take trout waters.

Quality Standards for Trout Waters	
ITEMS	**STANDARDS**
a. Garbage, cinders, ashes, oils, sludge, or other refuse	None allowed.

Quality Standards for Trout Waters	
ITEMS	**STANDARDS**
b. Treated wastes, toxic wastes, deleterious substances, colored, or other wastes except those given in a. above.	None alone or in combination with other substances or wastes in sufficient amounts to be injurious to reproducing trout populations in natural waters or stocked populations in put, grow, and take waters, or in any manner adversely affecting the taste, color, odor, or sanitary condition thereof or impairing the waters for any other best usage as determined for the specific waters which are assigned to this class.
c. Toxic pollutants listed in the appendix.	As prescribed in Section E of this regulation.
d. Stormwater, and other nonpoint source runoff, including that from agricultural uses, or permitted discharge from aquatic farms, concentrated aquatic animal production facilities, and uncontaminated groundwater from mining.	Allowed if water quality necessary for existing and classified uses shall be maintained and protected consistent with antidegradation rules.
e. Dissolved oxygen.	Not less than 6 mg/L.
f. E. coli	Not to exceed a geometric mean of 126/100 mL based on at least four (4) samples collected from a given sampling site over a 30-day period, nor shall more than ten percent (10%) of the total samples during any 30-day period exceed 349/100 mL.
g. pH.	Between 6.0 and 8.0.
h. Temperature.	Not to vary from levels existing under natural conditions, unless determined that some other temperature shall protect the classified uses.
i. Turbidity.	Not to exceed 10 Nephelometric Turbidity Units (NTUs) or ten percent (10%) above natural conditions, provided uses are maintained.
j. Total microcystins	Not to exceed 8 µg/L. For freshwater primary contact recreational use notifications and advisories samples shall not exceed 8 µg/L.
k. Cylindrospermopsin	Not to exceed 15 µg/L. For freshwater primary contact recreational use notifications and advisories samples shall not exceed 15 µg/L.

10. Freshwaters are freshwaters suitable for primary and secondary contact recreation and as a source for drinking water supply after conventional treatment in accordance with the requirements of the Department. Suitable for fishing and the survival and propagation of a balanced indigenous aquatic community of fauna and flora. Suitable also for industrial and agricultural uses.

Quality Standards for Freshwaters	
ITEMS	**STANDARDS**
a. Garbage, cinders, ashes, oils, sludge, or other refuse	None allowed.

Quality Standards for Freshwaters	
ITEMS	**STANDARDS**
b. Treated wastes, toxic wastes, deleterious substances, colored, or other wastes except those given in a. above.	None alone or in combination with other substances or wastes in sufficient amounts to make the waters unsafe or unsuitable for primary contact recreation or to impair the waters for any other best usage as determined for the specific waters which are assigned to this class.
c. Toxic pollutants listed in the appendix.	As prescribed in Section E of this regulation.
d. Stormwater, and other nonpoint source runoff, including that from agricultural uses, or permitted discharge from aquatic farms, concentrated aquatic animal production facilities, and uncontaminated groundwater from mining.	Allowed if water quality necessary for existing and classified uses shall be maintained and protected consistent with antidegradation rules.
e. Dissolved oxygen.	Daily average not less than 5.0 mg/L with a low of 4.0 mg/L.
f. E. coli	Not to exceed a geometric mean of 126/100 mL based on at least four (4) samples collected from a given sampling site over a 30-day period, nor shall more than ten percent (10%) of the total samples during any 30-day period exceed 349/100 mL.
g. pH.	Between 6.0 and 8.5.
h. Temperature.	As prescribed in E.12. of this regulation.
i. Turbidity. Except for Lakes. Lakes only.	Not to exceed 50 NTUs provided existing uses are maintained. Not to exceed 25 NTUs provided existing uses are maintained.
j. Total microcystins	Not to exceed 8 µg/L. For freshwater primary contact recreational use notifications and advisories samples shall not exceed 8 µg/L.
k. Cylindrospermopsin	Not to exceed 15 µg/L. For freshwater primary contact recreational use notifications and advisories samples shall not exceed 15 µg/L.

11. Shellfish Harvesting Waters (SFH) are tidal saltwaters protected for shellfish harvesting and uses listed in Class SA and Class SB. Suitable for primary and secondary contact recreation, crabbing, and fishing. Also suitable for the survival and propagation of a balanced indigenous aquatic community of marine fauna and flora.

Quality Standards for Shellfish Harvesting Waters	
ITEMS	**STANDARDS**
a. Garbage, cinders, ashes, oils, sludge, or other refuse	None allowed.

Quality Standards for Shellfish Harvesting Waters	
ITEMS	**STANDARDS**
b. Treated wastes, toxic wastes, deleterious substances, colored or other wastes except those given in a. above.	None alone or in combination with other substances or wastes in sufficient amounts to adversely affect the taste, color, odor, or sanitary condition of clams, mussels, or oysters for human consumption; or to impair the waters for any best usage as determined for the specific waters which are assigned to this class.
c. Toxic pollutants listed in the appendix.	As prescribed in Section E of this regulation.
d. Stormwater, and other nonpoint source runoff, including that from agricultural uses, or permitted discharge from aquatic farms, and concentrated aquatic animal production facilities.	Allowed if water quality necessary for existing and classified uses shall be maintained and protected consistent with antidegradation rules.
e. Dissolved oxygen.	Daily average not less than 5.0 mg/L with a low of 4 mg/L.
f. Fecal coliform.	Not to exceed an MPN fecal coliform geometric mean of 14/100 mL; nor shall more than ten percent (10%) of the samples exceed an MPN of 43/100 mL.
g. Enterococci.	Not to exceed a geometric mean of 35/100 mL based on at least four (4) samples collected from a given sampling site over a 30-day period; nor shall more than ten percent (10%) of the samples exceed a single sample maximum of 104/100 mL during any 30-day period. Additionally, for beach monitoring and notification activities for CWA Section 406 only, samples shall not exceed a single sample maximum of 104/100 mL.
h. pH.	Shall not vary more than three tenths (3/10) of a pH unit above or below that of effluent-free waters in the same geological area having a similar total alkalinity and temperature, but not lower than 6.5 or above 8.5.
i. Temperature.	As prescribed in E.12. of this regulation.
j. Turbidity.	Not to exceed 25 NTUs provided existing uses are maintained.

k. The Department may designate prohibited areas where shellfish harvesting for market purposes or human consumption shall not be allowed, consistent with the antidegradation rule, Section D.1.a. of this regulation.

12. Class SA are tidal saltwaters suitable for primary and secondary contact recreation, crabbing, and fishing, except harvesting of clams, mussels, or oysters for market purposes or human consumption and uses listed in Class SB. Also suitable for the survival and propagation of a balanced indigenous aquatic community of marine fauna and flora.

Quality Standards for Class SA Waters	
ITEMS	**STANDARDS**
a. Garbage, cinders, ashes, oils, sludge, or other refuse.	None allowed.
b. Treated wastes, toxic wastes, deleterious substances, colored, or other wastes except those given in a. above.	None alone or in combination with other substances or wastes in sufficient amounts to make the waters unsafe or unsuitable for primary contact recreation or to impair the waters for any other best usage as determined for the specific waters which are assigned to this class.
c. Toxic pollutants listed in the appendix.	As prescribed in Section E of this regulation.
d. Stormwater, and other nonpoint source runoff, including that from agricultural uses, or permitted discharge from aquatic farms, and concentrated aquatic animal production facilities.	Allowed if water quality necessary for existing and classified uses shall be maintained and protected consistent with antidegradation rules.
e. Dissolved oxygen.	Daily average not less than 5.0 mg/L with a low of 4.0 mg/L.
f. Enterococci.	Not to exceed a geometric mean of 35/100 mL based on at least four (4) samples collected from a given sampling site over a 30-day period; nor shall more than ten percent (10%) of the samples exceed a single sample maximum of 104/100 mL during any 30-day period. Additionally, for beach monitoring and notification activities for CWA Section 406 only, samples shall not exceed a single sample maximum of 104/100 mL.
g. pH.	Shall not vary more than one-half (1/2) of a pH unit above or below that of effluent-free waters in the same geological area having a similar total salinity, alkalinity, and temperature, but not lower than 6.5 or above 8.5.
h. Temperature.	As prescribed in E.12. of this regulation.
i. Turbidity.	Not to exceed 25 NTUs provided existing uses are maintained.

j. The Department shall protect existing shellfish harvesting uses found in Class SA waters consistent with the antidegradation rule, Section D.1.a. of this regulation and shall establish permit limits in accordance with Section E.14.c(8), (9), (10), and (11) and Section G.11.f. of this regulation.

13. Class SB are tidal saltwaters suitable for primary and secondary contact recreation, crabbing, and fishing, except harvesting of clams, mussels, or oysters for market purposes or human consumption. Also suitable for the survival and propagation of a balanced indigenous aquatic community of marine fauna and flora.

Quality Standards for Class SB Waters	
ITEMS	**STANDARDS**
a. Garbage, cinders, ashes, oils, sludge, or other refuse	None allowed.
b. Treated wastes, toxic wastes, deleterious substances, colored, or other wastes except those given in a. above.	None alone or in combination with other substances or wastes in sufficient amounts to make the waters unsafe or unsuitable for primary contact recreation or to impair the waters for any other best usage as determined for the specific waters which are assigned to this class.
c. Toxic pollutants listed in the appendix.	As prescribed in Section E of this regulation.
d. Stormwater, and other nonpoint source runoff, including that from agricultural uses, or permitted discharge from aquatic farms, and concentrated aquatic animal production facilities.	Allowed if water quality necessary for existing and classified uses shall be maintained and protected consistent with antidegradation rules.
e. Dissolved oxygen.	Not less than 4.0 mg/L.
f. Enterococci.	Not to exceed a geometric mean of 35/100 mL based on at least four (4) samples collected from a given sampling site over a 30-day period; nor shall more than ten percent (10%) of the samples exceed a single sample maximum of 104/100 mL during any 30-day period. Additionally, for beach monitoring and notification activities for CWA Section 406 only, samples shall not exceed a single sample maximum of 104/100 mL.
g. pH.	Shall not vary more than one-half (1/2) of a pH unit above or below that of effluent-free waters in the same geological area having a similar total salinity, alkalinity, and temperature, but not lower than 6.5 or above 8.5
h. Temperature.	As prescribed in E.12. of this regulation.
i. Turbidity.	Not to exceed 25 NTUs provided existing uses are maintained.

j. The Department shall protect existing shellfish harvesting uses found in Class SB waters consistent with the antidegradation rule, Section D.1.a., of this regulation and shall establish permit limits in accordance with Section E.14.c(8), (9), (10), and (11) and Section G.11.f. of this regulation.

H. CLASS DESCRIPTIONS AND SPECIFIC STANDARDS FOR GROUND WATERS.

1. All ground waters of the State, except within mixing zones, shall be identified within one of the classes described below.

2. It is the policy of the Department to maintain the quality of ground water consistent with the highest potential uses. Most South Carolina ground water is presently suitable for drinking water without treatment and the State relies heavily upon ground water for drinking water. For this reason, all South Carolina ground water is classified Class GB effective on June 28, 1985.

3. The Department recognizes that Class GB may not be suitable for some ground water. Class GA is established for exceptionally valuable ground water and Class GC is established for ground water with little potential as an underground source of drinking water.

4. In keeping with this policy, the Department declares that effective June 28, 1985, all ground waters of the State shall be protected to a quality consistent with the use associated with the classes described herein. Further, the Department may require the owner or operator of a contaminated site to restore the ground water quality to a level that maintains and supports the existing and classified uses (except classified uses within mixing zones, as described in this regulation). For purposes of this section, the term operator means any person in control of, or having responsibility for, the operation of on-site activities or property and owner means a person or a previous person who has assumed legal ownership of a property through the provisions of a contract of sale or other legally binding transfer of ownership. The term owner also means any person who owned, operated, or otherwise controlled activities at such site before the title or control of which was conveyed to a unit of State or local government due to bankruptcy, foreclosure, tax delinquency, abandonment, or similar means. However, nothing in this section shall be construed to supersede specific statutory or regulatory provision that relieves owners or operators of certain contaminated sites from liability for restoration of groundwater, including, without limitation, S.C. Code Section 44-2-80 (b) and (c). The term does not include a unit of State or local government which acquired ownership or control involuntarily through bankruptcy, tax delinquency, abandonment, or other circumstances in which the government involuntarily acquires title by virtue of its function as sovereign. The exclusion provided under this paragraph shall not apply to any State or local government which has caused or contributed to the release or threatened release of a contaminant from the site, and such a State or local government shall be subject to these provisions in the same manner and to the same extent, both procedurally and substantively, as any nongovernmental entity.

5. A ground water monitoring program approved by the Department may be required for any existing or proposed disposal system or other activities to determine the ground water quality affected by such systems or activities. Such monitoring program may be required through the Department's permitting and certification programs.

6. Those ground waters which are classified Class GA or Class GC after petition and proper administrative procedures other than Class GB shall be described by location and listed in R.61-69.

7. Class GA are those ground waters that are highly vulnerable to contamination because of the hydrological characteristics of the areas under which they occur and that are also characterized by either of the following two factors:

a. Irreplaceable, in that no reasonable alternative source of drinking water is available to substantial populations; or

b. Ecologically vital, in that the ground water provides the base flow for a particularly sensitive ecological system that, if polluted, would destroy a unique habitat.

8. The standards below protect these ground waters:

Quality Standards for Class GA Ground Waters

ITEMS	STANDARDS
a. Treated wastes, toxic wastes, deleterious substances, or constituents thereof.	None allowed.

9. Class GB. All ground waters of the State, unless classified otherwise, which meet the definition of underground sources of drinking water (USDW) as defined in Section B.

Quality Standards for Class GB Ground Waters	
ITEMS	**STANDARDS**
a. Inorganic chemicals.	Maximum contaminated levels as set forth in R.61-58, State Primary Drinking Water Regulations.
b. Organic chemicals.	Maximum contaminated levels as set forth in R.61-58, State Primary Drinking Water Regulations.
c. Man-made radionuclides, priority pollutant volatile organic compounds, herbicides, polychlorinated biphenyls, and other synthetic organic compounds not specified above, treated wastes, thermal wastes, colored wastes, or other wastes of constituents thereof.	Not to exceed concentrations or amounts such as to interfere with the use actual or intended, as determined by the Department.

10. Class GC are those ground waters not considered potential sources of drinking water and of limited beneficial use, i.e., ground waters that exceed a concentration of 10,000 mg/L total dissolved solids or are otherwise contaminated beyond levels that allow cleanup using methods reasonably employed in public water system treatment. These ground waters also must not migrate to Class GA or Class GB ground waters or have a discharge to surface water that could cause degradation.

Quality Standards for Class GC Ground Waters	
ITEMS	**STANDARDS**
a. Treated wastes, toxic wastes, deleterious substances, or constituents thereof.	None which interfere with any existing use of an underground source of drinking water.

I. SEVERABILITY.

Should any section, paragraph, or other part of this regulation be declared invalid for any reason, the remainder shall not be affected.

APPENDIX: WATER QUALITY NUMERIC CRITERIA FOR THE PROTECTION OF AQUATIC LIFE AND HUMAN HEALTH

This appendix contains three charts (priority pollutants, nonpriority pollutants, and organoleptic effects) of numeric criteria for the protection of human health and aquatic life. The appendix also contains four attachments which address hardness conversions and application of ammonia criteria. Footnotes specific to each chart follow the chart. General footnotes pertaining to all are at the end of the charts prior to the attachments. The numeric criteria developed and published by EPA are hereby incorporated into this regulation. Please refer to the text of the regulation for other general information and specifications in applying these numeric criteria.

PRIORITY TOXIC POLLUTANTS

Priority Pollutant		CAS Number	Freshwater Aquatic Life		Saltwater Aquatic Life		Human Health			FR Cite/ Source
			CMC (µg/L)	CCC (µg/L)	CMC (µg/L)	CCC (µg/L)	For Consumption of: Water & Organism (µg/L)	Organism Only (µg/L)	MCL (µg/L)	
1	Antimony	7440360					5.6 B, ee	640 B, ee	6 ee	65FR66443 SDWA
2	Arsenic	7440382	340 A, D, K	150 A, D, K	69 A, D, Y	36 A, D, Y	10 C	10 C	10 C	65FR31682 57FR60848 SDWA
3	Beryllium	7440417					J, ee	J, ee	4 ee	65FR31682 SDWA
4	Cadmium	7440439	0.49 D, E, Y	0.26 D, E, Y	33 D, Y	8.0 D, Y	J, ee	J, ee	5 ee	81FR19176 SDWA
5a	Chromium III	16065831	580 D, E, K	28 D, E, K			J, ee	J, ee	100 Total ee	EPA820/B-96-001 65FR31682 SDWA
5b	Chromium VI	18540299	16 D, K	11 D, K	1,100 D, Y	50 D, Y	J, ee	J, ee	100 Total ee	65FR31682 SDWA
6	Copper	7440508	3.8 D, E, K, Z, ll	2.9 D, E, K, Z, ll	5.8 D, Z, Y, cc	3.7 D, Z, Y, cc	1,300 T, ee			65FR31682
7	Lead	7439921	14 D, E, Y	0.54 D, E, Y	220 D, Y	8.5 D, Y				65FR31682

Priority Pollutant		CAS Number	Freshwater Aquatic Life		Saltwater Aquatic Life		Human Health			FR Cite/ Source
			CMC (µg/L)	CCC (µg/L)	CMC (µg/L)	CCC (µg/L)	For Consumption of: Water & Organism (µg/L)	Organism Only (µg/L)	MCL (µg/L)	
8	Mercury	7439976	1.6 D, K, dd	0.91 D, K, dd	2.1 D, bb, dd	1.1 D, bb, dd	0.050 B, ee	0.051 B, ee	2 ee	65FR31682 SDWA
9	Nickel	7440020	150 D, E, K	16 D, E, K	75 D, Y	8.3 D, Y	610 B, ee	4, 600 B, ee		65FR31682
10	Selenium	7782492	 L, Q, S	5.0 S	290 D, aa	71 D, aa	170 Z, ee	4,200 ee	50 ee	65FR31682 65FR66443 SDWA
11	Silver	7440224	0.37 D, E, G		2.3 D, G					65FR31682
12	Thallium	7440280					0.24	0.47	2 ee	68FR75510 SDWA
13	Zinc	7440666	37 D, E, K	37 D, E, K	95 D, Y	86 D, Y	7,400 T, ee	26,000 T, ee		65FR31682 65FR66443
14	Cyanide	57125	22 K, P	5.2 K, P	1 P, Y	1 P, Y	140 ee, jj	140 ee, jj	200 ee	EPA820/B-96-001 57FR60848 68FR75510 SDWA
15	Asbestos	1332214							7 million fibers/L I, ee	57FR60848
16	2, 3, 7, 8-TCDD (Dioxin)	1746016						0.046 ppq O, C	30ppq O, C	State Standard SDWA
17	Acrolein	107028	3	3			6 ee, nn	9 ee, nn		74FR27535 74FR46587
18	Acrylonitrile	107131					0.051 B, C	0.25 B, C		65FR66443
19	Benzene	71432					2.2 B, C	51 B, C	5 C	IRIS 01/19/00 65FR66443 SDWA

Priority Pollutant		CAS Number	Freshwater Aquatic Life		Saltwater Aquatic Life		Human Health			FR Cite/ Source
			CMC (µg/L)	CCC (µg/L)	CMC (µg/L)	CCC (µg/L)	For Consumption of: Water & Organism (µg/L)	Organism Only (µg/L)	MCL (µg/L)	
20	Bromate	15541454							10 C	SDWA
21	Bromoform	75252					4.3 B, C	140 B, C	80 Total THMs C	65FR66443 SDWA
22	Bromoacetic acid	79083							60 Total HAA5 C,mm	SDWA
23	Carbon Tetrachloride	56235					0.23 B, C	1.6 B, C	5 C	65FR66443 SDWA
24	Chlorite	67481							100	SDWA
25	Chlorobenzene	108907					130T, ee	1,600 T, ee	100 T, ee	68FR75510 SDWA
26	Chlorodibromomethane	124481					0.40 B, C	13 B, C	80 Total THMs C	65FR66443 SDWA
27	Chloroform	67663					5.7 B, C, hh	470 B, C, hh	80 Total THMs C	62FR42160 SDWA
28	Dibromoacetic acid	631641							60 Total HAA5 C, mm	SDWA
29	Dichloroacetic acid	79436							60 Total HAA5 C,mm	SDWA
30	Dichlorobromomethane	75274					0.55 B, C	17 B, C	80 Total THMs C	65FR66443 SDWA
31	1, 2-Dichloroethane	107062					0.38 B, C	37 B, C	5 C	65FR66443 SDWA
32	1, 1-Dichloroethylene	75354					330 ee	7,100 ee	7 C	68FR75510 SDWA

Priority Pollutant		CAS Number	Freshwater Aquatic Life		Saltwater Aquatic Life		Human Health			FR Cite/ Source
			CMC (µg/L)	CCC (µg/L)	CMC (µg/L)	CCC (µg/L)	For Consumption of: Water & Organism (µg/L)	Organism Only (µg/L)	MCL (µg/L)	
33	1, 2-Dichloropropane	78875					0.50 B, C	15 B, C	5 C	65FR66443 SDWA
34	1, 3-Dichloropropene	542756					0.34 ee	21 ee		68FR75510
35	Ethylbenzene	100414					530 ee	2,100 ee	700 ee	68FR75510 SDWA
36	Methyl Bromide	74839					47 B, ee	1,500 B, ee		65FR66443
37	Methylene Chloride	75092					4.6 B, C	590 B, C	5 C	65FR66443 SDWA
38	Monochloroacetic acid	79118							60 Total HAA5 C,mm	SDWA
39	1, 1, 2, 2-Tetrachloroethane	79345					0.17 B, C	4.0 B, C		65FR66443
40	Tetrachloroethylene	127184					0.69 C	3.3 C	5 C	65FR66443 SDWA
41	Toluene	108883					1,300 ee	15,000 ee	1000 ee	68FR75510 SDWA
42	1,2-Trans- Dichloroethylene	156605					140 ee	10,000 ee	100 ee	68FR75510 SDWA
43	Trichloroacetic acid	79039							60 Total HAA5 C,mm	SDWA
44	1, 1, 1-Trichloroethane	71556					J, ee	J, ee	200 ee	65FR31682 SDWA

Priority Pollutant		CAS Number	Freshwater Aquatic Life		Saltwater Aquatic Life		Human Health			FR Cite/ Source
			CMC (µg/L)	CCC (µg/L)	CMC (µg/L)	CCC (µg/L)	For Consumption of: Water & Organism (µg/L)	Organism Only (µg/L)	MCL (µg/L)	
45	1, 1, 2-Trichloroethane	79005					0.59 B, C	16 B, C	5 C	65FR66443 SDWA
46	Trichloroethylene	79016					2.5 C	30 C	5 C	65FR66443 SDWA
47	Vinyl Chloride	75014					0.025 kk	2.4 kk	2 C	68FR75510 SDWA
48	2-Chlorophenol	95578					81 B, T, ee	150 B, T, ee		65FR66443
49	2, 4-Dichlorophenol	120832					77 B, T, ee	290 B, T, ee		65FR66443
50	2, 4-Dimethylphenol	105679					380 B, T, ee	850 B, T, ee		65FR66443
51	2-Methyl- Di 4, 6-nitrophenol	534521					13 ee	280 ee		65FR66443
52	2, 4-Dinitrophenol	51285					69 B, ee	5,300 B, ee		65FR66443
53	Pentachlorophenol	87865	19 F, K	15 F, K	13 Y	7.9 Y	0.27 B, C	3.0 B, C, H	1 C	65FR31682 65FR66443 SDWA
54	Phenol	108952					10,000 T, ee, nn	860,000 T, ee, nn		74FR27535 74FR46587
55	2, 4, 6-Trichlorophenol	88062					1.4 B, C, T	2.4 B, C		65FR66443
56	Acenaphthene	83329					670 B, T, ee	990 B, T, ee		65FR66443

Priority Pollutant		CAS Number	Freshwater Aquatic Life		Saltwater Aquatic Life		Human Health			FR Cite/ Source
			CMC (µg/L)	CCC (µg/L)	CMC (µg/L)	CCC (µg/L)	For Consumption of: Water & Organism (µg/L)	Organism Only (µg/L)	MCL (µg/L)	
57	Anthracene	120127					8,300 B, ee	40,000 B, ee		65FR66443
58	Benzidine	92875					0.000086 B, C	0.00020 B, C		65FR66443
59	Benzo (a) Anthracene	56553					0.0038 B, C	0.018 B, C		65FR66443
60	Benzo (a) Pyrene	50328					0.0038 B, C	0.018 B, C	0.2 C	65FR66443 SDWA
61	Benzo (b) Fluoranthene	205992					0.0038 B, C	0.018 B, C		65FR66443
62	Benzo (k) Fluoranthene	207089					0.0038 B, C	0.018 B, C		65FR66443
63	Bis-2-Chloroethyl Ether	111444					0.030 B, C	0.53 B, C		65FR66443
64	Bis-2-Chloroisopropyl Ether	108601					1,400 B, ee	65,000 B, ee		65FR66443
65	Bi-s2-Ethylhexyl Phthalate (DEHP)	117817	V	V	V	V	1.2 B, C	2.2 B, C	6 C	65FR66443 SDWA
66	Butylbenzene Phthalate	85687	ii	ii	ii	ii	1,500 B, ee	1,900 B, ee		65FR66443
67	2-Chloronaphthalene	91587					1,000 B, ee	1,600 B, ee		65FR66443
68	Chrysene	218019					0.0038 B, C	0.018 B, C		65FR66443

Priority Pollutant		CAS Number	Freshwater Aquatic Life		Saltwater Aquatic Life		Human Health			FR Cite/ Source
			CMC (µg/L)	CCC (µg/L)	CMC (µg/L)	CCC (µg/L)	For Consumption of: Water & Organism (µg/L)	Organism Only (µg/L)	MCL (µg/L)	
69	Dibenzo(a,h)Anthracene	53703					0.0038 B, C	0.018 B, C		65FR66443
70	1, 2-Dichlorobenzene	95501					420 ee	1,300 ee	600 ee	68FR75510 SDWA
71	1, 3-Dichlorobenzene	541731					320 ee	960 ee		65FR66443
72	1, 4-Dichlorobenzene	106467					63 ee	190 ee	75 ee	68FR75510 SDWA
73	3, 3'-Dichlorobenzidine	91941					0.021 B, C	0.028 B, C		65FR66443
74	Diethyl Phthalate	84662	ii	ii	ii	ii	17,000 B, ee	44,000 B, ee		65FR66443
75	Dimethyl Phthalate	131113	ii	ii	ii	ii	270,000 B, ee	1,100,000 B, ee		64FR66443
76	Di-n-butyl Phthalate	84742	ii	ii	ii	ii	2,000 B, ee	4,500 B, ee		65FR66443
77	2, 4-Dinitrotoluene	121142					0.11 C	3.4 C		65FR66443
78	1, 2-Diphenylhydrazine	122667					0.036 B, C	0.20 B, C		65FR66443
79	Fluoranthene	206440					130 B, ee	140 B, ee		65FR66443
80	Fluorene	86737					1,100 B, ee	5,300 B, ee		65FR66443

Priority Pollutant		CAS Number	Freshwater Aquatic Life		Saltwater Aquatic Life		Human Health			FR Cite/ Source
			CMC (µg/L)	CCC (µg/L)	CMC (µg/L)	CCC (µg/L)	For Consumption of: Water & Organism (µg/L)	Organism Only (µg/L)	MCL (µg/L)	
81	Hexachlorobenzene	118741					0.00028 B, C	0.00029 B, C	1 C	65FR66443 SDWA
82	Hexachlorobutadiene	87683					0.44 B, C	18 B, C		65FR66443
83	Hexachlorocyclo-pentadiene	77474					40 T, ee	1100 T, ee	50 ee	68FR75510 SDWA
84	Hexachloroethane	67721					1.4 B, C	3.3 B, C		65FR66443
85	Indeno 1,2,3(cd) Pyrene	193395					0.0038 B, C	0.018 B, C		65FR66443
86	Isophorone	78591					35 B, C	960 B, C		65FR66443
87	Nitrobenzene	98953					17 B, ee	690 B, H, T, ee		65FR66443
88	N-Nitrosodimethylamine	62759					0.00069 B, C	3.0 B, C		65FR66443
89	N-Nitrosodi-n-Propylamine	621647					0.0050 B, C	0.51 B, C		65FR66443
90	N-Nitrosodiphenylamine	86306					3.3 B, C	6.0 B, C		65FR66443
91	Pyrene	129000					830 B, ee	4,000 B, ee		65FR66443
92	1, 2, 4-Trichlorobenzene	120821					35 ee	70 ee	70 ee	68FR75510 SDWA

Priority Pollutant		CAS Number	Freshwater Aquatic Life		Saltwater Aquatic Life		Human Health			FR Cite/ Source
			CMC (µg/L)	CCC (µg/L)	CMC (µg/L)	CCC (µg/L)	For Consumption of: Water & Organism (µg/L)	Organism Only (µg/L)	MCL (µg/L)	
93	Aldrin	309002	3.0 G, X		1.3 G, X		0.000049 B, C	0.000050 B, C		65FR31682 65FR66443
94	alpha-BHC	319846					0.0026 B, C	0.0049 B, C		65FR66443
95	beta-BHC	319857					0.0091 B, C	0.017 B, C		65FR66443
96	gamma-BHC (Lindane)	58899	0.95 K		0.16 G		0.98 ee	1.8 ee	0.2 C	65FR31682 68FR75510 SDWA
97	Chlordane	57749	2.4 G	0.0043 G, X	0.09 G	0.004 G, X	0.00080 B, C	0.00081 B, C	2 C	65FR31682 65FR66443 SDWA
98	4, 4'-DDT	50293	1.1 G, gg	0.001 G, X, gg	0.13 G, gg	0.001 G, X, gg	0.00022 B, C	0.00022 B, C		65FR31682 65FR66443
99	4, 4'-DDE	72559					0.00022 B, C	0.00022 B, C		65FR66443
100	4, 4'-DDD	72548					0.00031 B, C	0.00031 B, C		65FR66443
101	Dieldrin	60571	0.24 K	0.056 K, N	0.71 G	0.0019 G, X	0.000052 B, C	0.000054 B, C		65FR31682 65FR66443
102	alpha-Endosulfan	959988	0.22 G, W	0.056 G, W	0.034 G, W	0.0087 G, W	62 B, ee	89 B, ee		65FR31682 65FR66443
103	beta-Endosulfan	33213659	0.22 G, W	0.056 G, W	0.034 G, W	0.0087 G, W	62 B, ee	89 B, ee		65FR31682 65FR66443
104	Endosulfan Sulfate	1031078					62 B, ee	89 B, ee		65FR31682 65FR66443

Priority Pollutant		CAS Number	Freshwater Aquatic Life		Saltwater Aquatic Life		Human Health			FR Cite/ Source
			CMC (µg/L)	CCC (µg/L)	CMC (µg/L)	CCC (µg/L)	For Consumption of: Water & Organism (µg/L)	Organism Only (µg/L)	MCL (µg/L)	
105	Endrin	72208	0.086 K	0.036 K, N	0.037 G	0.0023 G, X	0.059 ee	0.060 ee	2 ee	68FR75510 SDWA
106	Endrin Aldehyde	7421934					0.29 B, ee	0.30 B, H, ee		65FR66443
107	Heptachlor	76448	0.52 G	0.0038 G, X	0.053 G	0.0036 G, X	0.000079 B, C	0.000079 B, C	0.4 C	65FR31682 65FR66443 SDWA
108	Heptachlor Epoxide	1024573	0.52 G, U	0.0038 G, U, X	0.053 G, U	0.0036 G, U, X	0.000039 B, C	0.000039B, C	0.2 C	65FR31682 65FR66443 SDWA
109	Polychlorinated Biphenyls PCBs	--		0.014 M, X		0.03 M, X	0.000064 B, C, M	0.000064 B, C, M	0.5 C	65FR31682 65FR66443 SDWA
110	Toxaphene	8001352	0.73	0.0002 X	0.21	0.0002 X	0.00028 B, C	0.00028 B, C	3 C	65FR31682 65FR66443 SDWA

Footnotes:

A This water quality criterion was derived from data for arsenic (III), but is applied here to total arsenic, which might imply that arsenic (III) and arsenic (V) are equally toxic to aquatic life and that their toxicities are additive. In the arsenic criteria document (EPA 440/5-84-033, January 1985), Species Mean Acute Values are given for both arsenic (III) and arsenic (V) for five species and the ratios of the SMAVs for each species range from 0.6 to 1.7. Chronic values are available for both arsenic (III) and arsenic (V) for one species; for the fathead minnow, the chronic value for arsenic (V) is 0.29 times the chronic value for arsenic (III). No data are known to be available concerning whether the toxicities of the forms of arsenic to aquatic organisms are additive.

B This criterion has been revised to reflect The Environmental Protection Agency's q1* or RfD, as contained in the Integrated Risk Information System (IRIS) as of May 17, 2002. The fish tissue bioconcentration factor (BCF) from the 1980 Ambient Water Quality Criteria document was retained in each case.

C This criterion is based on carcinogenicity of 10-6 risk. As prescribed in Section E of this regulation, application of this criterion for permit effluent limitations requires the use annual average flow or comparable tidal condition as determined by the Department.

D Freshwater and saltwater criteria for metals are expressed in terms of total recoverable metals. As allowed in Section E of this regulation, these criteria may be expressed as dissolved metal for the purposes of deriving permit effluent limitations. The dissolved metal water quality criteria value may be calculated by using these 304(a) aquatic life criteria expressed in terms of total recoverable metal, and multiplying it by a conversion factor (CF). The term "Conversion Factor" (CF) represents the conversion factor for converting a metal criterion expressed as the total recoverable fraction in the water column to a criterion expressed as the dissolved fraction in the water column. (Conversion Factors for saltwater CCCs are not currently available. Conversion factors derived for saltwater CMCs have been used for both saltwater CMCs and CCCs). See "Office of Water Policy and Technical Guidance on Interpretation and Implementation of Aquatic Life Metals Criteria", October 1, 1993, by Martha G. Prothro, Acting Assistant Administrator for Water, available from the Water Resource center, USEPA, 401 M St., SW, mail code RC4100, Washington, DC 20460; and 40CFR§131.36(b)(1). Conversion Factors can be found in Attachment 1 – Conversion Factors for Dissolved Metals.

E The freshwater criterion for this metal is expressed as a function of hardness (mg/L) in the water column. The value given here corresponds to a hardness of 25 mg/L as expressed as $CaCO_3$. Criteria values for other hardness may be calculated from the following: CMC (dissolved) = exp{m_A [ln(hardness)]+ b_A} (CF), or CCC (dissolved) = exp{m_C [ln (hardness)]+ b_C} (CF) and the parameters specified in Attachment 2 – Parameters for Calculating Freshwater Dissolved Metals Criteria That Are Hardness- Dependent. As noted in footnote D above, the values in this appendix are expressed as total recoverable, the criterion may be calculated from the following: CMC (total) = exp{m_A [ln(hardness)]+ b_A}, or CCC (total) = exp{m_C [ln (hardness)]+ b_C}.

F Freshwater aquatic life values for pentachlorophenol are expressed as a function of pH, and are calculated as follows: CMC = exp(1.005(pH)-4.869); CCC = exp(1.005(pH)- 5.134). Values displayed in table correspond to a pH of 7.8.

G This criterion is based on 304(a) aquatic life criterion issued in 1980, and was issued in one of the following documents: Aldrin/Dieldrin (EPA 440/5-80-019), Chlordane (EPA 440/5-80-027), DDT (EPA 440/5-80-038), Endosulfan (EPA 440/5-80-046), Endrin (EPA 440/5-80-047), Heptachlor (440/5-80-052), Hexachlorocyclohexane (EPA 440/5-80-054), Silver (EPA 440/5-80-071). The Minimum Data Requirements and derivation procedures were different in the 1980 Guidelines than in the 1985 Guidelines. For example, a "CMC" derived using the 1980 Guidelines was derived to be used as an instantaneous maximum. If assessment is to be done using an averaging period, the values given should be divided by 2 to obtain a value that is more comparable to a CMC derived using the 1985 Guidelines.

H No criterion for protection of human health from consumption of aquatic organisms excluding water was presented in the 1980 criteria document or in the 1986 Quality Criteria for Water. Nevertheless, sufficient information was presented in the 1980 document to allow the calculation of a criterion, even though the results of such a calculation were not shown in the document.

I This criterion for asbestos is the Maximum Contaminant Level (MCL) developed under the Safe Drinking Water Act (SDWA) and the National Primary Drinking Water Regulation (NPDWR).

J EPA has not calculated a 304(a) human health criterion for this contaminant. The criterion is the Maximum Contaminant Level developed under the Safe Drinking Water Act (SDWA) and the National Primary Drinking Water Regulation (NPDWR).

K This criterion is based on a 304(a) aquatic life criterion that was issued in the *1995 Updates: Water Quality Criteria Documents for the Protection of Aquatic Life in Ambient Water*, (EPA-820-B-96-001, September 1996). This value was derived using the GLI Guidelines (60FR15393-15399, March 23, 1995; 40CFR132 Appendix A); the difference between the 1985 Guidelines and the GLI Guidelines are explained on page iv of the 1995 Updates. None of the decisions concerning the derivation of this criterion were affected by any considerations that are specific to the Great Lakes.

L The CMC = 1/[(f1/CMC1) + (f2/CMC2)] where f1 and f2 are the fractions of total selenium that are treated as selenite and 170elenite, respectively, and CMC1 and CMC2 are 185.9 µg /l and 12.82 µg /l, respectively.

M This criterion applies to total PCBs, (e.g., the sum of all congener or all isomer or homolog or Aroclor analyses.)

N The derivation of the CCC for this pollutant did not consider exposure through the diet, which is probably important for aquatic life occupying upper trophic levels.

O This state criterion is also based on a total fish consumption rate of 0.0175 kg/day.

P This water quality criterion is expressed as µg free cyanide (as CN)/L.

Q This value was announced (61FR58444-58449, November 14, 1996) as a proposed GLI 303 I aquatic life criterion

S This water quality criterion for selenium is expressed in terms of total recoverable metal in the water column. It is scientifically acceptable to use the conversion factor (0.996 – CMC or 0.922 – CCC) that was used in the GLI to convert this to a value that is expressed in terms of dissolved metal.

T The organoleptic effect criterion is more stringent than the value for priority toxic pollutants.

U This value was derived from data for heptachlor and the criteria document provides insufficient data to estimate the relative toxicities of heptachlor and heptachlor epoxide.

V There is a full set of aquatic life toxicity data that show that DEHP is not toxic to aquatic organisms at or below its solubility limit.

W This value was derived from data for endosulfan and is most appropriately applied to the sum of alpha-endosulfan and beta-endosulfan.

X This criterion is based on a 304(a) aquatic life criterion issued in 1980 or 1986, and was issued in one of the following documents: Aldrin/Dieldrin (EPA440/5-80-019), Chlordane (EPA 440/5-80-027), DDT (EPA 440/5-80-038), Endrin (EPA 440/5-80-047), Heptachlor (EPA 440/5-80-052), Polychlorinated Biphenyls (EPA 440/5- 80-068), Toxaphene (EPA 440/5-86-006). This CCC is based on the Final Residue value procedure in the 1985 Guidelines. Since the publication of the Great Lakes Aquatic Life Criteria Guidelines in 1995 (60FR15393-15399, March 23, 1995), the EPA no longer uses the Final Residue value procedure for deriving CCCs for new or revised 304(a) aquatic life criteria.

Y This water quality criterion is based on a 304(a) aquatic life criterion that was derived using the 1985 Guidelines (*Guidelines for Deriving Numerical National Water Quality Criteria for the Protection of Aquatic Organisms and Their Uses*, PB85-227049, January 1985) and was issued in one of the following criteria documents: Arsenic (EPA 440/5-84-033), Cadmium (EPA-820-R-16-002), Chromium (EPA 440/5-84-029), Copper (EPA 440/5-84-031), Cyanide (EPA 440/5-84-028), Lead (EPA 440/5-84-027), Nickel (EPA 440/5-86-004), Pentachlorophenol (EPA 440/5-86-009), Toxaphene, (EPA 440/5-86-006), Zinc (EPA 440/5-87- 003).

Z When the concentration of dissolved organic carbon is elevated, copper is substantially less toxic and use of Water-Effect Ratios might be appropriate.

aa The selenium criteria document (EPA 440/5-87-006, September 1987) provides that if selenium is as toxic to saltwater fishes in the field as it is to freshwater fishes in the field, the status of the fish community should be monitored whenever the concentration of selenium exceeds 5.0 7g/L in salt water because the saltwater CCC does not take into account uptake via the food chain.

bb This water quality criterion was derived on page 43 of the mercury criteria document (EPA 440/5-84-026, January 1985). The saltwater CCC of 0.025 µg/L given on page 23 of the criteria document is based on the Final Residue value procedure in the 1985 Guidelines. Since the publication of the Great Lakes Aquatic Life criteria Guidelines in 1995 (60FR15393-15399, March 23, 1995), the EPA no longer uses the Final Residue value procedure for deriving CCCs for new or revised 304(a) aquatic life criteria.

cc This water quality criterion was derived in *Ambient Water Quality Criteria Saltwater Copper Addendum* (Draft, April 14, 1995) and was promulgated in the Interim Final National Toxics Rule (60FR22228-222237, May 4, 1995).

dd This water quality criterion was derived from data for inorganic mercury (II), but is applied here to total mercury. If a substantial portion of the mercury in the water column is methylmercury, this criterion will probably be under protective. In addition, even though inorganic mercury is converted to methylmercury and methylmercury bioaccumulates to a great extent, this criterion does not account for uptake via the food chain because sufficient data were not available when the criterion was derived.

ee This criterion is a noncarcinogen. As prescribed in Section E of this regulation, application of this criterion for determining permit effluent limitations requires the use of 7Q10 or comparable tidal condition as determined by the Department.

gg This criterion applies to DDT and its metabolites (i.e., the total concentration of DDT and its metabolites should not exceed this value).

hh Although a new RfD is available in IRIS, the surface water criteria will not be revised until the National Primary Drinking Water Regulations: Stage 2 Disinfectants and Disinfection Byproducts Rule (Stage 2 DBPR) is completed, since public comment on the relative source contribution (RSC) for chloroform is anticipated.

ii Although EPA has not published a completed criteria document for phthalate, it is EPA's understanding that sufficient data exist to allow calculation of aquatic life criteria.

jj This recommended water quality criterion is expressed as total cyanide, even though the IRIS RfD the EPA used to derive the criterion is based on free cyanide. The multiple forms of cyanide that are present in ambient water have significant differences in toxicity due to their abilities to liberate the CN-moiety. Some complex cyanides require even more extreme conditions than refluxing with sulfuric acid to liberate the CN-moiety. Thus, these complex cyanides are expected to have little or no 'bioavailability' to humans. If a substantial fraction of the cyanide present in a water body is present in a complexed form (e.g.,$FE_4[FE(CN)_6]_3$), this criterion may be overly conservative.

kk This recommended water quality criterion was derived using the cancer slope factor of 1.4 (Linear multi-stage model (LMS) exposure from birth).

ll Freshwater copper criteria may be calculated utilizing the procedures identified in EPA-822-R-07-001.

mm HAA5 means five haloacetic acids (monochloracitic acid, dichloroacetic acid, trichloroacetic acid, bromoacetic acid and dibromoaccetic acid).

nn This criterion has been revised to reflect the EPA's cancer slope factor (CSF) or reference dose (RfD), as contained in the Integrated Risk Information System (IRIS) as of (Final FR Notice June 10, 2009). The fish tissue bioconcentration factor (BCF) from the 1980 Ambient Water Quality Criteria document was retained in each case.

NON PRIORITY POLLUTANTS

	Non Priority Pollutant	CAS Number	Freshwater Aquatic Life		Saltwater Aquatic Life		Human Health			FR Cite/Source
							For Consumption of:			
			CMC (µg/L)	CCC (µg/L)	CMC (µg/L)	CCC (µg/L)	Water & Organism (µg/L)	Organism Only (µg/L)	MCL (µg/L)	
1	Alachlor								2 M	SDWA
2	Ammonia	7664417	CRITERIA ARE pH AND TEMPERATURE DEPENDENT – SEE DOCUMENT FOR DETAILS c							EPA822-R99-014 EPA440/5-88-004
3	Aesthetic Qualities		NARRATIVE STATEMENT AND NUMERIC CRITERIA – SEE TEXT							Gold Book
4	Atrazine								3 M	SDWA
5	Bacteria		FOR PRIMARY CONTACT RECREATION AND SHELLFISH USES – SEE TEXT							Gold Book
6	Barium	7440393					1,000 A, L		2,000 L	Gold Book
7	Carbofuran	1563662							40 L	SDWA
8	Chlorine	7782505	19	11	13	7.5			G	Gold Book SDWA
9	Chlorophenoxy Herbicide 2, 4, 5, -TP	93721					10 A, L		50 L	Gold Book SDWA
10	Chlorophenoxy Herbicide 2, 4-D	94757					100 A, L		70 L	Gold Book SDWA
11	Chlorophyll *a*		NARRATIVE STATEMENT AND NUMERIC CRITERIA – SEE TEXT							State Standard
12	Chloropyrifos	2921882	0.083 F	0.041 F	0.011 F	0.0056 F				Gold Book
13	Color		NARRATIVE STATEMENT – SEE TEXT							State Standard

Non Priority Pollutant		CAS Number	Freshwater Aquatic Life		Saltwater Aquatic Life		Human Health			FR Cite/Source
							For Consumption of:			
			CMC (µg/L)	CCC (µg/L)	CMC (µg/L)	CCC (µg/L)	Water & Organism (µg/L)	Organism Only (µg/L)	MCL (µg/L)	
14	Dalapon	75990							200 L	SDWA
15	Demeton	8065483		0.1 E		0.1 E				Gold Book
16	1,2-Dibromo-3-chloropropane (DBCP)	96128							0.2 M	SDWA
17	Di(2-ethylhexyl) adipate	103231							400 L	SDWA
18	Dinoseb	88857							7 L	SDWA
19	Dinitrophenols	25550587					69 L	5,300 L		65FR66443
20	Nonylphenol	1044051	28	6.6	7.0	1.7				71FR9337
21	Diquat	85007							20 L	SDWA
22	Endothall	145733							100 L	SDWA
23	Ether, Bis Chloromethyl	542881					0.00010 D, M	0.00029 D, M		65FR66443
24	Cis-1, 2-dichloroethylene	156592							70 L	SDWA
25	Ethylene dibromide								0.05 M	SDWA

Non Priority Pollutant		CAS Number	Freshwater Aquatic Life		Saltwater Aquatic Life		Human Health			FR Cite/Source
							For Consumption of:			
			CMC (µg/L)	CCC (µg/L)	CMC (µg/L)	CCC (µg/L)	Water & Organism (µg/L)	Organism Only (µg/L)	MCL (µg/L)	
26	Fluoride	7681494							4000 L	SDWA
27	Glyphosate	1071836							700 L	SDWA
28	Guthion	86500		0.01 E		0.01 E				Gold Book
29	Hexachlorocyclo-hexane-Technical	608731					0.0123 L	0.0414 L		Gold Book
30	Malathion	121755		0.1 E		0.1 E				Gold Book
31	Methoxychlor	72435		0.03 E		0.03 E	100 A, L		40 L	Gold Book SDWA
32	Mirex	2385855		0.001 E		0.001 E				Gold Book
33	Nitrates	14797558					10, 000 L		10, 000 L	SDWA Gold Book
34	Nitrites	14797650							1,000 L	SDWA
35	Nitrogen, Total		NARRATIVE STATEMENT AND NUMERIC CRITERIA - SEE TEXT							State Standard
36	Nitrosamines						0.0008 L	1.24 L		Gold Book
37	Nitrosodibutylamine, N	924163					0.0063 A, M	0.22 A, M		65FR66443
38	Nitrosodiethylamine, N	55185					0.0008	1.24 A, M		Gold Book

	Non Priority Pollutant	CAS Number	Freshwater Aquatic Life		Saltwater Aquatic Life		Human Health			FR Cite/Source
							For Consumption of:			
			CMC (µg/L)	CCC (µg/L)	CMC (µg/L)	CCC (µg/L)	Water & Organism (µg/L)	Organism Only (µg/L)	MCL (µg/L)	
							A, M			
39	Nitrosopyrrolidine, N	930552					0.016 M	34 M		65FR66443
40	Oil and Grease		NARRATIVE STATEMENT – SEE TEXT							Gold Book
41	Oxamyl	23135220							200 L	SDWA
42	Oxygen, Dissolved	7782447	WARMWATER, COLDWATER, AND EXCEPTIONS FOR NATURAL CONDITIONS - SEE TEXT K							Gold Book State Standard
43	Diazinon	333415	0.17	0.17	0.82	0.82				71FR9336
44	Parathion	56382	0.065 H	0.013 H						Gold Book
45	Pentachlorobenzene	608935					1.4 E	1.5 E		65FR66443
46	PH		SEE TEXT I							Gold Book State Standard
47	Phosphorus, Total		NARRATIVE STATEMENT AND NUMERIC CRITERIA - SEE TEXT							State Standard
48	Picloram	1918021							500 L	SDWA
49	Salinity		NARRATIVE STATEMENT - SEE TEXT							Gold Book
50	Simazine	122349							4 L	SDWA

	Non Priority Pollutant	CAS Number	Freshwater Aquatic Life		Saltwater Aquatic Life		Human Health			FR Cite/Source
							For Consumption of:			
			CMC (µg/L)	CCC (µg/L)	CMC (µg/L)	CCC (µg/L)	Water & Organism (µg/L)	Organism Only (µg/L)	MCL (µg/L)	
51	Solids,Suspended,and Turbidity		NARRATIVE STATEMENT AND NUMERIC CRITERIA - SEE TEXT							Gold Book State Standard
52	Styrene	100425							100 L	SDWA
53	Sulfide-Hydrogen Sulfide	7783064		2.0 E		2.0 E				Gold Book
54	Tainting Substances		NARRATIVE STATEMENT - SEE TEXT							Gold Book
55	Temperature		SPECIES DEPENDENT CRITERIA - SEE TEXT J							Red Book
56	1, 2, 4, 5-Tetrachlorobenzene	95943					0.97 D	1.1 D		65FR66443
57	Tributyltin (TBT)	688733	0.46	0.063	0.37	0.010				EPA 822-F-00-008
58	2, 4, 5-Trichlorophenol	95954					1,800 B, D	3,600 B, D		65FR66443
59	Xylenes, Total								10, 000 L	SDWA
60	Uranium								30	SDWA
61	Beta particles and photon emitters								4 Millirems/ yr	SDWA
62	Gross alpha particle activity								15 picocuries per liter (pCi/l)	SDWA

	Non Priority Pollutant	CAS Number	Freshwater Aquatic Life		Saltwater Aquatic Life		Human Health			FR Cite/Source
							For Consumption of:			
			CMC (µg/L)	CCC (µg/L)	CMC (µg/L)	CCC (µg/L)	Water & Organism (µg/L)	Organism Only (µg/L)	MCL (µg/L)	
63	Radium 226 and Radium 228 (combined)								5 pCi/l	SDWA
64	Carbaryl	63252	2.1	2.1	1.6					77FR30280

Footnotes:

A This human health criterion is the same as originally published in the Red Book which predates the 1980 methodology and did not utilize the fish ingestion BCF approach. This same criterion value is now published in the Gold Book.

B The organoleptic effect criterion is more stringent than the value presented in the non priority pollutants table.

C According to the procedures described in the *Guidelines for Deriving Numerical National Water Quality Criteria for the Protection of Aquatic Organisms and Their Uses*, except possibly where a very sensitive species is important at a site, freshwater aquatic life should be protected if both conditions specified in Attachment 3 - Calculation of Freshwater Ammonia Criterion are satisfied.

D This criterion has been revised to reflect The Environmental Protection Agency's q1* or RfD, as contained in the Integrated Risk Information System (IRIS) as of April 8, 1998. The fish tissue bioconcentration factor (BCF) used to derive the original criterion was retained in each case.

E The derivation of this value is presented in the Red Book (EPA 440/9-76-023, July, 1976).

F This value is based on a 304(a) aquatic life criterion that was derived using the 1985 Guidelines (*Guidelines for Deriving Numerical National Water Quality Criteria for the Protection of Aquatic Organisms and Their Uses*, PB85-227049, January 1985) and was issued in the following criteria document: Chloropyrifos (EPA 440/5-86-005).

G A more stringent Maximum Residual Disinfection Level (MRDL) has been issued by EPA under the Safe Drinking Water Act. Refer to S.C. Regulation 61-58, *State Primary Drinking Water Regulations*.

H This value is based on a 304(a) aquatic life criterion that was issued in the *1995 Updates: Water Quality Criteria Documents for the Protection of Aquatic Life in Ambient Water* (EPA-820-B-96-001). This value was derived using the GLI Guidelines (60FR15393-15399, March 23, 1995; 40CFR132 Appendix A); the differences between the 1985 Guidelines and the GLI Guidelines are explained on page iv of the 1995 Updates. No decision concerning this criterion was affected by any considerations that are specific to the Great Lakes.

I South Carolina has established some site-specific standards for pH. These site-specific standards are listed in S.C. Regulation 61-69, *Classified Waters*.

J U.S. EPA, 1976, Quality Criteria for Water 1976.

K South Carolina has established numeric criteria in Section G for waters of the State based on the protection of warmwater and coldwater species. For the exception to be used for waters of the State that do not meet the numeric criteria established for the waterbody due to natural conditions, South Carolina has specified the allowable deficit in Section D.4. and used the following document as a source. U.S. EPA, 1986, Ambient Water Quality Criteria for Dissolved Oxygen, EPA 440/5-86-003, National Technical Information Service, Springfield, VA. South Carolina has established some site-specific standards for DO. These site-specific standards are listed in S.C. Regulation 61-69, *Classified Waters*.

L This criterion is a noncarcinogen. As prescribed in Section E of this regulation, application of this criterion for determining permit effluent limitations requires the use of 7Q10 or comparable tidal condition as determined by the Department

M This criterion is based on an added carcinogenicity risk. As prescribed in Section E of this regulation, application of this criterion for permit effluent limitations requires the use annual average flow or comparable tidal condition as determined by the Department.

ORGANOLEPTIC EFFECTS

Pollutant		CAS Number	Organoleptic Effect Criteria (µg/L)	FR Cite/Source
1	Acenaphthene	83329	20	Gold Book
2	Chlorobenzene	108907	20	Gold Book
3	3-Chlorophenol		0.1	Gold Book
4	4-Chlorophenol	106489	0.1	Gold Book
5	2, 3-Dichlorophenol		0.04	Gold Book
6	2, 5-Dichlorophenol		0.5	Gold Book
7	2, 6-Dichlorophenol		0.2	Gold Book
8	3, 4-Dichlorophenol		0.3	Gold Book
9	2, 4, 5-Trichlorophenol	95954	1	Gold Book
10	2, 4, 6-Trichlorophenol	88062	2	Gold Book
11	2, 3, 4, 6-Tetrachlorophenol		1	Gold Book
12	2-Methyl-4-Chlorophenol		1,800	Gold Book
13	3-Methyl-4-Chlorophenol	59507	3,000	Gold Book
14	3-Methyl-6-Chlorophenol		20	Gold Book
15	2-Chlorophenol	95578	0.1	Gold Book
16	Copper	7440508	1,000	Gold Book
17	2, 4-Dichlorophenol	120832	0.3	Gold Book
18	2, 4-Dimethylphenol	105679	400	Gold Book

Pollutant		CAS Number	Organoleptic Effect Criteria (µg/L)	FR Cite/Source
19	Hexachlorocyclopentadiene	77474	1	Gold Book
20	Nitrobenzene	98953	30	Gold Book
21	Pentachlorophenol	87865	30	Gold Book
22	Phenol	108952	300	Gold Book
23	Zinc	7440666	5,000	45FR79341

Footnote:

These criteria are based on organoleptic (taste and odor) effects. Because of variations in chemical nomenclature systems, this listing of pollutants does not duplicate the listing in Appendix A of 40 CFR Part 423. Also listed are the Chemical Abstracts Service (CAS) registry numbers, which provide a unique identification for each chemical.

WATER QUALITY CRITERIA ADDITIONAL NOTES

1. Criteria Maximum Concentration and Criterion Continuous Concentration

The Criteria Maximum Concentration (CMC) is an estimate of the highest concentration of a material in surface water to which an aquatic community can be exposed briefly without resulting in an unacceptable effect. The Criterion Continuous Concentration (CCC) is an estimate of the highest concentration of a material in surface water to which an aquatic community can be exposed indefinitely without resulting in an unacceptable effect. The CMC and CCC are just two of the six parts of an aquatic life criterion; the other four parts are the acute averaging period, chronic averaging period, acute frequency of allowed exceedance, and chronic frequency of allowed exceedance.

2. Criteria for Priority Pollutants, Non Priority Pollutants and Organoleptic Effects

This appendix lists all priority toxic pollutants and some nonpriority toxic pollutants, and both human health effect and organoleptic effect criteria issued pursuant to CWA §304(a), the SDWA, and the NPDWR. Blank spaces indicate that EPA has no CWA §304(a) criteria recommendations. Because of variations in chemical nomenclature systems, this listing of toxic pollutants does not duplicate the listing in Appendix A of 40CFR Part 423.

3. Human Health Risk

The human health criteria for the priority and non priority pollutants are based on carcinogenicity of 10^{-6} risk.

4. Water Quality Criteria published pursuant to Section 304(a) or Section 303(c) of the CWA

Many of the values in the appendix were published in the California Toxics Rule. Although such values were published pursuant to Section 303(c) of the CWA, they represent the EPA's most recent calculation of water quality criteria.

5. Calculation of Dissolved Metals Criteria

The 304(a) criteria for metals are shown as total recoverable metals. As allowed in Section E of this regulation, these criteria may be expressed as dissolved metals. Dissolved metals criteria may be calculated in one of two ways (please refer to Attachments). For freshwater metals criteria that are hardness-dependent, the dissolved metal criteria may be calculated using a hardness of 25 mg/l mg/L as expressed as $CaCO_3$. Saltwater and freshwater metals' criteria that are not hardness-dependent are calculated by multiplying the total recoverable criteria before rounding by the appropriate conversion factors. The final metals' criteria in the table are rounded to two significant figures. Information regarding the calculation of hardness dependent conversion factors are included in the footnotes.

6. Chemical Abstract Services Number

The Chemical Abstract Services number (CAS) for each pollutant is provided (where available).

7. Gold Book Reference

The Gold Book reference listed in the appendix refers to the May 1, 1986 EPA publication EPA 440/5-86-001.

8. Federal Register Reference

The FR listed in the appendix refers to the appropriate *Federal Register* listing and source refers to the origin of the value. Many of the numeric values contained in this appendix have been modified, revised, or altered and therefore, the source as listed may not be the same as it appears in this table. Also, South Carolina may have selected to use a different value or may have promulgated a different value in its previous iterations of this regulation, so differences from these sources should be expected.

9. Maximum Contaminant Levels

The appendix includes Maximum Contaminant Levels (MCLs) developed under the Safe Drinking Water Act (SDWA) and the National Primary Drinking Water Regulation (NPDWR).

10. Organoleptic Effects

The appendix contains 304(a) criteria for pollutants with toxicity-based criteria as well as non-toxicity based criteria. The basis for the non-toxicity based criteria are organoleptic effects (e.g., taste and odor) which would make water and edible aquatic life unpalatable but not toxic to humans. The table includes criteria for organoleptic effects for 23 pollutants. Pollutants with organoleptic effect criteria more stringent than the criteria based on toxicity (e.g., included in both the priority and non-priority pollutant tables) are footnoted as such.

11. Category Criteria

In the 1980 criteria documents, certain water quality criteria were published for categories of pollutants rather than for individual pollutants within that category. Subsequently, in a series of separate actions, the EPA derived criteria for specific pollutants within a category. Therefore, in this appendix South Carolina is replacing criteria representing categories with individual pollutant criteria (e.g., 1, 3-dichlorobenzene, 1, 4-dichlorobenzene and 1, 2-dichlorobenzene).

12. Specific Chemical Calculations

A. Selenium

(1) Human Health

In the 1980 Selenium document, a criterion for the protection of human health from consumption of water and organisms was calculated based on a BCF of 6.0 l/kg and a maximum water-related contribution of 35 Φg Se/day. Subsequently, the EPA Office of Health and Environmental Assessment issued an errata notice (February 23, 1982), revising the BCF for selenium to 4.8 L/kg. In 1988, EPA issued an addendum (ECAO-CIN-668) revising the human health criteria for selenium. Later in the final National Toxic Rule (NTR, 57 FR 60848), EPA withdrew previously published selenium human health criteria, pending EPA review of new epidemiological data.

This appendix includes human health criteria for selenium, calculated using a BCF of 4.8 L/kg along with the current IRIS RfD of 0.005 mg/kg/day. South Carolina included these water quality criteria in the appendix because the data necessary for calculating a criteria in accordance with EPA's 1980 human health methodology are available.

(2) Aquatic Life

This appendix contains aquatic life criteria for selenium that are the same as those published in the CTR. In the CTR, EPA proposed an acute criterion for selenium based on the criterion proposed for selenium in the Water Quality Guidance for the Great Lakes System (61FR584440. The GLI and CTR proposals take into account data showing that selenium's two prevalent oxidation state in water, selenite and selenate, present differing potentials for aquatic toxicity, as well as new data indication that various forms of selenium are additive. The new approach produces a different selenium acute criterion concentration, or CMC, depending upon the relative proportions of selenite, selenate, and other forms of selenium that are present. EPA is currently undertaking a reassessment of selenium, and expects the 304(a) criterion for selenium will be revised based on the final reassessment (63FR26186). However, until such time as revised water quality criteria for selenium are published by the EPA, the water quality criteria in this appendix are EPA's current 304(a) criteria.

B. Chromium (III)

The aquatic life water quality criteria for chromium (III) included in the appendix are based on the values presented in the document titled: *1995 Updates: Water Quality Criteria Documents for the Protection of Aquatic Life in Ambient Water*.

C. PCBs

In this appendix, South Carolina is publishing aquatic life and human health criteria based on total PCBs rather than individual arochlors.

Attachment 1 - Conversion Factors for Dissolved Metals

Metal	Conversion Factor freshwater CMC	Conversion Factor freshwater CCC	Conversion Factor saltwater CMC	Conversion Factor saltwater CCC
Arsenic	1.000	1.000	1.000	1.000
Cadmium	1.136672-[(ln hardness)(0.041838)]	1.101672-[(ln hardness)(0.041838)]	0.994	0.994
Chromium III	0.316	0.860	--	--

Metal	Conversion Factor freshwater CMC	Conversion Factor freshwater CCC	Conversion Factor saltwater CMC	Conversion Factor saltwater CCC
Chromium VI	0.982	0.962	0.993	0.993
Copper	0.960	0.960	0.83	0.83
Lead	1.46203-[(ln hardness)(0.145712)]	1.46203-[(ln hardness)(0.145712)]	0.951	0.951
Mercury	0.85	0.85	0.85	0.85
Nickel	0.998	0.997	0.990	0.990
Selenium	--	--	0.998	0.998
Silver	0.85	--	0.85	--
Zinc	0.978	0.986	0.946	0.946

Attachment 2 - Parameters for Calculating Freshwater Dissolved Metals Criteria That Are Hardness-Dependent

					Freshwater Conversion Factors (CF)	
Chemical	m_A	b_A	m_C	b_C	Acute	Chronic
Cadmium	0.9789 [A]	-3.866 [A]	0.7977 [A]	-3.909 [A]	1.136672-[ln (hardness)(0.041838)]	1.101672-[ln (hardness)(0.041838)]
Chromium III	0.8190	3.7256	0.8190	0.6848	0.316	0.860
Copper	0.9422	-1.700	0.8545	-1.702	0.960	0.960
Lead	1.273	-1.460	1.273	-4.705	1.46203-[ln (hardness)(0.145712)]	1.46203-[ln (hardness)(0.145712)]
Nickel	0.8460	2.255	0.8460	0.0584	0.998	0.997
Silver	1.72	-6.52	--	--	0.85	--
Zinc	0.8473	0.884	0.8473	0.884	0.978	0.986

Hardness-dependent metals criteria may be calculated from the following:
CMC (total) = $\exp\{m_A [\ln(\text{hardness})] + b_A\}$, or CCC (total) = $\exp\{m_C [\ln(\text{hardness})] + b_C\}$
CMC (dissolved) = $\exp\{m_A [\ln(\text{hardness})] + b_A\}$ (CF), or CCC (dissolved) = $\exp\{m_C [\ln(\text{hardness})] + b_C\}$ (CF).

Footnotes:

A This parameter was issued by the EPA in Aquatic Life Ambient Water Quality Criteria Cadmium - 2016 (EPA-820-R-16-002).

Attachment 3 - Calculation of Freshwater Ammonia Criterion

1. The one-hour average concentration of total ammonia nitrogen (in mg N/L) does not exceed, more than once every three years on the average, the CMC calculated using the following equation:

$$CMC = \frac{0.275}{1+10^{7.204-pH}} + \frac{39.0}{1+10^{pH-7.204}}$$

In situations where salmonids are absent, the CMC may be calculated using the following equation:

$$CMC = \frac{0.411}{1+10^{7.204-pH}} + \frac{58.4}{1+10^{pH-7.204}}$$

2. The thirty-day average concentration of total ammonia nitrogen (in mg N/L) does not exceed, more than once every three years on the average, the CCC calculated using the following equations:

When fish early life stages (ELS) are present:

$$CCC = \left(\frac{0.0577}{1+10^{7.688-pH}} + \frac{2.487}{1+10^{pH-7.688}} \right) \times \min(2.85, 1.45 \times 10^{0.028\times(25-T)})$$

When fish early life stages are absent:

$$CCC = \left(\frac{0.0577}{1+10^{7.688-pH}} + \frac{2.487}{1+10^{pH-7.688}} \right) \times 1.45 \times 10^{0.028\times(25-\max(T,7))}$$

and the highest four-day average within the 30-day period does not exceed 2.5 times the CCC.

In the absence of information substantiating that ELS are absent, the ELS present equation will be used

Attachment 4 - Calculation of the Sample Specific Freshwater Acute and Chronic Criterion for Metals

As provided in R.61-68.E.14.d(3), in order to "appropriately evaluate the ambient water quality for the bioavailability of the dissolved portion of hardness dependent metals, the Department may utilize a federally-approved methodology to predict the dissolved fraction or partitioning coefficient in determining compliance with the water quality standards." Per R.61-68.E.14.a(3), the Criterion Maximum Concentration (CMC) and the Criterion Continuous Concentration (CCC) are based on a hardness of 25 mg/L if the ambient stream hardness is equal to or less than 25 mg/L. Concentrations of hardness less than 400 mg/L may be based on the stream hardness if it is greater than 25 mg/L and less than 400 mg/L, and 400 mg/L if the ambient stream hardness is greater than 400 mg/L. In absence of actual stream hardness it is assumed to be 25 mg/L.

1. Conversion Factor for Dissolved Metals

Refer to R.61-68, *Water Classifications and Standards*, Attachment 2 - Parameters for Calculating Freshwater Dissolved Metals Criteria that are Hardness-Dependent to determine the appropriate parameters and conversion factor. Both CMC and CCC may be expressed as total recoverable or dissolved using the appropriate equations found in Attachment 2.

2. Partitioning Coefficient (Translator)

The partitioning coefficient (K_P) is a translator for the fraction of the total recoverable metal that is bound to adsorbents in the water column, i.e. TSS. The calculation of partitioning coefficients is determined using the following equation.

$$K_P = K_{PO} \times (TSS_b)^{\alpha}$$

where K_P has units of L/kg
TSS_b = In-stream Total Suspended Solids concentration in mg/L

Parameters for default partition coefficient estimation equations (K_{PO} and α) are provided from Table 3 of *The Metals Translator: Guidance For Calculating A Total Recoverable Permit Limit From A Dissolved Criterion*, EPA 823-B-96-007.

	Lakes		Streams	
Metal	K_{PO}	α	K_{PO}	α
Cadmium	3.52E+06	-0.9246	4.00E+06	-1.1307
Chromium III	2.17E+06	-0.2662	3.36E+06	-0.9304
Copper	2.85E+06	-0.9000	1.04E+06	-0.7436
Lead	2.0E+06	-0.5337	2.80E+06	-0.8
Nickel	2.21E+06	-0.7578	4.90E+05	-0.5719
Zinc	3.34E+06	-0.6788	1.25E+06	-0.7038

3. Final Sample Specific Total Recoverable CMC or CCC (µg/L) Adjusted for In-Situ Hardness and TSS

The instream total recoverable concentration is determined using Equation 6.4 of *The Metals Translator: Guidance For Calculating A Total Recoverable Permit Limit From A Dissolved Criterion*, EPA 823-B-96-007.

$$\text{CMC (total recoverable adjusted)} = \text{CMC (dissolved)} \times \{1+ (K_P \times TSS_b \times 10^{-6})\}$$

where CMC (dissolved) = $\exp\{m_A [\ln (\text{hardness})]+ b_A\}$ (CF)
$K_P = K_{PO} \times (TSS_b)^{\alpha}$
TSS_b = In-stream Total Suspended Solids concentration in mg/L
10^{-6} = Units conversion factor to express CMC (total recoverable adjusted) in µg/L

$$\text{CCC (total recoverable adjusted)} = \text{CCC (dissolved)} \times \{1+ (K_P \times TSS_b \times 10^{-6})\}$$

where CCC (dissolved) = $\exp\{m_C [\ln (\text{hardness})]+ b_C\}$ (CF)
$K_P = K_{PO} \times (TSS_b)^{\alpha}$
TSS_b = In-stream Total Suspended Solids concentration in mg/L
10^{-6} = Units conversion factor to express CCC (total recoverable adjusted) in µg/L.

Note: The background TSS is assumed to be the measured instream data (mg/L) or 1 mg/L in the absence of actual instream data (based on the 5th percentile of ambient TSS data on South Carolina waterbodies from 1993-2000).

If the ambient stream metals result exceeds CMC (total recoverable adjusted) or CCC (total recoverable adjusted) based on the measured TSS and hardness collected with the metal sample it constitutes a standard exceedance. Lacking actual instream TSS and hardness data, a metals result exceeding CMC (total recoverable adjusted) or CCC (total recoverable adjusted) based on the default hardness of 25 mg/L and the default TSS value of 1 mg/L constitutes a potential standard exceedance.

Fiscal Impact Statement:

No costs to the State or significant cost to its political subdivisions as a whole should be incurred by these proposed amendments.

Statement of Need and Reasonableness:

The following presents an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: R.61-68, Water Classifications and Standards.

Purpose: Amendments of R.61-68, as required by the triennial review, will clarify, strengthen, and improve the overall quality of the existing regulation and make appropriate revisions of the State's water quality standards in accordance with 33 U.S.C. Section 303(c)(2)(B) of the federal CWA.

Legal Authority: 1976 Code Sections 48-1-10 et seq.

Plan for Implementation: The amendments will take legal effect upon General Assembly approval and upon publication in the State Register. Department personnel will then take appropriate steps to inform the regulated community of the amendments. Additionally, a copy of the regulation will be posted on the Department's website, accessible at www.scdhec.gov/regulations-table. Printed copies may also be requested, for a fee, from the Department's Freedom of Information Office.

DETERMINATION OF NEED AND REASONABLENESS OF THE REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

Section 303(c)(2)(B) of the federal CWA requires that South Carolina's water quality standards be reviewed and revised, where necessary, at least once every three years. Referred to as the triennial review, this required process consists of reviewing and adopting, where appropriate, the Environmental Protection Agency's updated numeric and narrative criteria according to Section 304(a) and Section 307(a) of the CWA. The Department amends R.61-68 to adopt these criteria as the Department deems necessary to comply with federal regulatory recommendations and revisions.

DETERMINATION OF COSTS AND BENEFITS:

Existing Department staff and resources will be utilized to implement these amendments to the regulation. No anticipated additional cost will be incurred by the State if the revisions are implemented, and no additional State funding is being requested.

Overall cost impact to the State's political subdivisions and regulated community is not likely to be significant. Existing standards would have incurred similar cost. Furthermore, standards required under the amendments will be substantially consistent with the current guidelines and review guidelines utilized by the Department.

UNCERTAINTIES OF ESTIMATES:

The uncertainties associated with the estimation of benefits and burdens are minimal to moderate, due to possible differences in the extent to which Municipal Separate Storm Sewer Systems ("MS4s") currently meet the revised standard.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

Implementation of these amendments will not compromise the protection of the environment or the health and safety of the citizens of the State. The amendments to R.61-68 seek to promote and protect human health by the regulation of pollutants into waters of the State.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

Implementation of these amendments will not compromise the protection of the environment or the health and safety of the citizens of the State. The amendments to R.61-68 seek to promote and protect human health by the regulation of pollutants into waters of the State. If the amendments to R.61-68 are not implemented, then the waters of the State will have less protections for human health.

Statement of Rationale:

Here below is the Statement of Rationale pursuant to S.C. Code Section 1-23-110(A)(3)(h):

R.61-68 establishes appropriate goals and water uses to be achieved, maintained, and protected; general rules and water quality criteria to protect classified and existing water uses; and an antidegradation policy to protect and maintain the levels of water quality necessary to support and maintain those existing and classified uses. Section 303(c)(2)(B) of the federal CWA requires South Carolina's water quality standards be reviewed and revised, where necessary, at least once every three years. Referred to as the triennial review, this required process consists of reviewing and adopting, where appropriate, the Environmental Protection Agency's updated numeric and narrative criteria according to Section 304(a) and Section 307(a) of the CWA. The Department amends R.61-68 to adopt these criteria the Department deems necessary to comply with federal regulatory recommendations and revisions. The Department adopts a revised recreational water quality criteria for bacteria to reflect the most current final published criteria in accordance with the CWA.

Document No. 5137
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61
Statutory Authority: 1976 Code Sections 48-1-10 et seq.

61-9. Water Pollution Control Permits.

Synopsis:

Pursuant to the South Carolina Pollution Control Act, S.C. Code Ann. 48-1-10 et seq., the Department of Health and Environmental Control ("Department") establishes programs to regulate discharges from point sources, including concentrated animal feeding operations. The Department proposes amending R.61-9.122.23, Concentrated Animal Feeding Operations, for conformity with the current federal regulation in Title 40, Part 122 of the Code of Federal Regulations (40 CFR Part 122), Subpart B, Section 23, *Concentrated animal feeding operations* and to improve regulatory clarity. Although the Administrative Procedures Act, S.C. Code Section 1-23-120, exempts these proposed amendments from General Assembly review, the Department is sending the proposed amendments to the General Assembly for review.

The Department had a Notice of Drafting published in the July 22, 2022, South Carolina State Register.

Section-by-Section Discussion of Proposed Amendments:

Section	Type of Change	Purpose
(a)	Revision	Amended to clarify references, permitting requirements, and feeding operations.
(b)(1)	Revision Reorganization	Amended for clarity; recodified items.
(b)(2)	Reorganization	Amended to add recodified (a)(1)(ii).
(b)(4)	Technical Correction	Amended to correct punctuation.
(b)(6)	Technical Correction	Amended to correct punctuation.
(b)(6)(ii)	Revision	Amended to clarify U.S. waters.
(b)(8)	Technical Correction	Amended to correct spelling.
(b)(9)	Technical Correction	Amended to correct punctuation and grammar.
(c)(1)	Revision Addition	Amended for clarity.
(c)(2)	Revision	Amended to clarify U.S. waters.
(c)(3)	Revision Technical Correction	Amended to clarify U.S. waters and to correct punctuation.
(d)(1)-(2)	Revision	Amended to comply with federal law.
(e)	Revision	Amended to clarify U.S. waters.
(e)(1)-(2)	Addition	Added to comply with federal law.
(f)-(h)	Deleted	Deleted to replace with current federal law.
New (f)	Addition	Added permit coverage requirement to comply with federal law.
New (g)	Addition	Added as reserved to comply with federal law.
New (h)	Addition	Added procedures for permit coverage to comply with federal law.

Instructions:

Amend R.61-9.122.23, Concentrated Animal Feeding Operations, by striking the existing language and replacing it with language that conforms to current federal regulation as set forth below.

Text:

61-9.122. The National Pollutant Discharge Elimination System.

(Statutory Authority: 1976 Code Sections 48-1-10 et seq. and Sections 48-14-10 et seq.)

Amend R.61-9.122.23, Concentrated animal feeding operations, to read:

122.23. Concentrated animal feeding operations.

(a) Scope. Concentrated animal feeding operations (CAFOs), as defined in paragraph (b) of this section or designated in accordance with paragraph (c) of this section, are point sources, subject to NPDES permitting

requirements as provided in this section. Once an animal feeding operation is defined as a CAFO for at least one type of animal, the NPDES requirements for CAFOs apply with respect to all animals in confinement at the operation and all manure, litter, and process wastewater generated by those animals or the production of those animals, regardless of the type of animal.

(b) Definitions applicable to this section:

(1) "Animal feeding operation (AFO)" means a lot or facility (other than an aquatic animal production facility) where the following conditions are met:

(i) Animals (other than aquatic animals) have been, are, or will be stabled or confined and fed or maintained for a total of forty-five (45) days or more in any twelve (12)-month period, and

(ii) Crops, vegetation, forage growth, or post-harvest residues are not sustained in the normal growing season over any portion of the lot or facility.

(2) "Concentrated animal feeding operation (CAFO)" means an AFO that is defined as a Large CAFO or as a Medium CAFO by the terms of this paragraph, or that is designated as a CAFO in accordance with paragraph (c) of this section. Two or more AFOs under common ownership are considered to be a single AFO for the purposes of determining the number of animals at an operation, if they adjoin each other or if they use a common area or system for the disposal of wastes.

(3) The term "land application area" means land under the control of an AFO owner or operator, whether it is owned, rented, or leased, to which manure, litter, or process wastewater from the production area is or may be applied.

(4) "Large concentrated animal feeding operation (Large CAFO)." An AFO is defined as a Large CAFO if it stables or confines as many as or more than the numbers of animals specified in any of the following categories:

(i) 700 mature dairy cows, whether milked or dry;

(ii) 1,000 veal calves;

(iii) 1,000 cattle other than mature dairy cows or veal calves. The term cattle includes but is not limited to heifers, steers, bulls, and cow/calf pairs;

(iv) 2,500 swine, each weighing fifty-five pounds (55 lbs) or more;

(v) 10,000 swine, each weighing less than fifty-five pounds (55 lbs);

(vi) 500 horses;

(vii) 10,000 sheep or lambs;

(viii) 55,000 turkeys;

(ix) 30,000 laying hens or broilers, if the AFO uses a liquid manure handling system;

(x) 125,000 chickens (other than laying hens), if the AFO uses other than a liquid manure handling system;

(xi) 82,000 laying hens, if the AFO uses other than a liquid manure handling system;

(xii) 30,000 ducks, if the AFO uses other than a liquid manure handling system; or

(xiii) 5,000 ducks, if the AFO uses a liquid manure handling system.

(5) The term "manure" is defined to include manure, bedding, compost, and raw materials or other materials commingled with manure or set aside for disposal.

(6) "Medium concentrated animal feeding operation (Medium CAFO)." The term Medium CAFO includes any AFO with the type and number of animals that fall within any of the ranges listed in paragraph (b)(6)(i) of this section and which has been defined or designated as a CAFO. An AFO is defined as a Medium CAFO if:

(i) The type and number of animals that it stables or confines falls within any of the following ranges:

(A) 200 to 699 mature dairy cows, whether milked or dry;

(B) 300 to 999 veal calves;

(C) 300 to 999 cattle other than mature dairy cows or veal calves. The term cattle includes, but is not limited to, heifers, steers, bulls, and cow/calf pairs;

(D) 750 to 2,499 swine each weighing fifty-five pounds (55 lbs) or more;

(E) 3,000 to 9,999 swine each weighing less than fifty-five pounds (55 lbs);

(F) 150 to 499 horses;

(G) 3,000 to 9,999 sheep or lambs;

(H) 16,500 to 54,999 turkeys;

(I) 9,000 to 29,999 laying hens or broilers, if the AFO uses a liquid manure handling system;

(J) 37,500 to 124,999 chickens (other than laying hens), if the AFO uses other than a liquid manure handling system;

(K) 25,000 to 81,999 laying hens, if the AFO uses other than a liquid manure handling system;

(L) 10,000 to 29,999 ducks, if the AFO uses other than a liquid manure handling system; or

(M) 1,500 to 4,999 ducks, if the AFO uses a liquid manure handling system; and

(ii) Either one of the following conditions is met:

(A) Pollutants are discharged into waters of the United States through a man-made ditch, flushing system, or other similar man-made device; or

(B) Pollutants are discharged directly into waters of the United States which originate outside of and pass over, across, or through the facility or otherwise come into direct contact with the animals confined in the operation.

(7) "Process wastewater" means water directly or indirectly used in the operation of the AFO for any or all of the following: spillage or overflow from animal or poultry watering systems; washing, cleaning, or flushing pens, barns, manure pits, or other AFO facilities; direct contact swimming, washing, or spray cooling of animals;

or dust control. Process wastewater also includes any water which comes into contact with any raw materials, products, or byproducts including manure, litter, feed, milk, eggs, or bedding.

(8) "Production area" means that part of an AFO that includes the animal confinement area, the manure storage area, the raw materials storage area, and the waste containment areas. The animal confinement area includes but is not limited to open lots, housed lots, feedlots, confinement houses, stall barns, free stall barns, milkrooms, milking centers, cowyards, barnyards, medication pens, walkers, animal walkways, and stables. The manure storage area includes but is not limited to lagoons, runoff ponds, storage sheds, stockpiles, under-house or pit storages, liquid impoundments, static piles, and composting piles. The raw materials storage area includes but is not limited to feed silos, silage bunkers, and bedding materials. The waste containment area includes but is not limited to settling basins, and areas within berms and diversions which separate uncontaminated storm water. Also included in the definition of production area is any egg washing or egg processing facility, and any area used in the storage, handling, treatment, or disposal of mortalities.

(9) "Small concentrated animal feeding operation (Small CAFO)." An AFO that is designated as a CAFO and is not a Medium CAFO.

(c) How may an AFO be designated as a CAFO? The appropriate authority (i.e., the Department or Regional Administrator, or both, as specified in paragraph (c)(1) of this section) may designate any AFO as a CAFO upon determining that it is a significant contributor of pollutants to waters of the United States.

(1) Who may designate? Designations may be made by the Department. The Regional Administrator may also designate CAFOs but only where the Regional Administrator has determined that one or more pollutants in the AFO's discharge contributes to an impairment in a downstream or adjacent state or Indian country water that is impaired for that pollutant.

(2) In making this designation, the Department or the Regional Administrator shall consider the following factors:

(i) The size of the AFO and the amount of wastes reaching waters of the United States;

(ii) The location of the AFO relative to waters of the United States;

(iii) The means of conveyance of animal wastes and process wastewaters into waters of the United States;

(iv) The slope, vegetation, rainfall, and other factors affecting the likelihood or frequency of discharge of animal wastes, manure, and process wastewaters into waters of the United States; and

(v) Other relevant factors.

(3) No AFO shall be designated under this paragraph unless the Department or the Regional Administrator has conducted an on-site inspection of the operation and determined that the operation should and could be regulated under the permit program. In addition, no AFO with numbers of animals below those established in paragraph (b)(6) of this section may be designated as a CAFO unless:

(i) Pollutants are discharged into waters of the United States through a manmade ditch, flushing system, or other similar man-made device; or

(ii) Pollutants are discharged directly into waters of the United States which originate outside of the facility and pass over, across, or through the facility or otherwise come into direct contact with the animals confined in the operation.

(d) NPDES permit authorization –

(1) Permit Requirement. A CAFO must not discharge unless the discharge is authorized by an NPDES permit. In order to obtain authorization under an NPDES permit, the CAFO owner or operator must either apply for an individual NPDES permit or submit a notice of intent for coverage under an NPDES general permit.

(2) Information to submit with permit application or notice of intent. An application for an individual permit must include the information specified in section 122.21. A notice of intent for a general permit must include the information specified in sections 122.21 and 122.28.

(3) Information to submit with permit application. A permit application for an individual permit must include the information specified in section 122.21. A notice of intent for a general permit must include the information specified in sections 122.21 and 122.28.

(e) Land application discharges from a CAFO are subject to NPDES requirements. The discharge of manure, litter, or process wastewater to waters of the United States from a CAFO as a result of the application of that manure, litter, or process wastewater by the CAFO to land areas under its control is a discharge from that CAFO subject to NPDES permit requirements, except where it is an agricultural stormwater discharge as provided in 33 U.S.C. 1362(14). For purposes of this paragraph, where the manure, litter, or process wastewater has been applied in accordance with site-specific nutrient management practices that ensure appropriate agricultural utilization of the nutrients in the manure, litter, or process wastewater, as specified in section 122.42(e)(1)(vi) through (ix), a precipitation-related discharge of manure, litter, or process wastewater from land areas under the control of a CAFO is an agricultural stormwater discharge.

(1) For unpermitted Large CAFOs, a precipitation-related discharge of manure, litter, or process wastewater from land areas under the control of a CAFO shall be considered an agricultural stormwater discharge only where the manure, litter, or process wastewater has been land applied in accordance with site-specific nutrient management practices that ensure appropriate agricultural utilization of the nutrients in the manure, litter, or process wastewater, as specified in section 122.42(e)(1)(vi) through (ix).

(2) Unpermitted Large CAFOs must maintain documentation specified in section 122.42(e)(1)(ix) either on site or at a nearby office, or otherwise make such documentation readily available to the Department or Regional Administrator upon request.

(f) By when must the owner or operator of a CAFO have an NPDES permit if it discharges? A CAFO must be covered by a permit at the time that it discharges.

(g) [Reserved]

(h) Procedures for CAFOs seeking coverage under a general permit.

(1) CAFO owners or operators must submit a notice of intent when seeking authorization to discharge under a general permit in accordance with section 122.28(b). The Department must review notices of intent submitted by CAFO owners or operators to ensure that the notice of intent includes the information required by section 122.21(i)(1), including a nutrient management plan that meets the requirements of section 122.42(e) and applicable effluent limitations and standards, including those specified in 40 CFR part 412. When additional information is necessary to complete the notice of intent or clarify, modify, or supplement previously submitted material, the Department may request such information from the owner or operator. If the Department makes a preliminary determination that the notice of intent meets the requirements of sections 122.21(i)(1) and 122.42(e), the Department must notify the public of the Department's proposal to grant coverage under the permit to the CAFO and make available for public review and comment the notice of intent submitted by the CAFO, including the CAFO's nutrient management plan, and the draft terms of the nutrient management plan to be incorporated into the permit. The process for submitting public comments and hearing requests, and the hearing process if a request for a hearing is granted, must follow the procedures applicable to draft permits set forth in 40 CFR 124.11 through 124.13. The Department may establish, either by regulation or in the general permit, an

appropriate period of time for the public to comment and request a hearing that differs from the time period specified in 40 CFR 124.10. The Department must respond to significant comments received during the comment period, as provided in 40 CFR 124.17, and, if necessary, require the CAFO owner or operator to revise the nutrient management plan in order to be granted permit coverage. When the Department authorizes coverage for the CAFO owner or operator under the general permit, the terms of the nutrient management plan shall become incorporated as terms and conditions of the permit for the CAFO. The Department shall notify the CAFO owner or operator and inform the public that coverage has been authorized and of the terms of the nutrient management plan incorporated as terms and conditions of the permit applicable to the CAFO.

(2) For EPA-issued permits only. The Regional Administrator shall notify each person who has submitted written comments on the proposal to grant coverage and the draft terms of the nutrient management plan or requested notice of the final permit decision. Such notification shall include notice that coverage has been authorized and of the terms of the nutrient management plan incorporated as terms and conditions of the permit applicable to the CAFO.

(3) Nothing in this paragraph (h) shall affect the authority of the Department to require an individual permit under section 122.28(b)(3).

Fiscal Impact Statement:

There is no anticipated increase in costs to the state or its political subdivisions, or to the regulated community, resulting from these proposed revisions.

Statement of Need and Reasonableness:

The following presents an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: R.61-9.122.23, Concentrated Animal Feeding Operations.

Purpose: The Department proposes amending R.61-9.122.23, Concentrated Animal Feeding Operations, for conformity with the federal regulation at 40 CFR Section 122.23 and to improve regulatory clarity.

Legal Authority: 1976 Code Sections 48-1-10 et seq.

Plan for Implementation: The amendments will take legal effect upon General Assembly approval and upon publication in the State Register. Department personnel will then take appropriate steps to inform the regulated community of the amendments. Additionally, a copy of the regulation will be posted on the Department's website, accessible at www.scdhec.gov/regulations-table. Printed copies may also be requested, for a fee, from the Department's Freedom of Information Office.

DETERMINATION OF NEED AND REASONABLENESS OF THE REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The Department proposes to amend R.61-9.122.23 for conformity with federal regulations and to improve regulatory clarity.

DETERMINATION OF COSTS AND BENEFITS:

Amending R.61-9.122.23 for conformity with federal regulations will increase the efficiency of processing facility applications, which will be a benefit to the regulated community and the state. There is no anticipated increase in costs to the state or its political subdivisions, or to the regulated community, resulting from these proposed revisions. It is anticipated that these proposed revisions will result in cost savings to the regulated community.

UNCERTAINTIES OF ESTIMATES:

There are no uncertainties of estimates relative to the costs to the state or its political subdivisions.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

The proposed revisions to R.61-9.122 will provide continued protection of the environment and human health in accordance with updates to federal law.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

There is no anticipated detrimental effect on the environment and public health if the regulation is not implemented.

Statement of Rationale:

Pursuant to the South Carolina Pollution Control Act, S.C. Code Ann. 48-1-10 et seq., the Department of Health and Environmental Control ("Department") establishes programs to regulate discharges from point sources, including concentrated animal feeding operations. The Department proposes amending R.61-9.122.23, Concentrated Animal Feeding Operations, for conformity with the current federal regulation in Title 40, Part 122 of the Code of Federal Regulations (40 CFR Part 122), Subpart B, Section 23, *Concentrated animal feeding operations* and to improve regulatory clarity.

Document No. 5120
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61
Statutory Authority: 1976 Code Section 43-5-930

61-94. WIC Vendors.

Synopsis:

Pursuant to S.C. Code Section 43-5-930, the Department of Health and Environmental Control ("Department") outlines the responsibilities and duties of all potential and authorized Women, Infant, and Children Supplemental Food Program (WIC) Vendors. The Department amends R.61-94, WIC Vendors, to update verbiage of South Carolina Electronic WIC Benefits (eWIC). These amendments include changes to definitions, the approval process of vendors, monitoring of vendors, disqualifications, sanctions, program violations, and the transaction of South Carolina WIC Benefits. The amendments may also include corrections for clarity and readability, grammar, punctuation, codification, and other such regulatory text improvements.

The Department had a Notice of Drafting published in the February 25, 2022, South Carolina State Register.

Section-by-Section Discussion of Amendments:

Section	Type of Change	Purpose
Table of Contents	Revision	Amended to reflect proposed changes to text.
All Sections	Technical Corrections	Amended to correct punctuation and capitalization for clarity.
Section 101		

Section	Type of Change	Purpose
Introductory sentence	Technical Correction	Amended for grammatical accuracy.
101(A)	Revision	Amended to update Department terminology.
101(B)	Deletion	Deleted redundant definition.
101(D)	Revision	Amended to update the name of the Bureau for accuracy.
101(E)	Revision	Amended the definition of eWIC to reflect new method of payment.
101(F)	Revision	Amended to update additional approved vendors.
Section 201		
201(A)	Revision	Amended to update Department and eWIC terminology for accuracy.
201(B)(1)	Revision	Amended to add method of receiving a WIC vendor application.
201(B)(4)	Revision	Amended to update eWIC terminology.
201(B)(8)	Revision	Amended to clarify exempt vendors.
201(B)(9)	Revision	Amended to update the new Store Types for accuracy.
201(B)(15)(i)-(xv)	Revision Addition Technical Correction Reorganization	Amended to update the new food specifications and approved varieties and styles of cheeses. Added approved purchase of tofu. Corrected usage of numbers and measurements for consistency. Recodified items to reflect proposed changes.
Section 301		
Title	Revision	Amended to update the title of the section for accuracy.
301(A)-(H)	Revision	Amended to update new process of transacting eWIC benefits.
301(J)-(N)	Addition	Adding new portion of the new process of transacting eWIC benefits.
Section 401		
Title	Revision	Amended to update the title of the section for accuracy.
401(A)-(B)	Revision	Amended to update the settlement payment process.

Section	Type of Change	Purpose
401(C)-(F)	Addition	Adding new portion of the new settlement payment process.
Section 501	Deletion	Deleted section as no longer needed.
Section 601	Deletion	Deleted section as no longer needed.
Section 701	Reorganization	Recodified from Section 701 to Section 501.
Section 801	Reorganization	Recodified from Section 801 to Section 601.
New Section 601		
601(B)(1)(a)-(b)	Revision	Amended to update disqualification criteria for clarity.
601(B)(1)(c)-(d)	Addition	Added new disqualification criteria for clarity.
Former 601(B)(1)(c)-(i)	Revision Reorganization	Amended to update disqualification criteria for clarity. Recodified to reflect proposed changes.
601(B)(2)(a)-(f)	Revision	Amended to reflect eWIC terminology for accuracy.
601(B)(3)(a)-(b)	Revision	Amended to reflect eWIC terminology for accuracy.
601(B)(4)	Revision	Amended to reflect eWIC terminology.
601(C)	Revision	Amended to reflect eWIC terminology.
Section 901	Reorganization	Recodified from Section 901 to Section 701.
New Section 701		
701(A)	Addition	Amended to reflect new violation category.
701(2)	Reorganization Revision Addition	Recodified from 701.1 to match codification throughout the regulation. Amended and added violation categories.
701(3)	Reorganization Revision Addition	Recodified from 701.2 to match codification throughout the regulation. Amended and added violation categories.
Section 1001	Reorganization Revision	Recodified from Section 1001 to Section 801. Amended to clarify Department terminology.

Instructions:

Replace R.61-94 in its entirety with this amendment.

Text:

61-94. WIC Vendors.

(Statutory Authority: S.C. Code Section 43-5-930, 1976, as amended.)

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SECTION 101. Definitions.

As used in this regulation, the following terms shall have the meaning specified:

(A) DHEC or Department. The South Carolina Department of Health and Environmental Control.

(B) WIC Program. The Special Supplemental Nutrition Program for Women, Infants and Children.

(C) State WIC Program ("Program"). The Division of WIC Services in the Bureau of Community Nutritional Services, South Carolina Department of Health and Environmental Control.

(D) Electronic WIC Card (eWIC Card). A magnetic stripe card used to purchase WIC-authorized foods or formulas from a WIC family's eWIC account.

(E) WIC Vendor ("Vendor"). Any store, pharmacy, or commissary approved for participation which has a valid, current WIC Vendor Agreement on file at the State WIC Program Office and continues to meet the minimum criteria for participation as listed in the agreement.

SECTION 201. Approval of Vendors.

(A) Only vendors authorized by the Department may redeem electronic WIC benefits or otherwise provide supplemental foods to participants.

(B) To be authorized for participation as a WIC Vendor, a vendor must:

1. Request, in writing, by phone, or by email a WIC Vendor application packet.

2. Submit a completed application packet to the State WIC Program Office, including the WIC Vendor Application, WIC Price Survey, Vendor Agreement, and an IRS W-9, Request for Taxpayer Identification and Certification form.

3. Be authorized to participate in the Supplemental Nutrition Assistance Program (SNAP). (Pharmacies are exempt from this requirement.)

4. Not be employed by the WIC program nor have a spouse, child, parent, or sibling who is employed by the WIC program serving the county in which the vendor applicant conducts business. The vendor applicant also shall not have an employee who handles, or transacts eWIC who is employed by, or has a spouse, child, or parent who is employed by the WIC Program serving the county in which the vendor applicant conducts business.

5. Pass a pre-approval visit completed by the State WIC Program Office.

6. Inform and train cashiers and other staff on program requirements.

7. Ensure employees receive instruction regarding the WIC Program policies, procedures, and requirements.

8. Maintain the minimum stock of WIC foods as required by the Vendor Agreement. (Pharmacies are exempt from this requirement.)

9. Comply with at least one established definition for store type within the four (4) Regions. Store Type 1 - Total Food Sales > $10,000,000; Store Type 2 - Total Food Sales of $10,000,000-$5,000,000; Store Type 3 - Total Food Sales < $5,000,000; Store Type 4 - Government-owned facilities (Commissaries), and Store Type 5 - Pharmacy.

10. Operate the store at a single, fixed location (no mobile/home delivery stores).

11. Purchase infant formula only from a state-approved wholesaler, distributor, or supplier.

12. Be located in South Carolina.

13. Must be open for business at least six (6) days a week for a minimum of eight (8) consecutive hours a day between the hours of 8 a.m. - 10 p.m.

14. Have no convictions or civil judgments within the last six (6) years that indicate a lack of business integrity on the part of the current owners, officers, or managers. Such activities include, but are not limited to: fraud, antitrust, violations, embezzlement, theft, forgery, bribery, falsification of records, making false statements, receiving stolen property, making false claims, or obstruction of justice.

15. Provide to WIC participants only those foods authorized by the State WIC Program and in the exact quantities prescribed.

The following is a list of acceptable foods:

i) Infant formula must be iron-fortified, supply approximately twenty kilocalories (20 kcal) per fluid ounce, and not require the addition of any ingredient other than water.

ii) Infant cereal which contains a minimum of forty-five milligrams (45 mg) of iron per one hundred grams (100 g) of dry cereal and contains no other ingredients, such as fruit, formula, or DHA. No organic infant cereal.

iii) Infant juice which contains a minimum of thirty milligrams (30 mg) of Vitamin C per one hundred milliliters (100 ml) of single strength or reconstituted frozen juice concentrate. Juice must be pasteurized, one hundred percent (100%) unsweetened fruit or vegetable juice. No calcium-fortified or organic juice.

iv) Pasteurized fluid whole, fat free, low-fat, or reduced fat milk which is flavored (low-fat only) or unflavored and contains four hundred international units (400 IU) of Vitamin D and two thousand international units (2000 IU) of Vitamin A per fluid quart.

v) Nonfat dry milk solids may be substituted on a reconstituted quart basis and must contain four hundred international units (400 IU) of Vitamin D and two thousand international units (2000 IU) of Vitamin A per reconstituted quart.

vi) Quarts and half (1/2) gallons of lactose-free milk (whole, reduced fat, low-fat, and fat free).

vii) Domestic cheese made from one hundred percent (100%) pasteurized milk (American, Monterey Jack, Cheddar, Mozzarella, Colby, Muenster, Swiss, and a blend of any of these flavors). Block style, sliced, crumbled, string, pearled, low-fat, reduced fat, low cholesterol, and/or low sodium are allowed.

viii) Calcium-set prepared Tofu with calcium salts of fourteen to sixteen ounces (14-16 oz), and organic tofu.

ix) Cereal (hot or cold) which contains a minimum of twenty-eight milligrams (28 mg) of iron per one hundred grams (100 g) of dry cereal and not more than 21.2 grams of sucrose and other sugars per one hundred grams (100 g) of cereal (no more than six grams (6 g) of sugar per ounce). Half of the cereals authorized must have whole grain as the primary ingredient by weight and meet labeling requirements.

x) Eggs, Grade A large, white only.

xi) Peanut butter, with no added flavorings.

xii) Mature legumes or beans.

xiii) Canned tuna or pink salmon packed in water or oil.

xiv) Infant fruits and vegetables include any variety of single ingredient, commercial infant food fruits or vegetables without added sugars, starches, or salt. No organic infant foods or foods with added DHA.

xv) Infant meats include any variety of commercial infant food having meat or poultry as a single major ingredient, with added broth or gravy, and no added sugars, salt, or DHA.

xvi) Whole grains include whole wheat bread, whole grain bread, brown rice, whole wheat, or soft corn tortillas. Whole grain must be the primary ingredient by weight in all whole grain products and meet labeling requirements for making a health claim as a “whole grain food with moderate fat content.”.

(C) To retain authorization for participation a vendor must:

1. Renew the Vendor Agreement with the State WIC Program by the established renewal date.

2. Abide by the terms of the Agreement in effect.

3. Have prices which are competitive, based on the WIC Program definition, with similar type stores’ prices.

SECTION 301. Processing EBT/eWIC Transactions.

In providing supplemental foods to participants, the vendor shall:

(A) Charge WIC participants the exact total price for the WIC foods provided to the participant.

(B) Ensure that all product scans (that is, the scanning and entry of the universal product code (UPC) in the redemption system) are completed or made directly from the product being sold. The vendor may not maintain a "scan book" or similar device and use the UPC labels in a book or other device in place of scanning the product UPC directly from the product being sold.

(C) Scan and charge for only the types, sizes, and quantities of food specified on the participant's eWIC account, and only provide the types, sizes, and quantities of food specified on the participant's eWIC account.

(D) Require the WIC participant accept/approve the eWIC transaction. Ensure store personnel do not accept/approve any eWIC transaction for WIC participants under any circumstances.

(E) Confirm the identity of the authorized person by requiring the use of the individual's personal identification number (PIN) to execute the eWIC transaction.

(F) Refuse to accept eWIC cards from any person unable to demonstrate their authorization to use the eWIC card.

(G) Release food benefits to WIC participants any time the eWIC card is decremented even if the system fails to build a claim.

(H) Accept eWIC only from authorized participants, or an authorized representative, caretaker, or proxy within the store premises.

(I) Offer WIC participants the same courtesies as other customers, including, but not limited to:

1. Providing promotional specials, such as reduced prices on items as advertised.

2. Allowing use of any open check-out line except for those indicated as "cash only.".

(J) Provide WIC participants with an itemized receipt for each eWIC transaction that clearly identifies the item(s) purchased, the individual price charged for each item listed, the remaining balances of WIC available items, and benefit expiration date."

(K) Upon request, provide WIC participants with an eWIC balance inquiry.

(L) Return any eWIC cards found in the store or facility and unclaimed after twenty-four (24) hours to the local county WIC office.

(M) Mark the current shelf prices of all WIC Foods clearly on the appropriate store shelf holding the WIC food items at all times.

(N) Sell all WIC foods at competitive prices consistent with those of the vendors' peer group at all times during the terms of the Agreement.

SECTION 401. Vendor eWIC Settlement Payments.

(A) Vendors must maintain a bank account for the Automated Clearing House (ACH) transactions for eWIC settlement payments.

(B) Payments are made to the vendor daily during the end-of-day process of the eWIC system.

(C) Vendors will receive their settlement/reimbursements for eWIC transactions within two (2) business days.

(D) The eWIC benefits will be paid up to the maximum amount allowed based on the vendor's peer group for each individual food UPC.

(E) The State WIC Program may delay payment or establish a claim if the Program determines the vendor has committed a violation that affects the payment to the vendor. The State WIC Program may offset any claim against current and subsequent amounts to be paid to the vendor. The vendor is responsible for any claim assessed by the State WIC Program.

(F) The State WIC Program, at its discretion, may allow the payment of a civil monetary penalty, in lieu of disqualification, as a result of Program abuse.

SECTION 501. Monitoring of Vendors.

(A) All vendors participating in the WIC Program agree to allow periodic monitoring of their business to assess compliance with Program requirements.

(B) During a monitoring visit, the vendor shall allow access to all invoices to ensure that formula was purchased from an approved wholesaler, distributor, and/or manufacturer.

SECTION 601. Disqualifications and Sanctions.

(A) The State WIC Program may disqualify a vendor for Program abuse, failure to meet the requirements of the WIC Vendor Agreement, or other just causes.

(B) Mandatory Vendor Sanctions.

1. One (1) Year Disqualification. A vendor shall be disqualified from the WIC Program for a period of one (1) year for:

(a) A pattern of providing unauthorized food items by type, size, or quantity in exchange for WIC EBT, including charging for supplemental foods provided in excess of those listed on the WIC EBT account;

(b) A pattern of charging prices for WIC items above the maximum allowable price for stores within the same peer group and geographical area;

(c) A pattern of not providing a receipt at the end of the transaction showing the date of the transaction, product(s) purchased, and the remaining balance of available benefits;

(d) Intentionally providing incorrect quantity or type of infant formula specified on a WIC EBT account;

(e) Intentionally providing false information on the WIC Vendor Application;

(f) Intentionally providing false information on the Vendor Price Survey;

(g) Failure to provide an itemized receipt with each WIC EBT transaction;

(h) Failure to allow monitoring of the store by a WIC Program Coordinator or threatening or abusing, either verbally or physically, a WIC participants or WIC personnel in the conduct of official WIC business;

(i) Entering the PIN for the WIC participant; or

(j) Failure to attend WIC Vendor training.

2. Three (3) Year Disqualification. A vendor shall be disqualified from the WIC Program for three (3) years for:

(a) One (1) incidence of the sale of alcohol or alcoholic beverages or tobacco products in exchange for one (1) or more WIC EBT cards;

(b) A pattern of claiming reimbursement for the sale of a specific supplemental food item which exceeds the store's documented inventory of that supplemental food item for a specific period of time, failing to supply store records, or failing to allow an audit of such records by the State WIC Program;

(c) A pattern of charging WIC participants more for supplemental food than non-WIC customers or charging participants more than the current shelf price;

(d) A pattern of receiving, transacting, and/or redeeming WIC EBT cards outside of authorized channels (laundering) including the use of an unauthorized vendor and/or an unauthorized person;

(e) A pattern of charging for supplemental food not received by the WIC participant; or

(f) A pattern of providing credit or non-food items, other than alcoholic beverages, tobacco products, cash, firearms, ammunition, explosives, or controlled substances in exchange for WIC EBT cards.

3. Six (6) Year Disqualification. A vendor shall be disqualified from the WIC Program for six (6) years for:

(a) One (1) incidence of buying or selling one (1) or more WIC EBT cards (trafficking); or

(b) One (1) incident of buying or selling firearms, ammunition, explosives, or controlled substances as defined in 21 U.S.C. 802 in exchange for WIC EBT cards.

4. Permanent Disqualification. A vendor shall be permanently disqualified from the WIC Program for any conviction of trafficking WIC EBT cards or selling firearms, ammunition, explosives or controlled substances (defined in Section 102 of the Controlled Substances Act (21 U.S.C. 802)) in exchange for WIC EBT cards. A vendor is not entitled to receive any compensation for revenues lost as a result of such violation.

(C) The WIC Program must disqualify a vendor who has been disqualified from SNAP. The disqualification must be for the same length of time as the SNAP disqualification, may begin later than the SNAP disqualification, and is not subject to administrative or judicial review under the WIC Program.

(D) Second Mandatory Sanction. When a vendor, who has been sanctioned for violating any of the provisions listed in this section, receives a sanction for a second violation of these provisions, the second sanction shall be double the amount of the first.

(E) Third or Subsequent Mandatory Sanctions. When a vendor, who has been assessed two (2) or more sanctions for violation of any of the provisions listed in this section, receives a third or subsequent sanction for a violation of these provisions, the third and all subsequent sanctions shall be double the amount of the immediately preceding sanction.

SECTION 701. Program Violations.

Each violation of Program regulations has a set point value and a specific time period during which the points will remain on a vendor's record. If a vendor accumulates fifteen (15) or more violation points, the store will be disqualified from the WIC Program. The period of disqualification is determined by the nature of the violation(s), the number of violations, and past disqualifications.

(A) The following violations carry a point value of ten (10) and remain on a vendor's record for eighteen (18) months:

1. Failure to stock eight (8) or more required quantities and/or varieties of foods as listed in the Agreement.

(B) The following violations carry a point value of eight (8) and remain on a vendor's record for eighteen (18) months:

1. Contacting WIC participants in an attempt to recoup funds for eWIC transactions not paid by the Department.

2. Not providing promotional specials or not accepting cents-off coupons or store discount cards to reduce WIC price.

3. Issuing "RAIN" checks.

4. Requiring WIC participants to use special check-out lanes, not showing WIC participants the same courtesy as other customers or engaging (committing) in any act of discrimination involving a WIC participant.

5. Requiring cash purchase to redeem WIC checks or use eWIC cards.

6. Failure to stock between four to eight (4-8) food items as listed in the Vendor Agreement.

7. Failure to scan and enter all sold UPC items directly from the product being sold into the redemption system, or the use of a "scan book" or similar device used in place of scanning the product.

8. Keeping record of a participant's name or PIN after the eWIC card is transacted by or on behalf of a participant.

9. Verbal or physical abuse of a WIC participant or Department employee while the employee is conducting official WIC business.

10. Failure to allow the return of any WIC purchases for identical items that are damaged, spoiled, or has exceeded its "sell by," "best if used by," "manufacturer suggested," or other date limiting the sale or use of the food.

(C) The following violations carry a point value of five (5) and remain on a vendor's record for one (1) year:

1. Allowing the purchase of ineligible foods or substitutions for foods on an eWIC card account.

2. Failure to stock one to three (1-3) required quantities and/or varieties of foods as listed in the Agreement.

3. Where no specific brand is prescribed, requiring a participant to purchase a specific brand of WIC approved foods when more than one (1) brand is available.

4. Allowing manual entry of the eWIC card number.

5. Failing to provide valid supplier invoices proving sufficient inventory was available on the vendor's sales shelf that support the amount claimed in EBT redemptions the vendor has submitted for payment to the Department.

6. Not marking WIC items with price labels or shelf tags.

7. Collecting sales tax on WIC Purchases.

8. Stocking WIC-approved food outside of the manufacturer's expiration date.

9. Providing (selling or giving) incentive items to WIC participants.

10. Not allowing split-tender transactions on Cash Value Benefits (CVB) or eWIC transactions.

11. Asking for additional identification or the WIC participant's PIN.

12. Charging the WIC customer any fee, either directly or indirectly, arising out of or associated with operating, manufacturing, or processing WIC participants.

13. Charging the Program for food not received by a participant.

SECTION 801. Administrative Appeals.

All vendors have the opportunity to request a fair hearing (administrative review) regarding certain adverse actions taken by the Department. The vendor must provide the Department with a written fair hearing request within fifteen (15) calendar days of the receipt of the notice of the adverse action. The written request must list the actions with which the vendor disagrees, as well as reasons the vendor disagrees with these actions. If the vendor does not request a hearing within the fifteen (15) calendar-day period following notification, the Department's decision becomes final.

If a timely request of final review is filed with the DHEC Clerk of the Board, the Clerk will provide additional information regarding review procedures. If the DHEC Board declines, in writing, to schedule a final review conference, the Department's decision becomes final and the vendor may request a contested case hearing before the Administrative Law Court within thirty (30) calendar days after notice is mailed informing the vendor that the Board declined to hold a final review conference.

Fiscal Impact Statement:

The amendments will have no substantial fiscal or economic impact on the state. Implementation of these amendments will not require additional resources beyond those allowed. There is no anticipated additional cost by the Department or state government due to any inherent requirements of these amendments.

Statement of Need and Reasonableness:

The following presents an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: 61-94, WIC Vendors.

Purpose: The amendments to R.61-94, WIC Vendors, include revised provisions and outline the responsibilities and duties of all potential and authorized WIC Vendors. The Department amends R.61-94 to update verbiage of South Carolina Electronic WIC Benefits (eWIC). These amendments include changes to definitions, the approval process of vendors, monitoring of vendors, disqualifications, sanctions, program violations, and the transaction of South Carolina WIC Benefits. The amendments may also include corrections for clarity and readability, grammar, punctuation, codification, and other such regulatory text improvements.

Legal Authority: 1976 Code Section 43-5-930.

Plan for Implementation: The amendments will take legal effect upon General Assembly approval and upon publication in the State Register. Department personnel will then take appropriate steps to inform the regulated

community of the amendments. Additionally, a copy of the regulation will be posted on the Department's website, accessible at www.scdhec.gov/regulations-table. Printed copies may also be requested, for a fee, from the Department's Freedom of Information Office.

DETERMINATION OF NEED AND REASONABLENESS OF THE REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The amendments update R.61-94 to include provisions in the Child Nutrition and WIC Reauthorization Act of 2004 (P.L. 108-265) that require the establishment of a vendor peer group system, distinct peer competitive price criteria, allowable reimbursement levels for each peer group, and other vendor-related provisions to ensure program integrity. Additionally, the amendments include revisions to the WIC food packages as published in the interim rule by the U.S. Department of Agriculture, Food and Nutrition Services, in the Federal Register. The revisions align the WIC food packages with the Dietary Guidelines for Americans and infant feeding practice guidelines of the American Academy of Pediatrics. The Department also makes vendor-related amendments to ensure adequate and appropriate monitoring of the WIC Program's food delivery system to prevent fraud, waste, and abuse from occurring and to safeguard program benefits. Further proposed amendments include updating verbiage of South Carolina Electronic WIC Benefits (eWIC) to align with the Healthy, Hunger-Free Kids Act of 2010, which improves the shopping experience for WIC participants by requiring states to transition from paper benefits to electronic benefit (EBT) systems by Oct. 1, 2020.

These amendments are reasonable to realize the abovementioned benefits as they provide more efficient procedures without any anticipated cost increase and provide clearer standards and criteria for the regulated community.

DETERMINATION OF COSTS AND BENEFITS:

There are no anticipated cost increases to the state or its political subdivisions in complying with these amendments. Amendments to R.61-94 will benefit the regulated community and the general public by implementing provisions to ensure program integrity. Participants served by the program will benefit from these amendments by gaining access to more nutritious foods.

UNCERTAINTIES OF ESTIMATES:

There are no uncertainties of estimates relative to the cost to the state.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

The changes will not have any effect on the environment. If implemented, these amendments will have a positive impact on public health by improving WIC procedures and systems and expanding access and resources to healthy foods.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

There is no anticipated detrimental effect on the environment.

Statement of Rationale:

Here below is the Statement of Rationale pursuant to S.C. Code Section 1-23-110(A)(3)(h):

The Department amends R.61-94, WIC Vendors, to incorporate vendor-related provisions included in the Child Nutrition and WIC Reauthorization Act of 2004 (P.L. 108-265) and an interim rule published by the U.S. Department of Agriculture, Food and Nutrition Services, in the Federal Register on December 6, 2007, revising

the WIC food packages. Other amendments include updating verbiage to South Carolina Electronic WIC Benefits, definitions, the approval process of vendors, monitoring of vendors, disqualifications, sanctions, program violations, and WIC transactions to improve services and procedures.

Document No. 5138
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61
Statutory Authority: 1976 Code Sections 13-7-40 et seq.

61-64. X-Rays (Title B).

Synopsis:

Pursuant to S.C. Code Sections 13-7-40 et seq., the Department of Health and Environmental Control ("Department") promulgates, amends, and repeals regulations relating to the control of ionizing and nonionizing radiation, the qualifications of operators applying ionizing or nonionizing radiation to humans, and registration of radiation sources or devices or equipment utilizing these sources. The Department amends R.61-64, X-Rays (Title B) to include, but not limited to, clarifying and simplifying the regulation, adding new definitions as required, deleting requirements that are no longer applicable, and ensuring the regulation is in alignment with the current statute. The Department also amends requirements regarding registration, inspections, violations, enforcement, equipment, and mammography. The amendments will also update vendor classes, add requirements for personnel security screening systems using x-ray, and clarify, organize, and update the Radiation Safety Officer requirements. The Department also included changes such as corrections for readability, grammar, punctuation, codification, and other such regulatory text improvements.

The Department had a Notice of Drafting published in the February 25, 2022, *South Carolina State Register*.

Instructions:

Replace R.61-64 in its entirety with this amendment.

Section-by-Section Discussion of Amendments:

Section	Type of Change	Purpose
Entire Regulation	Reorganization/Revision	Amended numbering in regulation for correct codification and clarity.
Entire Regulation	Technical Correction	Amended to correct grammatical errors, punctuation, and capitalization.
Entire Regulation	Technical Correction	Amended to correct references.
Entire Regulation	Technical Correction	Amended to use text and numerical symbols when any number is utilized. Amended to clarify deadlines in calendar days.
Entire Regulation	Technical Correction	Amended "these regulations" to "this regulation" for grammatical correctness.

Entire Regulation	Technical Correction	Amended to add "RHB" when referencing parts of this regulation.
Statutory Authority	Addition	To clarify appropriate S.C. Code of Laws authority.
Table of Contents	Reorganization/Revision	To reflect proposed organization and title amendments in regulation text.
1.2. Prohibited Use.	Addition/Revision	Amended to add exemptions for Hand-held Intraoral Equipment and Personnel Security Screening Systems. Amended language for licensed practitioner to be consistent with revised definition.
1.3. Inspections.	Addition/Revision	Amended to provide clarity related to records requests and added reference to the Atomic Energy and Radiation Control Act.
1.4. Test and Surveys.	Technical Correction	Amended to provide clarity for instrument calibrations.
1.6. Additional Requirements.	Revision/Reorganization	1.6.3 Amended to provide clarity and recodify equipment not covered in regulation. 1.6.4 was recodified to 3.3.
1.7. Corrective Action Plan.	Revision/Reorganization/Addition	Title amended for consistency with other Departmental regulations. Prior 1.7.1 was recodified to 1.8.2 and prior 1.7.4 was recodified to 1.13.2. Added clarification for determination of response adequacy.
1.8. Enforcement.	Revision/Deletion/Reorganization	Amended for consistency with other Departmental regulations.
1.10. Records.	Revision	Amended to provide clarity regarding records and inventory.
1.11. Records and Reports of Misadministration.	Revision/Addition	Amended title in 1.11.1 and added language regarding records based on stakeholder comments.
1.12. Material False Statements.	Deletion	Title was amended to provide clarity and prior 1.12.1 was deleted.
1.13. Fines and Penalties.	Revision/Deletion/Reorganization	Title amended for consistency with other

		Departmental regulations. Former 1.13.1 was recodified to 1.7.4. Former 1.13.2 was amended to provide clarity regarding the categories of severity levels. Former 1.13.2.2 – 1.13.4.3 were deleted as the sections reflect Department operating procedures and not regulatory language. Former 1.7.4 recodified to 1.13.2 and penalty matrix was clarified. Former 1.13.4.2 recodified to 1.13.3 and clarified.
2.3. Application and Review Fees.	Revision	2.3.2 Amended to provide clarity regarding the current required fee. 2.3.3 amended to provide clarity regarding notice of vendor registration.
2.4. Facility Registration Approval.	Revision	Amended to provide clarity regarding facility registration approval for in-state facilities and out-of-state facilities prior to installation of x-ray producing machines.
2.5. Equipment Registration Requirements, User of X-ray Machines.	Revision/Deletion	2.5.2 and 2.5.3 were deleted and recodified to new 2.6.
2.6. Report of Change	Reorganization/Revision/ Addition/Deletion	Prior 2.5.2 and 2.5.3 recodified and amended to provide clarity regarding the reporting of changes to the Department.
2.7. Registration Requirements – Servicing and Services (VENDOR).	Revision/Addition/Technical Correction	2.7.1 Amended to provide clarity regarding vendor registration and registration exemptions. 2.7.2 Amended to correct grammatical errors, and provide clarity regarding registration application requirements, applicant certification, and application signature requirements. 2.7.4 and 2.7.5 Amended to add clarity regarding vendor registration. 2.7.6 Amended for consistency with this and other parts, and to provide clarity regarding vendor classification and services. 2.7.7 Amended to provide

		clarity regarding reporting changes to registration. 2.7.8 Amended to provide clarity regarding vendor classification and services, training and education requirements, and for consistency with other parts. 2.7.9 Amended to update reference to regulation.
2.8. Vendor Obligation.	Revision	8.1 Amended to provide clarity regarding sales and installation notifications. 2.8.2 Amended to provide clarity regarding vendor obligation to meet requirements. 2.8.3 Amended to provide clarity regarding maintenance and contents of records. 2.8.4 Amended to provide clarity regarding quality of records. 2.8.5 Amended to change "must" to "shall" for consistency.
2.9. Out of State Facilities.	Addition/Revision	2.9.1 Amended to provide clarity regarding requirements for out-of-state facility registration. 2.9.2 Amended to reference form provided by the Department.
2.11. Annual Fees.	Revision/Reorganization/Addition	2.11.1 Amended to clarify the assessment of the annual registration fee. Prior 2.10.4 regarding the instruction for payment recodified here. Amended to clarify the due date for payment of the fee. Amended to clarify the date the late fee will be required. Amended to clarify the date on which the registration will be revoked. Amended to change "suspended" to "revoked" for consistency. 2.11.2 Amended to change "machine" to "equipment" for consistency with other parts of the regulation. 2.11.3 amended to add new equipment types (X-ray Gauge and Personnel Security Screening System) to the fee

		schedule and update reference.
3.1. Scope.	Revision	Amended to provide clarity and consistency with other Departmental regulations.
3.2. Implementation.	Technical Correction	Added text indicating text of an abbreviation.
3.3. Authority and Responsibility for the Radiation Protection Programs.	Reorganization/Revision	Amended to ensure compliance with the regulation. Revised 3.3.3 to clarify radiation protection program requirements. Recodified prior 1.6.4 to 3.3.4. Renumbered remainder of section. Revised language in regulation to enable the Department to make a determination on a case-by-case basis regarding Radiation Safety Committees.
3.5. Compliance with Requirements for the Summation of External and Internal Doses.	Addition	Added a word for title clarity.
3.8. Dose to an Embryo/Fetus.	Revision	Amended to reflect CRCPD suggested state regulations.
3.9. Dose Limits for Individual Members of the Public.	Deletion/Revision	Deleted retrofit allowance because it is no longer relevant. Revised proposed NPR strike-through of RHB 3.9.4 and amended regulation to include a date threshold.
3.11. Surveys.	Revision	Revised timeframe for instrument calibration for consistency.
3.12. Personnel Monitoring.	Revision/Addition	3.12.3 Amended to allow RSO evaluation of exposure of badges, updated "lead apron" to "protective apron," and clarified monitoring periods and documentation requirements. 3.12.3 Added reference to fetal dosimeters. 3.12.5 Amended to reflect CRCPD suggested state regulations, as indicated in public comments. Amended to clarify periodic checks to quarterly checks. Revised RHB 3.12.3.1.3 to require calculated dose for

		lost or damaged personnel badges only for individuals that meet RHB 4.12.4. Added language to RHB 3.12.5.1 to allow the use of a one-badge calculated effective dose equivalent. Removed language from RHB 3.12.5.2.1 that required the use of an effective dose equivalent at 25% of the maximum permissible dose. Revised RHB 3.12.5.2.2 to replace quarterly requirements to no less than twice per year.
3.15. Caution Signs.	Revision	Amended to provide clarity of the radiation symbol.
3.18. Records of Radiation Protection Programs.	Revision	Amended requirement to five years for consistency with the regulation.
3.19. Records of Surveys.	Addition	Added "instrument" for clarification.
3.20. Determination and Records of Prior Occupational Dose.	Addition/Deletion	Added "attempt" to obtain records of prior occupational exposure. Deleted "telegram" as it is no longer relevant.
3.22. Records of Individual Monitoring Results.	Deletion	Deleted sentence regarding effective date of these regulations as it is no longer relevant.
3.24. Notification of Incidents.	Revision/Addition	Amended to delete forms of notification no longer applicable and add current forms of notification.
3.29. Storage and Control of Radiation Sources.	Revision	Amended to reflect intent of CRCPD Suggested State Regulations.
3.30. Reports of Stolen, Lost, or Missing Radiation Sources.	Addition	Added reporting includes abandoned radiation machines.
4.1. Scope.	Addition	Amended Scope to include the establishment of the requirements for shielding for all Parts of this regulation.
4.2. General Safety Provisions.	Revision/Deletion/Addition	4.2.2 Added direct for clarification of supervision and amended for grammatical purposes. 4.2.6 and 4.2.8 Amended for clarity, grammar and replaced lead with protective apron.

		4.2.9 Added exemption for hand placement. 4.2.10 Deleted requirement for patient shielding and added collimation requirement. 4.2.12 Deleted references. 4.12.13 Amended for clarity on ESE requirements and handheld dental equipment. 4.2.15 Amended to clarify x-ray log. 4.2.16 Clarified SID. 4.2.17 Deleted procedures because no longer applicable. Revised 4.2.13 to clarify exposure at skin entrance limits based on anatomical size.
4.3. General Requirements for all Diagnostic X-ray Systems.	Revision	Amended throughout to correct grammatical use of x-ray and clarify units of measurement.
4.4. Shielding.	Revision/Reorganization/ Addition	4.4.1 Amended to clarify the person/persons responsible for ensuring changes are reviewed by the appropriate class vendor. Amended to clarify the form to be utilized and the required fees. Amended to reduce timeframe for the requirement of a shielding plan for space utilized as a radiation area. Prior 4.4.2.3 regarding requirement for shielding plan deleted and reorganized to 4.4.1.3 for clarity. 4.4.2 Amended to clarify which replacement type does not require a shielding plan. Amended to delete vendor class for consistency with RHB 2.7.6. Amended to clarify timeframe to notify the Department. Amended to include form to be utilized for notification. Amended to change "machine" to "system" for consistency. Amended to clarify when a shielding plan is required. Amended to

		delete vendor class for consistency with RHB 2.7.6. Prior 4.4.2.3 deleted and reorganized to 4.4.1.3. 4.4.3 Amended to clarify when equipment may be installed or operated. Amended to clarify adherence to the accepted shielding plan. 4.4.4 Amended to clarify and allow for the use of the current version of the appropriate national Council of Radiation Protection and Measurements Reports. Amended to include adherence to Part IV, Appendix C. 4.4.6 Amended to add/delete vendor classes for consistency with RHB 2.7.6. Amended to clarify requirements for the area survey. Amended to clarify the form to be utilized for submission of the area survey. 4.4.7 Amended to clarify the content of the "as-built" drawings and added vendor classes for consistency. Timeframe deleted and reorganized to 4.4.7.1.1. Addition to clarify the timeframe for submission of "as-built" drawings, the required content of the drawings, and the form to be utilized for submissions. 4.4.7 Amended to add vendor class for consistency with RHB 2.7.6. 4.4.8 Title amended to include Transportable Installations. Amended to create heading for Bone Density and Mammography installations section. Amended to add vendor class for consistency with RHB 2.7.6. Amended to include form to be utilized for notification.

		Added requirements for Transportable Installations. Added requirements for area survey for Transportable Installations. Added form to be utilized for notification and reference to existing requirement for review fees in RHB 2.3.2. Amended to add scope for shielding. Revised proposed NPR language to require a shielding plan for a period of five (5) or more consecutive days. Revised proposed NPR language to require the completion of the area survey within thirty (30) days of the installation of the x-ray equipment. The survey must be provided to the facility at the time of completion or within 30 days of the completion of the survey. The survey must be provided to the Department within thirty (30) days of the completions of the survey.
4.5. Intraoral Dental Radiographic Systems.	Revision/Reorganization	Amended to provide clarity regarding applicability of part. 4.5.4 Amended to provide clarity regarding x-ray control location. 4.5.9 – 4.5.10 Amended for grammatical purposes. 4.5.12 Amended to provide clarity on use of patient shielding. 4.5.13 Recodified from 4.6.4.
4.6. Extraoral Dental Radiographic Systems.	Revision/Reorganization	Amended to provide clarity regarding applicability of part. 4.6.1 Amended to provide clarity regarding cephalometric equipment requirements. 4.6.2 Amended to provide clarity regarding panoramic equipment requirements. 4.6.3 Amended to provide

		clarity regarding dental CT equipment requirements. 4.6.4 Recodified to 4.5.13.
4.7. Medical Radiographic Systems.	Revision/Addition/Deletion	Amended to provide clarity regarding applicability of part. Added "transportable" to clarify its inclusion for this requirement. Added "RHB" to applicable regulation numbers throughout this Part. 4.7.1 Amended to provide clarity on included equipment and correct grammatical errors. 4.7.2 Amended to clarify equipment specification. 4.7.3 Amended for grammatical purposes. 4.7.4 Amended for clarity and to grammatical purposes. 4.7.8 Deleted sentence as it is no longer relevant.
4.8. Mobile Radiographic Systems.	Revision/Deletion	Amended to provide clarity regarding applicability of part. 4.8.4 Amended for grammatical purposes. 4.8.6 Amended for grammatical purposes. 4.8.8 Amended to clarify intent of requirement. 4.8.10 Requirement deleted from this Part. Requirement is specified in Part III. 4.8.11 Renumbered to 4.8.10. 4.8.12 Renumbered to 4.8.11. Revised proposed NPR language to require a shielding plan for a period of five (5) or more consecutive days.
4.9. Fluoroscopic X-ray Systems.	Revision/Addition/Deletion	Amended to provide clarity regarding applicability of part. Added "transportable" and "direct digital receptor" to clarify inclusion for this requirement. Added "RHB" to applicable regulation numbers throughout this Part. 4.9.1 Added "transportable" to clarify inclusion to this

		requirement. 4.9.4 Amended for grammatical purposes and to delete the current requirement of 4.9.4.3.7 as the requirement is covered in another part of this regulation. 4.9.10 Amended to clarify intent of requirement.
4.10. Bone Densitometry Systems.	Revision/Addition	Amended to provide clarity regarding applicability of part Added "RHB" in front of regulation number in 4.10.2.2
4.11. Computed Tomography (CT) X-ray Systems.	Revision/Addition/Deletion	Amended to provide clarity regarding applicability of part. 4.11.1 Amended to provide clarity regarding Computed Tomography systems, and to clarify references to subsections. 4.11.2 Amended for grammatical purposes. 4.11.3 Amended to clarify regarding routine equipment quality control and equipment performance testing. 4.11.5 Amended to provide clarity regarding cone beam computed tomography systems. Revised 4.11.2 to allow for the use of exposure switches located inside CT rooms to align with industry standard design and practices.
4.12. Veterinary Systems.	Revision/Technical Correction	Amended to provide clarity regarding applicability of part. 4.12.1 Amended to provide clarity on qualified users and remove reference. 4.12.7 Amended for grammatical purposes. 4.12.9 – 4.12.19 Amended for grammatical purposes. 4.12.21 Amended to clarify regarding applicable provisions. 4.12.22 Amended to clarify regarding training for operators.

4.13. Medical Specimen Systems.	Revision/Technical Correction	Amended to provide clarity regarding applicability of part.
Part IV – Appendix A	Revision/Technical Correction	Amended throughout to correct grammatical use of "x-ray", and to update terminology
Part IV – Appendix B	Revision/Addition	1. Amended to provide clarity regarding the operator's location and occupancy of adjacent areas. 4. Amended to require the date of the plan and the signature.
Part IV – Appendix C	Revision/Technical Correction	Amended throughout to clarify the operator's location. 1. Amended to correct grammar. 3. Amended to provide clarity regarding the placement of x-ray controls for various x-ray systems. 4. Amended to provide clarity regarding the design of the viewing system, and for grammatical purposes.
Part IV – Appendix D	Revision/Technical Correction	Amended to provide clarity regarding dose limits to patients, and for grammatical purposes. Revised proposed NPR language to clarify exposure at skin entrance limits based on anatomical size
Part IV – Appendix E	Revision/Technical Correction	Amended to provide clarity regarding the exemption qualification, and for grammatical purposes.
Part IV – Appendix F	Revision/Deletion/Technical Correction	Amended to provide clarity regarding optional equipment testing, techniques to be used for dose testing, and CT equipment testing requirements. Removed requirement to document adherence to shielding plan. Amended to update references. Revised NPR language to ensure compliance is demonstrated through the

		evaluation of common exams at each facility. Revised NPR language regarding Radiation Output for Brain Perfusions has been removed to align with industry practices.
Part V Quality Standards and Certification Requirements for Facilities Performing Mammography	Technical Correction	Amended to updated references throughout this Part.
5.1. Scope.	Deletion/Technical Correction	5.1.1 Amended to delete requirements for submitting changes to the Department regarding Appendix A approval. 5.1.2 Amended to correct grammar for consistency.
5.3. Revocation of Accreditation.	Reorganization	Recodified and reorganized from prior 5.23 for better subject matter flow. Following sections are renumbered.
5.4. Certificates.	Technical Correction	Amended to change "must" to "shall" for consistency.
5.5. Suspension or Revocation of Certificates.	Reorganization	Recodified and reorganized from prior 5.24. Amended and updated to comply with state statute regarding the appeals process.
5.7. Adverse accreditation or reaccreditation decisions.	Revision/Deletion	Amended section title. Since this Agency does not play a role in accreditation/reaccreditation decisions, this section was amended to direct appeals of adverse accreditation/reaccreditation decisions to the Food and Drug Administration (FDA).
5.9. Personnel Requirements.	Addition	5.9.2 Amended subsection title to be consistent with other personnel subsections.
5.12. Quality Assurance Requirements.	Reorganization/Deletion	5.12.2 Amended and reorganized for clarity. Prior 5.10.2.3 deleted to remain in compliance with FDA mammography inspection policies.

5.13. Equipment Quality Assurance Tests.	Technical Correction/Addition	5.13.5 Amended heading of table to correct spelling. Amended to change "half-value layer" to HVL for consistency. Amended to include requirement for average glandular dose.
5.14. Surveys.	Deletion	Prior 5.12.5 deleted to comply with FDA mammography inspection policies.
Prior 5.23 Revocation of Accreditation.	Reorganization	Recodified and reorganized to 5.3 for better subject matter flow.
Prior 5.24 Suspension or Revocation of Certificates.	Reorganization	Recodified and reorganized to 5.5 for better subject matter flow.
5.25. Mammography Units Used for Localization or Stereotactic Breast Biopsy Procedures.	Revision/Deletion	5.25.3 Amended to change "Accreditation Program Overview" to "QC Manual". Amended to delete requirement for the medical physicist survey report and corrective action to be sent to the Department within 10 days. Amended to add requirement for the medical physicist survey and corrective action to be maintained for Departmental review.
5.28. Notification Requirements for Mobile Mammography Facilities Certified by Another Certifying Agency.	Addition	5.28.1 Amended to include the requirement for the submission of the operating schedule. 5.28.3 Amended to include reference to the existing requirements for Out-of-State application fees and Out-of-State facility requirements.
6.1. Scope.	Revision	Amended for clarity and to be consistent with CRCPD Suggested State Regulations.
6.3. General Provisions for All Therapeutic Equipment.	Revision/Addition/Deletion	6.3.1 Amended for clarity 6.3.2 Amended to delete unnecessary reference to Nuclear Regulatory Commission. 6.3.3 Amended to clarify requirements and be

		consistent with CRCPD Suggested State Regulations. Also amended to specify required level of supervision. 6.3.5 Added 6.3.5.5 for consistency with CRCPD SSRs.
6.4. Therapeutic X-ray Systems of Less than 1 MeV.	Revision/Addition/Deletion	Amended to correct chart format and to delete references to the wording "effective date of these regulations" and add the specific date of requirement.
6.5. X-ray and Electron Therapy Systems with Energies of 1 MeV and Above.	Revision	Amended to correct use of incorrect word "normal" with correct word "nominal."
6.6. Operational Requirements for X-ray and Electron Therapy Systems with Energies of 1 MeV and Above.	Amended	Amended to allow operational flexibility and to add "RHB" to applicable regulation numbers throughout this Part.
7.1. Scope.	Technical Correction	Amended for grammatical purposes.
7.4. General Requirements for all Analytical X-ray Equipment.	Revision/Technical Correction	7.4.4 Amended for grammatical purposes. 7.4.5 Amended to provide clarity on safety device documentation. 7.4.7 – 7.4.9 Amended for grammatical purposes.
7.5. Additional Requirements for Open Beam Configuration X-ray Equipment.	Revision/Technical Correction	7.5.8 Amended to provide clarity regarding type of equipment for which training requirements pertain and for grammatical purposes.
7.6. Additional Requirements for Enclosed Beam X-ray Equipment.	Revision	Amended to provide clarity regarding applicability of part.
7.7. Area Requirements for All Analytical X-ray Equipment.	Revision/Technical Correction	7.7.2 Amended to provide clarity regarding dose limits and for grammatical purposes. 7.7.3 Amended to provide clarity regarding radiation area surveys and use of area monitors. 7.7.4 Amended and partially moved to 7.7.5.

		7.7.5 Moved from 7.7.4 and amended to provide clarity regarding maintenance of records.
7.9. Minimum Personnel Radiation Safety Training Requirements for Radiation Safety Officers and Operators.	Revision/Technical Correction	Amended to provide clarity regarding training for personnel. 7.9.1 Amended to clarify reference to part, and for grammatical purposes.
7.10. Operating Procedures.	Revision/Technical Correction	7.10.1 Amended to provide clarity regarding contents of operating procedures and for grammatical purposes.
8.1. Scope.	Technical Correction	Amended for grammatical purposes.
8.2. Locking of X-ray Machines.	Revision	Amended to provide clarity regarding surveillance by adequately trained individual.
8.5. Warning Devices.	Addition	Added to require the presence of warning devices and labels on equipment.
8.7. Posting Requirements.	Deletion	Partially deleted to remove redundancy.
8.8. Minimum Personnel Radiation Safety Requirements for Radiation Safety Officers, Radiographers, and Operators.	Revision/Technical Correction	Amended to provide clarity regarding personnel training requirements, and for grammatical purposes.
8.9. Operating and Emergency Procedures.	Technical Correction	Amended for grammatical purposes.
8.11. Personnel Monitoring.	Revision	Amended to provide clarity regarding use of personnel monitoring devices.
8.12. Minimum Subjects to be Covered in Training Radiation Safety Officers and Radiographers.	Revision/Technical Correction	Amended to provide clarity regarding personnel training requirements, and for grammatical purposes.
8.13. Special Requirements for Certain Industrial Radiographic Techniques.	Revision/Deletion/Technical Correction	Amended for grammatical purposes, to update references to subsections, to provide clarity regarding instrument calibration frequency, shielded room radiography, and field radiography, and to remove exemptions for certain

		industrial radiographic techniques.
Part IX	Addition/Reorganization	Former Part IX was recodified to Part X. Proposed Part IX added requirements for Personnel Security Screening Systems Using X-Ray.
Part X	Addition/Deletion/Revision/Reorganization	Former Part X was recodified to Part XI. Deleted definitions no longer relevant or referenced in regulation. Added and amended definitions for clarity and to reflect CRCPD Suggested State Regulations. Revised proposed NPR definition of Licensed Practitioner to replace with a reference to the definition in the Medical Radiation Health and Safety Act, S.C. Code Ann. §§ 44-74-10, et seq. The formula image in 10.39 was deleted and replaced with text.
Part XI	Deletion/Reorganization	Former Part XI was deleted in its entirety. Former Part X was recodified to Part XI.
11.1. Scope.	Revision	Amended to be consistent with other scopes listed in these regulations.
11.2. Posting of Notices to Workers.	Revision/Reorganization/Technical Correction	11.2.1 – 11.2.3 Amended to provide clarity regarding postings. 11.2.4 – 11.2.5 Amended for grammatical purposes, and to update reference.
11.3. Instructions to Workers.	Revision/Technical Correction	Amended to provide clarity regarding requesting exposure records. Amended for grammatical purposes, and to update reference.
11.4. Notification and Reports to Individuals.	Revision/Technical Correction	11.4.1 Amended to provide clarity regarding notification responsibilities of the registrant, and appropriate identifying information. 11.4.2 Amended to update reference. 11.4.3 Amended for

		grammatical purposes. 11.4.4 Amended to update references, and to provide clarity regarding timely notification.
11.5. Prescence of Registrants and Workers During Inspections.	Revision/Technical Correction	11.5.2 Amended to provide clarity regarding consulting with workers, and to update reference. 11.5.4 Amended to provide clarity regarding workers' representatives, for grammatical purposes, and to update reference.
11.6. Consultation with Workers During Inspection.	Revision/Technical Correction	11.6.1 – 11.6.2 Amended to provide clarity regarding consulting with workers, for grammatical purposes, and to update reference. 11.6.3 Amended to update references.
11.7. Request by Workers for Inspections.	Revision/Technical Correction	11.7.1 Amended to provide clarity regarding the form to be used, and to update reference. 11.7.2 Amended to provide clarity regarding inspections., and to update reference. 11.7.3 Amended for grammatical purposes.
11.8. Inspections not Warranted.	Revision/Reorganization	Amended title to provide clarity regarding revised content. Recodified RHB 10.8.1 to RHB 11.8, and amended to provide clarity regarding inspection with respect to a complaint.
11.9. Right to Inspect and Investigate.	Technical Correction	Amended for grammatical purposes.

Text:

61-64. X-Rays (Title B).

(Statutory Authority: S.C. Code Sections 13-7-40 et seq.)

Table of Contents

PART I
GENERAL PROVISIONS

RHB 1.1. Scope.

Except as otherwise specifically provided, this regulation applies to all persons who receive, possess, use, transfer, own, or acquire any x-ray producing machine. The provisions of this regulation shall not be interpreted as limiting the intentional exposure of patients to radiation for the purpose of diagnosis, analysis, or therapy by persons licensed to practice one (1) or more of the health professions within the authority granted to them by statute or regulation.

RHB 1.2. Prohibited Use.

1.2.1 It shall be unlawful to operate or maintain fluoroscopic devices for fitting or selling footwear.

1.2.2 It shall be unlawful to intentionally apply radiation to human beings except by, or under the direct supervision of, persons licensed to practice the health professions and authorized to use such radiation except as provided in Part IX.

1.2.3 It shall be unlawful to use, receive, own, or possess x-ray equipment unless the facility is registered with the Department and is operated in compliance with all applicable provisions.

1.2.4 It shall be unlawful to use hand-held non-image intensified fluoroscopic screens.

1.2.5 It shall be unlawful to use plastic pointed position indicating devices on intraoral dental systems.

1.2.6 The use of any source of radiation may be prohibited when it is determined by the Department to be detrimental to public health and safety.

1.2.7 It shall be unlawful to use hand-held radiographic or fluoroscopic imaging devices, or hand-held therapy units, except for hand-held intraoral equipment operated according to Part IV and contact therapy equipment operated according to Part VI of this regulation.

1.2.8 It shall be unlawful to use fluoroscopy for positioning a patient for radiographic imaging, except when done by a licensed practitioner, or except for radiation therapy simulators.

1.2.9 It shall be unlawful for a person other than a licensed practitioner to use fluoroscopy when the licensed practitioner is not physically present in the room, except during therapy simulations, maintenance activities, and training courses.

1.2.10 It shall be unlawful to use direct exposure x-ray film (without intensifying screens) for all radiological imaging other than intraoral dental radiography, therapeutic portal imaging, and industrial radiography.

1.2.11 It shall be unlawful to use a mammographic imaging system not specifically designed by the manufacturer for imaging of the breast.

1.2.12 It shall be unlawful to intentionally expose a human to electronically produced ionizing radiation except for healing arts purposes, personnel security screening performed in accordance with Part IX, or as part of a research protocol authorized by an institutional review board conforming to 45 CFR 46, 21 CFR 50, and 21 CFR 56.

1.2.13 No person shall make, sell, lease, transfer, lend, repair, or install x-ray equipment or the supplies used in connection with such equipment unless such supplies or equipment, when properly placed in operation and properly used will meet the requirements of this regulation. This includes, but is not limited to, such items as cones, filters, adequate timers, and fluoroscopic shutters (where applicable). Also, such persons shall be registered with the Department in accordance with RHB 2.7.

RHB 1.3. Inspections.

1.3.1 Each registrant shall afford, at all reasonable times, the Department or its duly authorized representative the opportunity to inspect sources of radiation and the premises and facilities wherein such sources of radiation are used or stored.

1.3.2 Each registrant shall make available to the Department or its authorized representative for inspection, upon request, records maintained pursuant to this regulation.

1.3.3 The Department shall have the right to enter at all reasonable times upon any private or public property, except property under the jurisdiction of the federal government, for the purpose of determining whether there

is compliance with the provisions of the Atomic Energy and Radiation Control Act (Act) and regulations issued by the Department pursuant thereto.

1.3.4 The Department is authorized by law to enter and inspect property in order to determine compliance with Department regulations. Such entry and inspection falls under the health oversight activities exception of the Health Information Portability and Accountability Act (HIPAA). Therefore, when protected health information is necessary for determining compliance with Department regulations, protected health information may be used and disclosed to the Department without the subject's authorization.

RHB 1.4. Test and Surveys.

1.4.1 Each registrant shall make or cause to be made such surveys as are necessary to comply with this regulation.

1.4.2 Each registrant shall perform, upon instructions from the Department, or shall permit the Department to perform, such reasonable tests as the Department deems appropriate or necessary including, but not limited to, tests of:

1.4.2.1 Sources of radiation;

1.4.2.2 Facilities wherein sources of radiation are used or stored;

1.4.2.3 Radiation detection and monitoring instruments; and

1.4.2.4 Other equipment and devices used in connection with utilization or storage of sources of radiation.

1.4.3 Results of such tests and surveys shall be submitted to the Department upon request.

1.4.4 Radiation Survey Instruments

1.4.4.1 The radiation survey instrument used shall have a minimum operation range consistent with the radiation field being measured.

1.4.4.2 Each radiation survey instrument shall be maintained annually.

1.4.4.2.1 Each radiation survey instrument used for equipment performance testing and radiation area surveys shall be calibrated at intervals not to exceed twenty-four (24) months and after any servicing that may have affected its accuracy.

1.4.4.2.2 Each radiation survey instrument shall be calibrated such that the accuracy is within twenty percent (20%) or within the manufacturer specifications, whichever is less, and traceable to a national standard that can be demonstrated.

1.4.4.2.3 Each radiation survey instrument shall be calibrated at two (2) or more widely separated points, other than zero (0), on each scale.

1.4.4.2.4 Records of these instrument calibrations shall be maintained for inspection by this Department.

1.4.4.3 The manufacturer's instructions of the survey instrument shall be made available to the instrument users. This shall include any restrictions of the operating techniques required for the proper operation of the instrument.

1.4.4.3.1 The registrant shall adhere to the manufacturer's instructions in all respects.

1.4.4.3.2 The user shall be able to demonstrate familiarity and competence with these instructions.

1.4.4.3.3 The operator shall check each survey instrument with a dedicated check source each day of use to ensure the instrument is operating properly.

1.4.4.4 Calibration radiation measurements required by Part VI shall be performed using a dosimetry system:

1.4.4.4.1 Having a calibration factor traceable to a national standard;

1.4.4.4.2 Calibrated within the preceding twenty-four (24) months and after any servicing that may have affected its calibration; and

1.4.4.4.3 Calibrated in such a fashion that an uncertainty can be stated for the radiation quantities monitored by the system.

RHB 1.5. Exemptions.

1.5.1 The Department may, upon application by any user, or upon its own initiative grant such exemptions from the requirements of this regulation as it determines are authorized by law, and will not result in undue hazard to health, life, or property. Applications for exemptions shall specify why such exemption is necessary.

1.5.2 Before granting an exemption, the Department shall determine that there is reasonable and adequate assurance that:

1.5.2.1 The occupational dose to any individual adult will not exceed those specified in RHB 3.4.

1.5.2.2 The dose to an individual member of the public will not exceed those specified in RHB 3.9.

1.5.2.3 There is no significant hazard to life or property.

RHB 1.6. Additional Requirements.

1.6.1 The Department may, by rule, regulation, or order, impose upon any registrant such requirements in addition to those established in this regulation as it deems appropriate or necessary to minimize danger to public health and safety or property.

1.6.2 The Department is authorized to inspect and investigate the premises, operations, and personnel of any radiation installation, whether or not such installation is required to be registered by the Department, for the purpose of studying and evaluating the health hazard(s) caused by the use and operation of such machines and material.

1.6.3 Equipment Not Covered In Regulations. X-ray producing equipment not specifically covered in this regulation shall not be sold or operated until the Department approves the equipment.

1.6.3.1 Prior to the sale and operation of x-ray producing equipment not specifically covered in this regulation, the seller shall submit for review and approval to the Department:

1.6.3.1.1 A listing of manufacturer’s specifications for the equipment;

1.6.3.1.2 An analysis of exposure rates for the equipment;

1.6.3.1.3 Independent radiation safety studies of the equipment;

1.6.3.1.4 Training materials in the use of the equipment;

1.6.3.1.5 Verification of compliance with the U.S. Food and Drug Administration, if applicable;

1.6.3.1.6 Written procedures for use of the equipment;

1.6.3.1.7 User's manual of the equipment; and

1.6.3.1.8 A completed application using the current version of the forms provided by the Department.

1.6.3.2 Facilities who install, purchase, and/or utilize equipment that was approved according to RHB 1.6.3 shall adhere to the guidelines of use document issued by the Department at the time of the unit's approval.

RHB 1.7. Corrective Action.

1.7.1 Any person found in violation of any regulation shall notify the Department, in writing, with respect to action that has been taken or planned to correct the violation.

1.7.1.1 Mammography Violation Response

1.7.1.1.1 If the MQSA (Mammography Quality Standards Act) report results in a Level 1, repeat Level 1, or repeat Level 2 finding, a written Corrective Action Plan shall be provided to the Department within fifteen (15) calendar days of the date of citation.

1.7.1.1.2 If the MQSA report results in a Level 2 or repeat Level 3 finding, a written Corrective Action Plan shall be provided to the Department within thirty (30) calendar days of the date of citation.

1.7.1.2 All Other Violation Response

1.7.1.2.1 All violations shall be adequately corrected within sixty (60) calendar days from the date of citation. The Department shall be notified in writing of all action taken to correct the violations.

1.7.1.2.2 As the Department deems necessary, the registrant shall also submit to the Department in writing within sixty (60) calendar days from the date of citation an acceptable comprehensive plan of action detailing processes implemented to prevent recurrence of the violation.

1.7.1.2.3 The Department determines the adequacy of each violation response.

1.7.2 The Department is authorized to hold public hearings, compel attendance of witnesses, make findings of fact and determinations, and to assess fines and civil penalties relating to violations of the provisions of the Act or any regulation, temporary or permanent order, or final determination of the Department.

RHB 1.8. Enforcement.

1.8.1 In assessing a fine or penalty, or suspending or revoking a registration or certification, the Department may consider, but is not limited to considering, the following factors:

1.8.1.1 The degree of harm to the public health or safety which has resulted or might result from such violations;

1.8.1.2 The degree of exceedance of a radiation level as set forth in applicable law and regulation;

1.8.1.3 The duration of the violation; and

1.8.1.4 Any prior violations of statutes, rules, orders, regulations, or registration conditions.

1.8.2 The Department may obtain an injunction or other court order prohibiting any violation or any provision of the Act or any regulation or order issued thereunder. Any person who willfully violates any provision of the Act or any regulation or order issued thereunder shall be guilty of a misdemeanor and, upon conviction, shall be punished by fine or imprisonment or both, as provided by the Act.

RHB 1.9. Impounding.

The Department may immediately impound or order the impounding of sources of radiation in the possession of any person who fails to comply with this regulation or provisions of the Act, or when the Department deems a situation to constitute an emergency.

RHB 1.10. Records.

1.10.1 Each registrant shall keep records showing the receipt, transfer, use, storage, and disposal of all sources of radiation and major components, including, but not limited to, controls, tubes, tables, cassette holders, and transformers. The registrant shall maintain these records until disposal is authorized by the Department. Such authorization shall be made in writing. All records shall be readily available at the facility for Departmental review. Additional record requirements are specified elsewhere in this regulation.

1.10.2 The registrant shall maintain the following information for each x-ray system for inspection by the Department:

1.10.2.1 Model and serial numbers of all tubes, controls, and beam limiting devices;

1.10.2.2 Tube rating charts and cooling curves, for units certified by the U.S. Food and Drug Administration, and for units regulated under Part IV and Part V;

1.10.2.3 Aluminum equivalent filtration of the useful beam, including any routine variation for units regulated under Part IV and Part V;

1.10.2.4 Records of surveys, tests, equipment performance tests, maintenance, and modifications performed on the x-ray system(s), with the names of persons who performed such services. Records shall be maintained for five (5) years; until the next Department inspection; or until the registrant no longer possesses the equipment; and

1.10.2.5 A copy of all correspondence with the Department regarding that x-ray system.

1.10.3 Each registrant shall maintain a current inventory listing that indicates the model number, serial number, shielding acceptance number (if applicable), date of last equipment performance test, location and status of each control, and identification of each control or generator installed since the last Departmental inspection including the date of installation. The inventory listing shall be made available to the Department upon request.

1.10.4 All records required by this regulation shall be accurate and true.

1.10.5 Each record required by this Part shall be legible throughout the specified retention period. The record shall be the original or a reproduced copy or a microform, provided that the copy or microform is authenticated by authorized personnel and that the microform is capable of producing a clear copy throughout the required retention period. The record may also be stored in electronic media with the capability for producing legible, accurate, and complete records during the required retention period. Records, such as letters, drawings, and specifications, shall include all pertinent information, such as stamps, initials, and signatures. The registrant shall maintain adequate safeguards against tampering with and loss of records.

RHB 1.11. Records and Reports of Misadministration.

1.11.1 Therapy Misadministrations.

When a misadministration involves any therapy procedure, the registrant shall notify the Department, by a means as determined by the Department, no later than twenty-four (24) hours after discovery of the misadministration. The registrant shall also notify the referring physician and the patient of the misadministration no later than twenty-four (24) hours after its discovery, unless the referring physician personally informs the registrant that he or she will inform the patient or that, based on medical judgment, telling the patient would be harmful. The registrant is not required to notify the patient without first consulting the referring physician. If the referring physician or patient cannot be reached within twenty-four (24) hours, the registrant shall notify the patient as soon as possible thereafter. The registrant may not delay any appropriate medical care for the patient, including any necessary remedial care as a result of the misadministration, because of any delay in notification.

1.11.1.1 The registrant shall submit a written report to the Department within fifteen (15) calendar days after the discovery of the misadministration. The report shall not include the patient's name or other information that could lead to identification of the patient. The written report shall include the registrant's name; the prescribing physician's name; a brief description of the event; why the event occurred; the effect on the patient; what improvements are needed to prevent recurrence; the action taken to prevent recurrence; whether the registrant notified the patient or the patient's responsible relative or guardian; and if not, why the individual involved was not informed; and if the patient was notified, what information was provided to the patient.

1.11.1.2 The registrant shall furnish the following to the patient within fifteen (15) calendar days after discovery of the misadministration if the patient was notified:

1.11.1.2.1 A copy of the report that was submitted to the Department; or

1.11.1.2.2 A brief description of both the event and the consequences, as they may affect the patient, provided a statement is included that the report submitted to the Department can be obtained from the registrant.

1.11.1.3 Each registrant shall retain a record of each therapy misadministration for ten (10) years. The record shall contain the names of all individuals involved in the event (including the prescribing physician, allied health personnel, the patient, and the patient's referring physician), the patient's identification number if one has been assigned, a brief description of the event misadministration, the effect on the patient, what improvements are needed to prevent recurrence, and the actions taken to prevent recurrence.

1.11.2 Diagnostic Misadministrations. When a misadministration involves a diagnostic procedure, the registrant shall promptly investigate its cause, make a record for Departmental review, and maintain the record for three (3) years. The record shall contain the names of all individuals involved in the event (including the prescribing physician, allied health personnel, and the patient's referring physician), a brief description of the misadministration, the effect on the patient, what improvements are needed to prevent recurrence, and the actions taken to prevent recurrence.

1.11.3 Aside from the notification requirement, nothing in RHB 1.11.1 through 1.11.2 shall affect any rights or duties of registrants and physicians in relation to each other, registrants, patients, or responsible relatives or guardians.

RHB 1.12. Material False Statements.

It shall be unlawful to make a material false statement to the Department regarding information contained in the application for registration, information pertaining to an inspection, or any other information required by any provision of this regulation.

RHB 1.13. Fines and Penalties.

1.13.1 Severity Levels - The violations of standards are categorized by the following severity levels, as determined by the Department.

1.13.1.1 Potential for Harm. The potential for harm shall be determined as major, moderate, or minor as follows:

1.13.1.1.1 Major Potential for Harm. Violations that have significant potential for harm and have a direct negative impact on occupational or public health and safety;

1.13.1.1.2 Moderate Potential for Harm. Violations that have more than minor potential for harm, but if left uncorrected, could lead to more serious circumstances; or

1.13.1.1.3 Minor Potential for Harm. Violations that have minor potential for harm and safety.

1.13.1.2 Extent of Deviation. The extent of deviation from regulatory requirements shall be determined as major, moderate, or minor as follows:

1.13.1.2.1 Major Deviation. The violations represent substantial deviation from the requirements of this regulation resulting in substantial noncompliance;

1.13.1.2.2 Moderate Deviation. The violations represent significant deviation from the requirements of this regulation resulting in significant noncompliance; or

1.13.1.2.3 Minor Deviation. The violations represent a slight deviation from the requirements of this regulation and do not result in substantial or significant noncompliance.

1.13.2 The Department may impose a civil monetary penalty up to twenty-five thousand dollars ($25,000.00) per violation and revoke or suspend a registration or certification if the Department finds the registrant or certificate holder who violates a provision of the Act, rules, regulations, or orders. Each day of noncompliance with any provision of the Act, rules, regulations, or orders shall constitute a separate violation. When imposing a monetary penalty, the Department may utilize the following schedule to determine the dollar amount:

Potential for Harm	**Deviation from Requirements**		
	Major Deviation	Moderate Deviation	Minor Deviation
Major Potential for Harm	$25,000 – 5,000	$15,000 – 5,000	$10,000 – 2,500
Moderate Potential for Harm	$10,000 – 2,500	$7,500 – 1,000	$5,000 – 500
Minor Potential for Harm	$5,000 – 1,000	$3,000 – 500	$2,500 – 250

1.13.3 The Department reserves the right to impose a civil penalty of twenty-five thousand dollars ($25,000.00) on a person or facility who violates the regulation in such a manner so as to present an imminent hazard to human health and safety.

RHB 1.14. Compliance with other Laws.

The registrant shall comply with all other applicable federal, state, and local regulations.

RHB 1.15. Severability.

If any provision of this regulation or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the regulation which can be given effect without the invalid provision or application, and to this end the provisions of the regulation are severable.

RHB 1.16. Appeals.

Any person to whom an order is issued may appeal it pursuant to applicable law, including S.C. Code Title 44, Chapter 1; and Title 1, Chapter 23.

PART II
REGISTRATION OF X-RAY MACHINES AND SERVICES

RHB 2.1. Scope.

This Part provides for the registration of x-ray machines (controls and tubes) and facilities, and for the registration of persons providing x-ray machine installation, servicing, and/or services.

2.1.1 Except as specifically exempted in RHB 2.2, each person who receives, possesses, uses, or acquires an x-ray machine shall register the control and tubes of such machine with the Department in accordance with the requirements of this Part.

2.1.2 In addition to the requirements of this Part, all registrants are subject to the applicable provisions of other Parts of this regulation.

RHB 2.2. Exemptions.

2.2.1 Electronic equipment that produces radiation incidental to its operation for other purposes is exempt from the registration requirements of this Part, providing dose equivalent rate averaged over an area of ten square centimeters (10 cm^2) does not exceed one-half millirem (0.5 mrem) per hour at five centimeters (5 cm) from any accessible surface of such equipment. The production, testing, or factory servicing of such equipment shall not be exempt.

2.2.2 Television receivers, video display terminals, and computer monitors, when used without modification to their internal or external construction, are exempt from the requirements of this Part.

2.2.3 Any facility where a federal agency has exclusive jurisdiction is exempt from the requirements of this Part.

2.2.4 X-ray machines while in transit or storage incident thereto are exempt from the requirements of this Part.

RHB 2.3. Application and Review Fees.

2.3.1 Facility Application Fee. Each registrant shall pay a non-refundable application fee of sixty-two dollars and fifty cents ($62.50) upon submission of the initial Facility Registration Approval Request form. A facility registration approval shall not be issued until payment of the application fee.

2.3.2 Shielding Plan or Area Survey (in lieu of Shielding Plan) Review Fee. Each registrant shall pay a non-refundable shielding plan review fee of sixty-two dollars and fifty cents ($62.50) per x-ray control upon submission of any shielding plan. A shielding plan acceptance shall not be issued until payment of the review fee.

2.3.3 Vendor Application Fee. Each vendor shall pay a non-refundable application fee of sixty-two dollars and fifty cents ($62.50) upon submission of the Business Registration application. A notice of vendor registration shall not be issued until payment of the application fee.

2.3.4 Out-of-State Facility Application Fee. Any person proposing to bring an x-ray machine into the state, for any temporary use, shall pay a non-refundable application fee of sixty-two dollars and fifty cents ($62.50) upon submission of the initial Out-of-State Facility Form. An Out-of-State Facility approval shall not be issued until payment of the application fee.

RHB 2.4. Facility Registration Approval.

2.4.1 In-State Facilities. Any facility planning to install an x-ray producing machine shall apply for Facility Registration Approval (FRA) prior to installation.

2.4.1.1 Applicants for registration shall submit to the Department a completed application on a form prescribed and provided by the Department prior to installation of x-ray producing equipment. The applicant shall ensure the FRA application includes:

2.4.1.1.1 The full name, location address, business email address, and mailing address of the facility for which the registration is sought;

2.4.1.1.2 The name and signature of the Radiation Safety Officer, who is responsible for radiation protection, and the individual's qualifications to serve in such a capacity;

2.4.1.1.3 The full names of any partners or co-owners, if applicable, as well as the full name of corporate owners, if applicable;

2.4.1.1.4 The name, address, registration number, and contact person of the company preparing the shielding plan, if required by RHB 4.4 or 8.13.2;

2.4.1.1.5 The name, address, registration number, and contact person of the company selling and installing the equipment. If more than one company is involved in the sale and/or installation, then the above information shall be provided for all companies involved; and

2.4.1.1.6 The applicant's printed name, title, and signature, assuring that the contents of the application are accurate and true, and that the applicant will comply with this regulation.

2.4.1.1.7 The application shall include any additional information the Department determines to be necessary for evaluation of the application for registration.

2.4.1.2 Prior to installation of any x-ray producing equipment, the facility where the installation will be shall submit any application and shielding review fees as required by RHB 2.3.

2.4.1.3 Registration approval shall not be granted until all required information has been deemed adequate by the Department.

2.4.1.4 A facility shall not install or cause to be installed any x-ray producing equipment until approval has been granted.

2.4.2 Out-of-State Facilities. Any person proposing to bring x-ray producing equipment into the state, for any temporary use, shall apply for Facility Registration Approval (FRA).

2.4.2.1 Prior to possessing or utilizing x-ray equipment in the state, the Out-of-State Facility shall submit to the Department a completed application on a form prescribed and provided by the Department prior to installation of an x-ray producing machine. The FRA application shall include, at a minimum:

2.4.2.1.1 Facility name and mailing address where correspondence may be sent;

2.4.2.1.2 The name and signature of the Radiation Safety Officer, who is responsible for radiation protection, and the individual's qualifications to serve in such a capacity;

2.4.2.1.3 Type and make of x-ray equipment to be utilized;

2.4.2.1.4 An operating schedule, indicating when and where the equipment will be used shall be submitted to the Department five (5) calendar days prior to equipment use in the state as required by RHB 2.9;

2.4.2.1.5 A radiation area survey as required by RHB 4.4 or 8.13.2;

2.4.2.1.6 The name, address, registration number, and contact person of the company selling and installing the equipment. If more than one company is involved in the sale or installation, then the above information shall be provided for all companies involved; and

2.4.2.1.7 The applicant's printed name, title, and signature, assuring that the contents of the application are accurate and true, and that the applicant will comply with this regulation.

2.4.2.1.8 The application shall include any additional information the Department determines to be necessary for evaluation of the application for registration.

2.4.2.2 Prior to entering the state, the Out-of-State Facility that will utilize the equipment shall submit any application and shielding review fees as required by RHB 2.3.

2.4.2.3 Approval shall not be granted until the required application has been deemed adequate.

2.4.2.4 An Out-of-State Facility shall not possess or utilize x-ray equipment in the state until approval has been granted.

2.4.3 It shall be unlawful for any person to install x-ray producing equipment until the facility acquiring that equipment has been granted a Facility Registration Approval.

RHB 2.5. Equipment Registration Requirements, Users of X-ray Machines.

2.5.1 Initial Equipment Registration. Every person who possesses an x-ray machine shall register the machine's control and tubes with the Department, within thirty (30) calendar days of the date of installation. Registration shall be made on the form provided by the Department.

2.5.1.1 Upon registration of a control, the Department shall issue the facility a registration sticker to be placed on each control. The registration sticker shall be placed on the control panel in a clearly visible location.

2.5.1.2 When a control is removed from a facility, the facility shall remove the registration sticker.

2.5.1.3 A registration sticker on a control, displaying the facility's proper name, shall be considered indicative of a facility's and a control's registration status, as required to be confirmed by RHB 2.8.2.

2.5.2 Verification of Service Representative. Each registrant shall require any person furnishing x-ray machine servicing or services as described in this Part to provide evidence that he or she has been registered with the Department as a vendor or facility in accordance with this regulation.

2.5.3 Leasing of Equipment. When a facility leases x-ray equipment, it shall be the facility's responsibility to register the equipment and to ensure that the equipment is maintained to meet this regulation.

RHB 2.6. Report of Change.

The registrant shall report to the Department, within thirty (30) calendar days, any changes of status affecting any x-ray machine or facility. Report of a change of status shall be made on forms provided by and submitted to the Department. The Report of Change form shall include, at a minimum:

2.6.1 The facility name as currently registered with the Department and the registration number;

2.6.2 The printed name and signature of the Radiation Safety Officer, who is responsible for radiation protection, and the individual's qualifications to serve in such a capacity;

2.6.3 The registrant's printed name, title, and signature, assuring that the contents of the form are accurate and true;

2.6.4 Any additional information the Department determines to be necessary.

RHB 2.7. Registration Requirements-Servicing and Services (VENDOR).

2.7.1 Each person who is engaged in the business of selling, leasing, assembling, or installing or offering to sell, lease, assemble, or install x-ray machines or machine components or is engaged in the business of furnishing or offering to furnish x-ray equipment servicing or services in this state shall be registered as a vendor with the Department prior to furnishing or offering to furnish any such services.

2.7.1.1 The owner of an x-ray system and in-house personnel employed by a facility or corporation shall be exempt from the vendor registration requirement, provided such personnel:

2.7.1.1.1 Shall meet the education, training, and experience requirements for the appropriate vendor Class; and

2.7.1.1.2 Shall exclusively service one (1) facility or corporation.

2.7.1.2 Documentation of education, training, and experience for in-house service personnel shall be maintained by the facility or corporation and available for Departmental review.

2.7.2 Application for vendor registration shall be completed on the current version of the forms provided by the Department, be submitted with vendor application fees required by RHB 2.3, and contain all information required by the Department as indicated on the forms and accompanying instructions. This information shall include at a minimum:

2.7.2.1 The name, physical address, mailing address, email address, business website, and telephone number of the individual or company to be registered;

2.7.2.2 The full printed name of the owner and any partner, co-owner, or corporate owner, if applicable;

2.7.2.3 The printed name, title, mailing address, email address, and telephone number of the contact person for the company;

2.7.2.4 The description of the services and the x-ray machine types for which x-ray machine services are to be provided;

2.7.2.5 The printed name, title, signature, documented training, education, and experience of each person to provide x-ray machine servicing or services;

2.7.2.6 The date of the application;

2.7.2.7 A sample of equipment performance test procedures and forms, if registering as a Class II-C or Class IX vendor;

2.7.2.8 A sample of a shielding plan, if registering as a Class III, Class IV, Class VII, Class VIII, or Class IX vendor;

2.7.2.9 A sample area survey if registering as a Class III, Class IV, Class VII, Class VIII, or Class IX vendor;

2.7.2.10 The applicant's or registrant's printed name, title, and signature, assuring that the contents of the application are accurate and true, and that the applicant or registrant will comply with this regulation; and

2.7.2.11 Any additional information the Department determines to be necessary for evaluation of the application for registration.

2.7.3 Each person applying for registration under this Part shall specify that he or she has read and understands the applicable requirements of this regulation.

2.7.4 A vendor registration application will not be reviewed or otherwise processed until payment of the application fee.

2.7.5 Notice of Vendor Registration.

2.7.5.1 Upon a determination that an applicant meets the requirements of the regulation, the Department will issue a Notice of Vendor Registration.

2.7.5.2 No individual shall perform x-ray machine services except as specified on the Notice of Vendor Registration issued by the Department.

2.7.5.3 The Department may incorporate in the Notice of Vendor Registration at the time of issuance or thereafter by appropriate rule, regulation, or order, such additional requirements and conditions with respect to the registrant's receipt, possession, use, and transfer of x-ray machines as it deems appropriate or necessary.

2.7.5.4 A vendor shall not furnish or offer to furnish x-ray machine services until the Department has issued a Notice of Vendor Registration.

2.7.6 For the purpose of this section, x-ray machine services are:

2.7.6.1 Class I - Direct sale and transfer of radiation machines and machine components to end users;

2.7.6.2 Class II – Installation, assembly, servicing, or testing of radiation machines and associated radiation machine components including the making of machine diagnostic radiation output measurements to verify performance associated with the installation, assembly, or service;

2.7.6.2.1 Class II-A – Installation and assembly of radiation machines and associated radiation machine components;

2.7.6.2.2 Class II-B - Servicing of radiation machines and associated radiation machine components;

2.7.6.2.3 Class II-C - Perform "Equipment Performance Tests" as outlined in RHB 4.2.16. Refer to Appendix F;

2.7.6.3 Class III - Non-therapeutic healing arts facility shielding design and area radiation survey (e.g., shielding evaluation);

2.7.6.4 Class IV - Non-healing arts facility shielding design and area radiation survey (e.g., shielding evaluation);

2.7.6.5 Class VI - Radiation instrument calibration;

2.7.6.6 Class VII - Therapeutic facility and shielding design, area radiation surveys, and calibration;

2.7.6.7 Class VIII - General health physics consulting, non-healing arts (e.g., independent radiation output measurements, dose analysis, design of safety programs and radiation safety training programs, facility and shielding design, area radiation surveys, and acting as the Radiation Safety Officer);

2.7.6.8 Class IX - General health physics consulting, healing arts (e.g., independent diagnostic radiation output measurements, dose analysis, design of safety programs and radiation safety training programs, facility and shielding design, area radiation surveys, equipment performance tests, and acting as the Radiation Safety Officer); and

2.7.6.9 Such other x-ray machine services which can affect compliance with this regulation by a registrant, as determined by the Department.

2.7.7 Report of Change. The vendor shall notify the Department in writing, within thirty (30) calendar days, of any changes that would render the information contained on the vendor registration forms no longer accurate. Changes shall be made on forms provided by the Department and include, but not be limited to, changes in name, ownership, equipment type services, employee's status, physical address, mailing address, and contact person's name, address, email address, and telephone number.

2.7.8 Training and Educational Requirements for X-ray Machine Services. Each person providing x-ray machine services pursuant to RHB 2.7 shall be qualified by reason of education, training, and experience to provide the service for which registration is requested. The following are minimum qualifications for specific types of services:

2.7.8.1 Class I - Direct sale and transfer of radiation machines and machine components to end users: The applicant shall certify knowledge of familiarity with the rules and regulations which govern the possession, installation and use of radiation machines in South Carolina.

2.7.8.2 Class II - A, B, or C - Installation, assembly, service, and testing of radiation machines and machine components:

2.7.8.2.1 Experience or education providing familiarity with the type of equipment to be serviced;

2.7.8.2.2 Knowledge of radiation safety to include principles of radiation protection;

2.7.8.2.3 Six (6) months of supervised installation, assembly, service, and/or testing of the type of equipment to be serviced;

2.7.8.2.4 And one (1) of the following:

2.7.8.2.4.1 One (1) year of documented formal training from the manufacturer's school, military technical training school, or other courses in radiation machine installation, assembly or repair, or an equivalent combination of training and experience;

2.7.8.2.4.2 An associate's degree in biomedical equipment technology; or

2.7.8.2.4.3 A bachelor's degree in electrical engineering with specialized training in radiation producing devices.

2.7.8.3 Class III - Non-therapeutic healing arts facility shielding design and area radiation survey (e.g., shielding evaluation):

2.7.8.3.1 Documented training in principles of radiation protection;

2.7.8.3.2 Documented training in shielding design and shielding evaluation;

2.7.8.3.3 One (1) year of experience in healing arts facility and shielding design for the specific type of machine application; and

2.7.8.3.4 One (1) year of experience performing area radiation surveys.

2.7.8.4 Class IV – Non-healing arts facility and shielding design and area radiation survey (e.g., shielding evaluation):

2.7.8.4.1 Documented training in principles of radiation protection;

2.7.8.4.2 Documented training in shielding design and shielding evaluation; and

2.7.8.4.3 One year of experience in non-healing arts facility and shielding design for the specific type of machine application; and

2.7.8.4.4 One (1) year of experience performing area radiation surveys.

2.7.8.5 Class VI - Radiation instrument calibration:

2.7.8.5.1 Possess a current radioactive materials license if instrument calibration is done utilizing radioactive materials or registration authorizing radiation instrument calibration;

2.7.8.5.2 Training in principles of radiation protection;

2.7.8.5.3 Training in operation and calibration of radiation detection and measurement instrumentation;

2.7.8.5.4 One (1) year experience in an instrument calibration laboratory; and

2.7.8.5.5 Shall submit a description of the procedures that will be utilized in performing instrument calibrations.

2.7.8.6 Class VII - Therapeutic facility and shielding design, area radiation survey, and calibration:

2.7.8.6.1 Certification by the American Board of Radiology in therapeutic radiological physics, radiological physics, or x-ray and gamma ray physics, or certification by the American Board of Medical Physics in therapeutic radiological physics; or

2.7.8.6.2 Having the following minimum training and experience:

2.7.8.6.2.1 A Master's or a Doctoral degree in Physics, Biophysics, Radiological Physics, or Health Physics or Medical Physics; one (1) year full-time training in therapeutic radiological physics; and

2.7.8.6.2.2 One (1) year full-time experience in a therapeutic facility where the individual's duties involve calibration and spot checks of a medical accelerator, and includes personal calibration and spot check of at least one (1) machine.

2.7.8.6.3 Shall submit a description of the procedures that will be utilized in performing therapeutic calibrations including a list of all guides and references to be employed.

2.7.8.6.4 Shall submit a copy of all forms, reports, and documents that will be supplied to registrants; and shall submit one (1) sample of each specific type (e.g., therapy, accelerator).

2.7.8.7 Class VIII - General health physics consulting, non-healing arts (e.g., independent radiation output measurements, dose analysis, design of safety programs and radiation safety training programs, facility and shielding design, area radiation surveys, and acting as the Radiation Safety Officer):

2.7.8.7.1 Master's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university and have forty (40) hours practical training and/or supervised experience in x-ray physics; or

2.7.8.7.2 Certification by the American Board of Health Physics, American Board of Radiology, or American Board of Medical Physics in the appropriate fields or specialties in which services are provided.

2.7.8.7.3 All training and experience requirements of RHB 2.7.8.4, as applicable.

2.7.8.7.4 Any person registered as a vendor of this Class prior to the effective date of this regulation and holding a baccalaureate degree in a physical science (e.g., physics, chemistry, or radiologic science), engineering or related field, and having two (2) years of progressive experience in medical or health physics or two (2) years of graduate training in medical or health physics is exempt from the requirements in RHB 2.7.8.7.1 and 2.7.8.7.2, provided he/she is in good standing with the Department.

2.7.8.8 Class IX - General health physics consulting, healing arts (e.g., independent diagnostic radiation output measurements, dose analysis, design of safety programs and radiation safety training programs, facility and shielding design, area radiation surveys, equipment performance tests, and acting as the Radiation Safety Officer):

2.7.8.8.1 Master's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university and have forty (40) hours practical training and/or supervised experience in x-ray physics; or

2.7.8.8.2 Certification by the American Board of Health Physics, American Board of Radiology, or American Board of Medical Physics in the appropriate fields or specialties in which services are provided.

2.7.8.8.3 Medical physicists for mammography shall meet the requirements specified by RHB 5.9.3.

2.7.8.8.4 All training and experience requirements of RHB 2.7.8.3, as applicable.

2.7.8.8.5 Any person registered as a vendor of this Class prior to the effective date of this regulation and holding a baccalaureate degree in a physical science (e.g., physics, chemistry, or radiologic science), engineering or related field, and having two (2) years of progressive experience in medical or health physics or two (2) years of graduate training in medical or health physics is exempt from the requirements in RHB 2.7.8.8.1 and 2.7.8.8.2, provided he/she is in good standing with the Department.

2.7.8.9 For the purpose of RHB 2.7, the required work experience may be gained while working for a manufacturer or while working under the direct supervision of a vendor registered in the particular class.

2.7.9 Any branch office of a vendor shall be considered a separate entity and shall be registered separately pursuant to RHB 2.7.

RHB 2.8. Vendor Obligation.

2.8.1 Any person who sells, leases, transfers, lends, moves, assembles, or installs x-ray machines in this state shall notify the Department within thirty (30) calendar days of:

2.8.1.1 The name and address of persons who have received these machines;

2.8.1.2 The manufacturer, the control and tube(s) model number, the control and tube(s) serial number of each radiation machine transferred; and

2.8.1.3 The date of transfer of each x-ray machine.

2.8.1.4 Notification to the Department shall be made on forms provided by the Department and shall be submitted to the Department each month by Class I and Class II-A vendors.

2.8.2 No person shall furnish any x-ray machine services or make, sell, lease, transfer, lend, maintain, calibrate, test, repair, assemble, reassemble, reinstall, or install radiation machines or the supplies used in connection with such machines unless such supplies and equipment when properly placed in operation and use, meet the requirements of this regulation. Each vendor shall ensure that the facility it is providing with services or supplies is registered with the Department prior to providing services or supplies.

2.8.2.1 Any vendor acting as a Radiation Safety Officer on behalf of a registered facility shall be registered as a Class VIII or IX vendor and shall meet all applicable Parts of this regulation.

2.8.3 Each vendor shall maintain records for review by the Department. These records shall include, at a minimum:

2.8.3.1 All information required by RHB 2.7 and 2.8;

2.8.3.2 A copy of any shielding plans and/or area surveys. Records of shielding plans and area surveys shall include the date that the service was performed and the legible signature of the person performing the service;

2.8.3.3 Tests performed at the time of installation to ensure that the equipment complies with this regulation. A copy of these results shall be provided to the registrant at the time of installation;

2.8.3.4 Records of any routine maintenance, repair, alterations, or reassembly of x-ray equipment. Records of maintenance, repair, alterations, or reassemblies shall include the date that the service was performed and the legible signature of the person performing the service. A copy of these records shall be provided to the registrant at the time the service is provided;

2.8.3.5 Names of all employees and their dates of employment with the vendor. Records shall also be maintained of training provided to the employees during their term of employment; and

2.8.3.6 A copy of equipment performance tests, including data collected during the testing.

2.8.3.6.1 A copy of the equipment performance test shall be provided to the facility either at the time of testing or within thirty (30) calendar days of the testing date.

2.8.3.6.2 The report of equipment performance testing shall include the testing of all items listed in Part IV, Appendix F, except as noted in the Appendix.

2.8.3.6.3 The equipment performance test record provided to the facility must clearly indicate all equipment parameters tested and each item must include a designation, such as "Pass/Fail" or "Compliant/Non-compliant," that is easily understandable by the facility. Use of any designation other than "Pass/Fail" or "Compliant/Non-compliant" shall be approved by the Department prior to use on equipment performance reports of testing.

2.8.3.6.4 The equipment performance test record shall include a summary of findings and recommendations for necessary improvements and/or corrective actions.

2.8.3.6.5 The record of equipment performance shall be legible and include the date that the testing was performed; the facility name, facility location address, and facility registration number issued by the Department; the legible signature of the person performing the service; manufacturer, model number, serial number, and the calibration date of the instrument used to perform the test; and the manufacturer, serial number, model number, and location of the equipment.

2.8.4 All records required by this Part shall be maintained by the vendor until their disposal is authorized by the Department. All records shall be legible, accurate, and factual.

2.8.5 Each vendor shall maintain sufficient calibrated and operable instruments to perform the testing appropriate to the class in which the vendor is registered. Instruments shall be calibrated with sources consistent with the conditions under which they are used. Legible records shall be maintained of the calibrations performed on instrumentation used for testing. All provisions of RHB 1.4.4 apply.

RHB 2.9. Out-of-State Facilities.

2.9.1 Any person proposing to bring x-ray producing equipment into the state, for any temporary use, shall apply for Facility Registration Approval (FRA), as required by RHB 2.4.2 and shall submit any application and shielding review fees as required by RHB 2.3.

2.9.2 No person shall bring any radiation machine into the state, for any temporary use, unless such person has given a written notice to the agency at least five (5) working days before the machine is to be used in the state. The notice shall include the type of radiation machine; the nature, duration, and scope of use; and the exact location(s) where the radiation machine is to be used. If, for a specific case, the five (5) working day-period would impose an undue hardship on the person, he or she may, upon application to the agency, obtain permission to proceed sooner. This notice shall be made on a form provided by the Department.

2.9.3 Such facilities shall meet all applicable Parts of this regulation.

RHB 2.10. Modification, Revocation, Termination of Registrants.

2.10.1 The terms and conditions of all registrations are subject to amendment, revision, or modification and all registrations are subject to suspension or revocation by reason of:

2.10.1.1 Amendments to the Act;

2.10.1.2 Rules and regulations adopted pursuant to provisions of the Act; or

2.10.1.3 Orders issued by the Department.

2.10.2 Any registration may be revoked, suspended, or modified in whole or part:

2.10.2.1 For any material false statement in the application or in any statement of fact required by provisions of this Part;

2.10.2.2 Because of any statement of fact, any report, record, inspection, or other means which would warrant the Department to refuse to grant a registration on original application; or

2.10.2.3 For violations of, or failure to observe any of the terms and conditions of the Act, the registration, this regulation, or any order of the Department.

2.10.3 Except in cases of willfulness or those in which the public health, interest, or safety requires otherwise, prior to the institution of proceedings for modification, revocation, or suspension of a registrant, the Department shall:

2.10.3.1 Call to the attention of the registrant in writing the facts or conduct which may warrant these actions, and

2.10.3.2 Provide an opportunity for the registrant to demonstrate or achieve compliance with all regulations.

2.10.4 The Department may terminate a registration upon written request submitted by the registrant to the Department.

2.10.5 The provisions of this Part shall apply to both registration of x-ray equipment and registration of x-ray services (vendors).

RHB 2.11. Annual Fees.

2.11.1 Each registrant shall pay an annual registration fee per x-ray equipment tube possessed, except for Combination Rad/Fluoro. Vendors and Out-of-State Facilities shall pay an annual flat fee. Payment of fees shall be made in accordance with the instructions of a "Statement of Fees Due" issued annually by the Department.

2.11.1.1 The annual registration fee shall be due no later than thirty (30) calendar days after the date of the “Statement of Fees Due.”

2.11.1.2 Registrants failing to pay the fees required by RHB 2.11.1 within thirty (30) calendar days after payment is due shall also pay a penalty of fifty dollars ($50.00).

2.11.1.3 If the required fees are not paid within sixty (60) calendar days after payment is due, the registrant shall be notified by certified mail to be sent to his or her last known address that his or her registration is revoked, and that any activities permitted under the authority of the registration must cease immediately.

2.11.1.4 A registrant revoked for failure to pay the required fees under RHB 2.11.1 may be reinstated by the Department upon payment of the required fees, the penalty of fifty dollars ($50.00), and an additional penalty of one hundred dollars ($100.00), if the registrant is otherwise in good standing and presents to the Department a satisfactory explanation for his or her failure to pay the required fees.

2.11.2 Fees required by RHB 2.11.1 for x-ray equipment, out-of-state facility, or vendor registration which is issued during a calendar year shall be prorated for the remainder of that year based on the date of issuance of the registration.

2.11.3 Schedule of Fees. Chapter 7, Nuclear Energy, Article 1, Atomic Energy and Radiation Control Act, Section 13-7-45(A)(1) requires the Department to establish a schedule for the collection of annual fees for the licensing, registration, and certification of users of sources of ionizing radiation.

Type of Equipment	Fee
Radiographic	$131
Fluoroscopic	$131
Combination Rad/Fluoro	$231
Dental	$93.50
Therapy (medical)	$156
Diffraction	$99.75
X-ray Fluorescence	$99.75
Accelerator (industrial)	$156
Electron Microscope	$68.50
Spectrograph	$99.75
Cephalometer	$131
Panoramic	$81
Cabinet X-ray	$124.75
CT Scanner, and/or PET/CT, SPECT, Dental CT	$131
C-Arm Fluoroscopic	$131
Mammography	(See RHB 5.8)
Stereotactic Mammography	$131
Baggage Checker	$99.75
Bone Densitometer	$131
Lithotripter	$131
Simulator	$131
Other	$131
X-ray Gauge	$99.75
Personnel Security Screening System	$131
Out-of-State Facilities	$187.25
Vendors and Installers	$187.25

PART III
STANDARDS FOR PROTECTION AGAINST RADIATION

RHB 3.1. Scope.

3.1.1 This Part establishes standards for protection against ionizing radiation.

3.1.2 The requirements of this Part are designed to control the receipt, possession, use, transfer, and disposal of sources of radiation by any registrant so the total dose to an individual, including doses resulting from all

sources of radiation other than background radiation, does not exceed the standards for protection against radiation prescribed in this Part. However, nothing in this Part shall be construed as limiting actions that may be necessary to protect health and safety.

3.1.3 Except as specifically provided in other Parts of this regulation, this Part applies to persons registered by the Department to receive, possess, use, install, service, transfer, or dispose of sources of radiation. The limits in this Part do not apply to doses due to background radiation, to exposure of patients to radiation for the purpose of medical diagnosis or therapy, or to voluntary participation in medical research programs.

RHB 3.2. Implementation.

3.2.1 Any existing registration condition that is more restrictive than this Part remains in force until there is an amendment of the registration.

3.2.2 If a registration condition exempts a registrant from a provision of a previous Part III in effect on or before the effective date of this regulation, it also exempts the registrant from the corresponding provision of this Part III.

3.2.3 If a registration condition cites provisions of a previous Part III in effect prior to the effective date of this regulation, which do not correspond to any provisions of this Part, the registration condition remains in force until there is an amendment or renewal of the registration that modifies or removes this condition.

3.2.4 For determining the doses specified in this Part, a dose from x-rays up to three megaelectron volts (3 MeV) may be assumed to be equivalent to the exposure measured by a properly calibrated appropriate instrument in air at or near the body surface in the region of the highest dose rate.

RHB 3.3. Authority and Responsibility for the Radiation Protection Programs.

3.3.1 Each registrant shall develop, document, and implement a radiation protection program sufficient to ensure compliance with the provisions of this regulation. See RHB 3.18 for record keeping requirements relating to these programs.

3.3.2 The registrant shall use, to the extent practicable, procedures and engineering controls based upon sound radiation protection principles to achieve occupational doses and public doses that are as low as is reasonably achievable (ALARA).

3.3.3 On a case-by-case basis, and as determined by the Department and indicated on the Facility Registration Approval, the registrant shall appoint a committee to review the radiation protection program content and implementation. This committee shall include, at a minimum, the Radiation Safety Officer and representatives from all areas in which x-ray equipment is utilized and meet at intervals not to exceed twelve (12) months.

3.3.4 Radiation Safety Officer. The registrant shall designate, in writing, an individual who will be responsible for radiation protection at the facility. Such individual shall:

3.3.4.1 Be qualified by training and experience concerning all hazards and precautions involved in operating the equipment for which he or she is responsible;

3.3.4.2 Develop and implement a program of radiation safety for effective compliance with the applicable requirements of this regulation; 3.3.4.3 Give instructions concerning hazards and safety practices to individuals who may be exposed to radiation from the equipment; and

3.3.4.4 Ensure that surveys are made, procedures are carried out, and radiation safety instructions are given as required by this regulation.

3.3.5 The registrant shall provide the Radiation Safety Officer sufficient authority, organizational freedom, time, resources, and management prerogative to:

3.3.5.1 Identify radiation safety problems;

3.3.5.2 Initiate, recommend, or provide corrective actions;

3.3.5.3 Stop unsafe operations; and

3.3.5.4 Verify implementation of corrective actions.

3.3.6 The registrant shall establish either monthly or quarterly investigative limits to ensure individuals will not exceed annual occupational exposure limits.

RHB 3.4. Occupational Dose Limits for Adults.

3.4.1 The registrant shall control the occupational dose to individual adults, except for planned special exposures pursuant to RHB 3.6, to the following dose limits:

3.4.1.1 An annual limit, which is the more limiting of:

3.4.1.1.1 The total effective dose equivalent being equal to 5 rem (0.05 Sv); or

3.4.1.1.2 The sum of the deep dose equivalent and the committed dose equivalent to any individual organ or tissue other than the lens of the eye being equal to 50 rem (0.5 Sv).

3.4.1.2 The annual limits to the lens of the eye, to the skin, and to the extremities which are:

3.4.1.2.1 An eye dose equivalent of 15 rem (0.15 Sv), and

3.4.1.2.2 A shallow dose equivalent of 50 rem (0.5 Sv) to the skin or to any extremity.

3.4.1.3 Any individual exceeding his or her annual occupational exposure limit shall not be exposed to additional occupational radiation for the remainder of the calendar year.

3.4.2 Doses received in excess of the annual limits, including doses received during accidents, emergencies, and planned special exposures, shall be subtracted from the limits for planned special exposures that the individual may receive during the current year and during the individual's lifetime. Dose limits for planned special exposures are provided in RHB 3.6.

3.4.3 The assigned deep dose equivalent and shallow dose equivalent shall be for the portion of the body receiving the highest exposure. The deep dose equivalent, eye dose equivalent, and shallow dose equivalent may be assessed from surveys or other radiation measurements for the purpose of demonstrating compliance with the occupational dose limits, if the individual monitoring device was not in the region of highest potential exposure, or the results of individual monitoring are unavailable.

3.4.4 If an occupationally exposed adult is likely to receive in one (1) year, from sources external to the body, a dose in excess of fifty percent (50%) of the limits in RHB 3.4.1, the registrant shall monitor all of the individual's occupationally received doses, and shall reduce the dose that an individual may be allowed to receive in the current year by the amount of occupational dose received while employed by any other person.

RHB 3.5. Compliance with Requirements for the Summation of External and Internal Doses.

If a registrant is also a radioactive material licensee of the Department, all regulations of Title A pertaining to dose limits are applicable. Nothing in this Part relieves a registrant from complying with Title A.

RHB 3.6. Planned Special Exposures.

A registrant may authorize an adult worker to receive doses in addition to and accounted for separately from the dose received under the limits specified in RHB 3.4 provided that each of the following conditions are satisfied:

3.6.1 The registrant authorizes a planned special exposure only in an exceptional situation when alternatives that might avoid the higher exposure are unavailable or impractical.

3.6.2 The registrant, and employer if the employer is not the registrant, specifically authorizes the planned special exposure, in writing, before the exposure occurs.

3.6.3 Before a planned special exposure, the registrant ensures that each individual involved is:

3.6.3.1 Informed of the purpose of the planned operation;

3.6.3.2 Informed of the estimated doses, associated potential risks, and specific radiation levels or other conditions that might be involved in performing the task; and

3.6.3.3 Instructed in the measures to be taken to keep the dose ALARA considering other risks that may be present.

3.6.4 Prior to permitting an individual to participate in a planned special exposure, the registrant ascertains prior doses as required by RHB 3.20 during the lifetime of the individual for each individual involved.

3.6.5 Subject to RHB 3.4.2, the registrant shall not authorize a planned special exposure that would cause an individual to receive a dose from all planned special exposures and all doses in excess of the limits to exceed:

3.6.5.1 The numerical values of any of the dose limits in RHB 3.4.1 in any year; and

3.6.5.2 Five (5) times the annual dose limits in RHB 3.4.1 during the individual's lifetime.

3.6.6 The registrant maintains records of the conduct of a planned special exposure in accordance with RHB 3.21 and submits a written report in accordance with RHB 3.26.

3.6.7 The registrant records the best estimate of the dose resulting from the planned special exposure in the individual's record and informs the individual, in writing, of the dose within thirty (30) calendar days from the date of the planned special exposure. The dose from planned special exposures shall not be considered in controlling future occupational dose of the individual pursuant to RHB 3.4.2.

RHB 3.7. Occupational Dose Limits for Minors.

The annual occupational dose limits for minors are ten percent (10%) of the annual occupational dose limits specified for adult workers in RHB 3.4.

RHB 3.8. Dose to an Embryo/Fetus.

3.8.1 The registrant shall ensure that the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 0.5 rem (5 mSv). See RHB 3.22 for record keeping requirements.

3.8.2 The registrant shall make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the limit in RHB 3.8.1.

3.8.3 The dose to an embryo/fetus shall be taken as the sum of:

3.8.3.1 The deep dose equivalent to the declared pregnant woman; and

3.8.3.2 The dose to the embryo/fetus from radionuclides in the embryo/fetus and radionuclides in the declared pregnant woman.

3.8.4 If the dose equivalent to the embryo/fetus is found to have exceeded five millisieverts (0.5 rem), or is within 0.5 millisieverts (0.05 rem) of this dose, by the time the woman declares the pregnancy to the registrant, the registrant shall be deemed to be in compliance with RHB 3.8.1 if the additional dose to the embryo/fetus does not exceed 0.5 millisievert (0.05 rem) during the remainder of the pregnancy.

RHB 3.9. Dose Limits for Individual Members of the Public.

3.9.1 Each registrant shall conduct operations so that:

3.9.1.1 The total effective dose equivalent to individual members of the public from the registered operation does not exceed 0.1 rem (1 mSv) in a year, and

3.9.1.2 The dose in any unrestricted area from external sources does not exceed 0.002 rem (0.02 mSv) in any one (1) hour.

3.9.2 If the registrant permits members of the public to have access to controlled areas, the limits for members of the public continue to apply to those individuals.

3.9.3 A registrant, or an applicant for a registration, may apply for prior Department authorization to operate up to an annual dose limit for an individual member of the public of 0.5 rem (5 mSv). This application shall include the following information:

3.9.3.1 Demonstration of the need for and the expected duration of operations in excess of the limit in RHB 3.9.1; and

3.9.3.2 The registrant’s program to assess and control dose within the 0.5 rem (5 mSv) annual limit; and

3.9.3.3 The procedures to be followed to maintain the dose ALARA.

3.9.4 Retrofit shall not be required for locations within facilities where only radiation machines existed prior to January 1, 1994, and met the previous requirements of 0.5 rem (5 mSv) in a year.

RHB 3.10. Compliance with Dose Limits for Individual Members of the Public.

3.10.1 The registrant shall make or cause to be made surveys of radiation levels in unrestricted and controlled areas to demonstrate compliance with the dose limits for individual members of the public in RHB 3.9.

3.10.2 A registrant shall show compliance with the annual dose limit in RHB 3.9 by:

3.10.2.1 Demonstrating by measurement or calculation that the total effective dose equivalent to the individual likely to receive the highest dose from the registered operation does not exceed the annual dose limit; or

3.10.2.2 Demonstrating that if an individual were continually present in an unrestricted area, the dose from external sources would not exceed 0.002 rem (0.02 mSv) in an hour and 0.05 rem (0.5 mSv) in a year.

RHB 3.11. Surveys.

3.11.1 Each registrant shall make, or cause to be made, surveys that:

3.11.1.1 Are necessary for the registrant to comply with this Part; and

3.11.1.2 Are necessary under the circumstances to evaluate:

3.11.1.2.1 Radiation levels; and

3.11.1.2.2 The potential radiological hazards that could be present.

3.11.2 The registrant shall ensure that instruments and equipment used for quantitative radiation measurements, for example, dose rate and effluent monitoring, are calibrated at intervals not to exceed twenty-four (24) months for the radiation measured.

RHB 3.12. Personnel Monitoring.

3.12.1 All personnel dosimeters, except for direct and indirect reading pocket ionization chambers and those dosimeters used to measure the dose to any extremity, that require processing to determine the radiation dose and that are used by registrants to comply with RHB 3.4, with other applicable provisions of this regulation, or with conditions specified in a registration shall be processed and evaluated by a dosimetry processor:

3.12.1.1 Holding current personnel dosimetry accreditation from the National Voluntary Laboratory Accreditation Program (NVLAP) of the National Institute of Standards and Technology; and

3.12.1.2 Approved in this accreditation process for the type of radiation or radiations included in the NVLAP program that most closely approximates the type of radiation or radiations for which the individual wearing the dosimeter is monitored.

3.12.2 Exposure of a personnel monitoring device to deceptively indicate a dose delivered to an individual is prohibited.

3.12.3 Personnel Monitoring Devices.

3.12.3.1 Personnel Monitoring (or other dosimeters approved by the Department) shall meet the following requirements:

3.12.3.1.1 The monitoring device shall be assigned to and worn only by one individual;

3.12.3.1.2 When a protective apron is worn, the monitoring device shall be worn at the collar, outside the apron;

3.12.3.1.3 If a personnel monitoring device is lost or damaged, the Radiation Safety Officer shall provide a replacement device. If the individual requires monitoring per RHB 3.12.4, the Radiation Safety Officer

shall calculate the exposure for the time period from issuance to loss or damage of the device and evaluate the probable radiation exposure to the worker until a replacement device is issued;

3.12.3.1.4 The Registrant shall ensure that personnel monitoring devices are returned within forty-five (45) calendar days of the end of the monitoring period. All dosimeters must be read at least quarterly, the results from the readings recorded and evaluated for compliance with RHB 3.3.2 and 3.4, and be available for Departmental review;

3.12.3.1.5 Documentation providing explanation of any late, absent, or unused personnel monitoring devices must be recorded and available for Departmental review;

3.12.3.1.6 Personnel monitoring devices must be worn in accordance with manufacturer guidelines; and

3.12.3.1.7 Fetal dose dosimeters shall be read in accordance with RHB 3.12.6.

3.12.3.2 Control badges are used to measure background radiation. They shall be stored away from the radiation area. Control badges are not to be worn as a personnel monitoring device. Ensure the control badge is returned with the lot of badges with which it was issued.

3.12.3.3 Upon Departmental approval, area monitors may be used in place of personnel monitoring devices.

3.12.4 Each registrant shall monitor exposures from sources of radiation at levels sufficient to demonstrate compliance with the occupational dose limits of this Part. As a minimum:

3.12.4.1 Each registrant shall monitor occupational exposure to radiation and shall supply and require the use of individual monitoring devices by:

3.12.4.1.1 Adults likely to receive, in one (1) year from sources external to the body, a dose in excess of ten percent (10%) of the limits in RHB 3.4;

3.12.4.1.2 Minors and declared pregnant women likely to receive, in one (1) year from sources external to the body, a dose in excess of ten percent (10%) of any of the applicable limits in RHB 3.7 or 3.8; and

3.12.4.1.3 Individuals entering a high or very high radiation area.

3.12.4.1.4 Personnel working with medical fluoroscopic equipment.

3.12.4.1.5 Such other individuals as the Department deems necessary.

3.12.5 Determination of Dose

3.12.5.1 When only one (1) individual device is used and it is located at the neck (collar) outside the protective apron, the reported deep dose equivalent shall be the effective dose equivalent for external radiation, except as provided in 3.12.5.2.1.1.

3.12.5.2 The assigned deep dose equivalent and shallow dose equivalent shall be for the portion of the body receiving the highest exposure.

3.12.5.2.1 The Radiation Safety Officer may give consideration that an effective dose equivalent be used as the permanent record provided that all provisions of RHB 3.3 are met. When a protective apron is worn

while working with medical fluoroscopic equipment and monitoring is conducted as specified RHB 3.12, the effective dose equivalent for external radiation shall be determined as follows:

3.12.5.2.1.1 When only one (1) individual monitoring device is used and it is located at the neck (collar) outside the protective apron, the reported deep dose equivalent value multiplied by 0.3 shall be the effective dose for external radiation; or

3.12.5.2.1.2 When individual monitoring devices are worn, both under the protective apron at the waist and outside the protective apron at the neck, the effective dose equivalent for external radiation shall be assigned the value of the sum of the deep dose equivalent reported for the individual monitoring device located at the waist under the protective apron multiplied by 1.5 and the deep dose equivalent reported for the individual monitoring device located at the neck outside the protective apron multiplied by 0.04.

3.12.5.2.2 Semi-annual visits shall be made by the Radiation Safety Officer or his or her designee for personal observation adherence to proper radiation safety practices. Documentation of these reviews must be available for Departmental review.

3.12.5.2.3 The Department may immediately revoke the use of the effective dose equivalent upon determination that a violation of RHB 3.12.5 has occurred.

3.12.5.3 Adjustments to the dose of permanent record shall be determined by the Radiation Safety Officer prior to any changes to the record. Records of these actions shall be maintained for Departmental review.

3.12.6 When an individual who has been given responsibility that involves occupational exposure to x-rays declares that she is pregnant, the employer must, at her request, provide her with an additional personnel monitoring device to be worn on the trunk underneath the leaded apron, when such apron is worn. The fetal badge shall be processed and evaluated on a monthly basis, at a minimum.

RHB 3.13. Control of Access to High Radiation Areas.

3.13.1 The registrant shall ensure that each entrance or access point to a high radiation area has one (1) or more of the following features:

3.13.1.1 A control device that, upon entry into the area, causes the level of radiation to be reduced below that level at which an individual might receive a deep dose equivalent of 0.1 rem (1 mSv) in one (1) hour at thirty centimeters (30 cm) from the source of radiation from any surface that the radiation penetrates;

3.13.1.2 A control device that energizes a conspicuous visible or audible alarm signal so that the individual entering the high radiation area and the supervisor of the activity are made aware of the entry; or

3.13.1.3 Entryways that are locked, except during periods when access to the areas is required, with positive control over each individual entry.

3.13.2 In place of the controls required by RHB 3.13.1 for a high radiation area, the registrant may substitute continuous direct or electronic surveillance that is capable of preventing unauthorized entry.

3.13.3 The registrant may apply to the Department for approval of alternative methods for controlling access to high radiation areas.

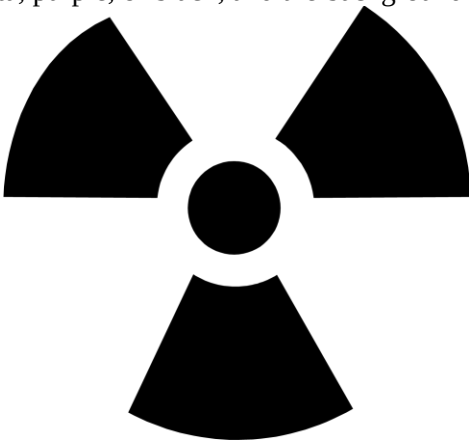
3.13.4 The registrant shall establish the controls required by RHB 3.13.1 and 3.13.3 in a way that does not prevent individuals from leaving a high radiation area.

RHB 3.14. Control of Access to Very High Radiation Areas.

In addition to the requirements in RHB 3.13, the registrant shall institute measures to ensure that an individual is not able to gain unauthorized or inadvertent access to areas in which radiation levels could be encountered at 500 rad (5 Gy) or more in one (1) hour at one meter (1 m) from a source of radiation or any surface through which the radiation penetrates. This requirement does not apply to rooms or areas in which diagnostic x-ray systems are the only source of radiation.

RHB 3.15. Caution Signs.

3.15.1 The radiation symbols prescribed by this regulation shall be the conventional three-bladed design as shown. The symbol shall be magenta, purple, or black, and the background shall be yellow.



3.15.2 Additional Information on Signs and Labels. In addition to the contents of signs and labels prescribed in this Part, the registrant shall provide, on or near the required signs and labels, additional information, as appropriate, to make individuals aware of potential radiation exposures and to minimize the exposures.

RHB 3.16. Posting Requirements.

3.16.1 Posting of Radiation Areas. The registrant shall post each radiation area with a conspicuous sign or signs bearing the radiation symbol and the words "CAUTION, RADIATION AREA."

3.16.2 Posting of High Radiation Areas. The registrant shall post each high radiation area with a conspicuous sign or signs bearing the radiation symbol and the words "CAUTION, HIGH RADIATION AREA" or "DANGER, HIGH RADIATION AREA."

3.16.3 Posting of Very High Radiation Areas. The registrant shall post each very high radiation area with a conspicuous sign or signs bearing the radiation symbol and words "GRAVE DANGER, VERY HIGH RADIATION AREA."

3.16.4 Exceptions to Posting Requirements. A registrant is not required to post caution signs in areas or rooms containing sources of radiation for periods of less than eight (8) hours, if each of the following conditions is met:

3.16.4.1 The sources of radiation are constantly attended during these periods by an individual who takes the precautions necessary to prevent the exposure of individuals to sources of radiation in excess of the limits established in this Part; and

3.16.4.2 The area or room is subject to the registrant’s control.

RHB 3.17. General Provisions for Records.

3.17.1 Each registrant shall use the SI units becquerel, gray, sievert and coulomb per kilogram, or the special units curie, rad, rem, and roentgen, including multiples and subdivisions, and shall clearly indicate the units of all quantities on records required by this Part.

3.17.2 The registrant shall make a clear distinction among the quantities entered on the records required by this Part, such as, total effective dose equivalent, total organ dose equivalent, shallow dose equivalent, eye dose equivalent, deep dose equivalent, or committed effective dose equivalent.

3.17.3 Form of Records. Each record required by this Part shall be legible throughout the specified retention period. The record shall be the original or a reproduced copy or a microform, provided that the copy or microform is authenticated by authorized personnel and that the microform is capable of producing a clear copy throughout the required retention period. The record may also be stored in electronic media with the capability for producing legible, accurate, and complete records during the required retention period. Records, such as letters, drawings, and specifications, shall include all pertinent information, such as stamps, initials, and signatures. The registrant shall maintain adequate safeguards against tampering with and loss of records.

RHB 3.18. Records of Radiation Protection Programs.

3.18.1 Each registrant shall maintain records of the radiation protection program, including:

3.18.1.1 The provisions of the program; and

3.18.1.2 Audits and other reviews of program content and implementation.

3.18.2 The registrant shall retain the records required by RHB 3.18.1.1 until the Department terminates each pertinent registration requiring the record. The registrant shall retain the records required by RHB 3.18.1.2 for five (5) years after the record is made.

RHB 3.19. Records of Surveys.

3.19.1 Each registrant shall maintain records showing the results of surveys and instrument calibrations required by RHB 3.11. The registrant shall retain these records for five (5) years after the record is made.

3.19.2 The registrant shall retain records of the results of surveys to determine the dose from external sources of radiation used, in the absence of or in combination with individual monitoring data, in the assessment of individual dose equivalents for five (5) years after the termination of the registration.

RHB 3.20. Determination and Records of Prior Occupational Dose.

3.20.1 For each individual who may enter the registrant's restricted or controlled area and is likely to receive, in a year, an occupational dose requiring monitoring pursuant to RHB 3.12, the registrant shall determine the occupational radiation dose received during the current year.

3.20.2 Prior to permitting an individual to participate in a planned special exposure, the registrant shall determine:

3.20.2.1 The internal and external doses from all previous planned special exposures;

3.20.2.2 All doses in excess of the limits, including doses received during accidents and emergencies, received during the lifetime of the individual; and

3.20.2.3 All lifetime cumulative occupational radiation dose.

3.20.3 In complying with the requirements of RHB 3.20.1, a registrant may:

3.20.3.1 Accept, as a record of the occupational dose that the individual received during the current year, a written signed statement from the individual, or from the individual's most recent employer for work involving radiation exposure, that discloses the nature and the amount of any occupational dose that the individual received during the current year; and

3.20.3.2 Attempt to obtain reports of the individual's dose equivalent from the most recent employer for work involving radiation exposure, or the individual's current employer, if the individual is not employed by the registrant, by telephone, facsimile, letter, or other electronic means. The registrant shall request a written verification of the dose data if the authenticity of the transmitted report cannot be established.

3.20.4 The registrant shall record the exposure history, as required by RHB 3.20.1, on a clear and legible record, of all the information required. The record shall show each period in which the individual received occupational exposure to radiation. For each period for which the registrant obtains reports, the registrant shall use the dose shown in the report in preparing the record. For any period in which the registrant does not obtain a report, the registrant shall place a notation on the record indicating the periods of time for which data are not available.

3.20.5 If the registrant is unable to obtain a complete record of an individual's current and previously accumulated occupational dose, the registrant shall assume:

3.20.5.1 In establishing administrative controls pursuant to RHB 3.4.4 for the current year, that the allowable dose limit for the individual is reduced by 1.25 rem (12.5 mSv) for each quarter for which records were unavailable and the individual was engaged in activities that could have resulted in occupational radiation exposure; and

3.20.5.2 That the individual is not available for planned special exposures.

3.20.6 The registrant shall retain the records and/or attempts to obtain records of prior occupational dose and exposure history until the Department terminates each pertinent registration requiring this record. The registrant shall retain records for five (5) years after the termination of the registration.

RHB 3.21. Records of Planned Special Exposures.

3.21.1 For each use of the provisions of RHB 3.6 for planned special exposures, the registrant shall maintain records that describe:

3.21.1.1 The exceptional circumstances requiring the use of a planned special exposure;

3.21.1.2 The name of the management official who authorized the planned special exposure and a copy of the signed authorization;

3.21.1.3 What actions were necessary;

3.21.1.4 Why the actions were necessary;

3.21.1.5 What precautions were taken to assure that doses were maintained ALARA;

3.21.1.6 What individual and collective doses were expected to result; and

3.21.1.7 The doses actually received in the planned special exposure.

3.21.2 The registrant shall retain the records until the Department terminates each pertinent registration requiring these records.

RHB 3.22. Records of Individual Monitoring Results.

3.22.1 Record-keeping Requirement. Each registrant shall maintain records of doses received by all individuals for whom monitoring was required pursuant to RHB 3.12, and records of doses received during planned special exposures, accidents, and emergency conditions. These records shall include the deep dose equivalent to the whole body, eye dose equivalent, shallow dose equivalent to the skin, and shallow dose equivalent to the extremities.

3.22.2 Record-keeping Frequency. The registrant shall make entries of the records specified in RHB 3.22.1 at intervals not to exceed one (1) year.

3.22.3 Record-keeping Format. The registrant shall maintain the records specified in RHB 3.22.1.

3.22.4 The registrant shall maintain the records of dose to an embryo/fetus with the records of dose to the declared pregnant woman. The declaration of pregnancy, including the estimated date of conception, shall also be kept on file, but may be maintained separately from the dose records.

3.22.5 The registrant shall retain each required form or record until the Department terminates each pertinent registration requiring the record.

RHB 3.23. Records of Dose to Individual Members of the Public.

3.23.1 Each registrant shall maintain records sufficient to demonstrate compliance with the dose limit for individual members of the public in RHB 3.10.

3.23.2 The registrant shall retain the records required by RHB 3.23.1 until the Department terminates each pertinent registration requiring the record.

RHB 3.24. Notification of Incidents.

3.24.1 Immediate Notification. Notwithstanding other requirements for notification, each registrant shall immediately report each event involving a source of radiation possessed by the registrant that may have caused or threatens to cause an individual to receive:

3.24.1.1 A total effective dose equivalent of 25 rem (0.25 Sv) or more;

3.24.1.2 An eye dose equivalent of 75 rem (0.75 Sv) or more; or

3.24.1.3 A shallow dose equivalent to the skin or extremities or a total organ dose equivalent of 250 rad (2.5 Gy) or more.

3.24.2 Twenty-Four Hour Notification. Each registrant shall, within twenty-four (24) hours of discovery of the event, report to the Department each event that may have caused, or threatens to cause, an individual to receive, in a period of twenty-four (24) hours:

3.24.2.1 A total effective dose equivalent exceeding 5 rem (0.05 Sv);

3.24.2.2 An eye dose equivalent exceeding 15 rem (0.15 Sv); or

3.24.2.3 A shallow dose equivalent to the skin or extremities or a total organ dose equivalent exceeding 50 rem (0.5 Sv).

3.24.3 The registrant shall prepare each report filed with the Department pursuant to this Part so that names of individuals who have received exposure to sources of radiation are stated in a separate and detachable portion of the report.

3.24.4 Registrants shall make the reports required by this Part to the Department by telephone, mail, electronic mail, or facsimile to the Department.

3.24.5 The provisions of this Part do not apply to doses that result from planned special exposures, provided such doses are within the limits for planned special exposures and are reported pursuant to RHB 3.27.

RHB 3.25. Reports of Exposures and Radiation Levels Exceeding the Limits.

3.25.1 In addition to the notification required by RHB 3.24, each registrant shall submit a written report within thirty (30) calendar days after learning of any of the following occurrences:

3.25.1.1 Any incident for which notification is required by RHB 3.24;

3.25.1.2 Doses in excess of any of the following:

3.25.1.2.1 The occupational dose limits for adults in RHB 3.4;

3.25.1.2.2 The occupational dose limits for a minor in RHB 3.7;

3.25.1.2.3 The limits for an embryo/fetus of a declared pregnant woman in RHB 3.8; or

3.25.1.2.4 The limits for an individual member of the public in RHB 3.9.

3.25.2 The written report shall include the following:

3.25.2.1 A description of the extent of exposure of individuals to radiation, including, as appropriate:

3.25.2.1.1 Estimates of each individual’s dose;

3.25.2.1.2 The levels of radiation involved;

3.25.2.1.3 The cause of the elevated exposures or dose rates; and

3.25.2.1.4 Corrective steps taken or planned to ensure against a recurrence, including the schedule for achieving conformance with applicable limits.

3.25.2.2 For each individual exposed: the name and date of birth. With respect to the limit for the embryo/fetus in RHB 3.8, the identifying information shall be that of the declared pregnant woman. The report shall be prepared so that this information is stated in a separate and detachable portion of the report.

3.25.3 Reports made by registrants in response to the requirements of this Part shall be addressed to the Department.

RHB 3.26. Reports of Planned Special Exposures.

The registrant shall submit a written report to the Department within thirty (30) calendar days following any planned special exposure conducted in accordance with RHB 3.6, informing the Department that a planned special exposure was conducted and indicating the date the planned special exposure occurred and the information required by RHB 3.21.

RHB 3.27. Reports of Individual Monitoring.

The Department may require by registration condition, or order pursuant to RHB 1.6.1, annual reports of the results of individual monitoring carried out by the registrant for each individual for whom monitoring was required by RHB 3.12.

RHB 3.28. Notifications and Reports to Individuals.

3.28.1 Requirements for notification and reports to individuals of exposure to radiation are specified in RHB 11.4.

3.28.2 When a registrant is required pursuant to RHB 3.26 to report to the Department any exposure of an individual to radiation, the registrant shall also notify the individual. Such notice shall be transmitted at a time not later than the transmittal to the Department, and shall comply with the provisions of RHB 11.4.

RHB 3.29. Storage and Control of Radiation Sources.

3.29.1 The registrant shall secure all radiation equipment, including equipment in storage, from unauthorized removal.

3.29.2 The registrant shall maintain control of all radiation equipment, including equipment in storage, to prevent unauthorized use.

RHB 3.30. Reports of Stolen, Lost, Abandoned, or Missing Radiation Sources.

3.30.1 Telephone Reports. Each registrant shall report to the Department by telephone, immediately after its occurrence becomes known to the registrant, a stolen, lost, abandoned, or missing radiation machine.

3.30.2 Written Reports. Each registrant required to make a report pursuant to RHB 3.30.1 shall, within thirty (30) calendar days after making the telephone report, make a written report to the Department setting forth the following information:

3.30.2.1 A description of the registered source of radiation involved, including the manufacturer, model and serial number, type and maximum energy of radiation emitted;

3.30.2.2 A description of the circumstances under which the loss or theft occurred;

3.30.2.3 A statement of disposition, or probable disposition, of the registered source of radiation involved;

3.30.2.4 Actions that have been taken, or will be taken, to recover the source of radiation; and

3.30.2.5 Procedures or measures that have been, or will be, adopted to ensure against a recurrence of the loss or theft of registered sources of radiation.

3.30.3 Subsequent to filing the written report, the registrant shall also report additional substantive information on the loss or theft within thirty (30) calendar days after the registrant learns of such information.

PART IV
USE OF X-RAYS IN THE HEALTH PROFESSIONS

RHB 4.1. Scope.

This Part establishes requirements for which a registrant is responsible, for use of x-ray equipment by or under the supervision of an individual authorized by and licensed in accordance with state statutes to engage in the healing arts or veterinary medicine. This Part also establishes requirements for shielding for all Parts of this regulation.

RHB 4.2. General Safety Provisions.

4.2.1 An x-ray system which does not meet the provisions of this regulation shall not be operated for diagnostic or therapeutic purposes if so directed by the Department.

4.2.2 The registrant shall assure that all x-ray machines under his or her control are operated only by a radiologic technologist possessing a current, valid certificate from the South Carolina Radiation Quality Standards Association, or a licensed practitioner. For the purpose of this Part, a radiologic technologist is defined as a person who is a limited practice radiographer, radiographer, podiatric limited practice radiographer, or limited chest radiographer certified by the American Registry of Radiologic Technologists, or who is certified by the South Carolina Radiation Quality Standards Association or who has obtained a certificate acceptable to the South Carolina Radiation Quality Standards Association. A person who applies ionizing radiation to humans or performs x-ray exam setups, including, but not limited to, patient positioning and technique selection shall be considered a radiologic technologist.

4.2.2.1 No person other than a licensed practitioner or a radiologic technologist possessing a current, valid certificate from the South Carolina Radiation Quality Standards Association shall use equipment emitting ionizing radiation on humans for diagnostic purposes.

4.2.2.2 No person shall employ or designate as a radiologic technologist a person who does not hold a current, valid certificate issued by the South Carolina Radiation Quality Standards Association.

4.2.2.3 No person holding a certificate issued by the South Carolina Radiation Quality Standards Association shall use equipment emitting ionizing radiation on humans for diagnostic purposes unless under the direction and supervision of a licensed practitioner and unless so directed by prescription of a licensed practitioner.

4.2.2.4 No person who is not certified by the South Carolina Radiation Quality Standards Association shall take, use, or exhibit the title of "limited practice radiographer," "podiatric limited practice radiographer," "limited chest radiographer," or "radiographer" or any other title, sign, display, or declaration that tends to lead the public to believe that the person is authorized to apply ionizing radiation on humans for diagnostic purposes.

4.2.2.5 A student enrolled in and attending a school or college of medicine, osteopathy, chiropractic, podiatry, radiologic technology, or a curriculum approved by the South Carolina Radiation Quality Standards Association, or a resident in an approved graduate education program of medicine, osteopathy, chiropractic, or podiatry may apply ionizing radiation to humans without a certificate from the South Carolina Radiation Quality Standards Association, as long as the student or resident is under the direct supervision of a licensed practitioner or direct supervision of a certified radiologic technologist appropriately trained to supervise the specific procedure.

4.2.2.6 The registrant shall display each operator’s current South Carolina Radiation Quality Standards Association certificate or the registrant may post a notice to the public that these certificates are available for

review upon request. The certificate or posting shall be displayed in public view, not obstructed by any barrier, equipment, or other object.

4.2.2.7 The registrant shall ensure that each operator has received facility specific training to include the equipment and operating conditions. Documentation of this training for each operator shall be made available for Departmental review.

4.2.2.8 Dentists and their auxiliaries who meet the requirements of the South Carolina Dental Practice Act are exempt from the requirements of RHB 4.2.2.1 through 4.2.2.6.

4.2.3 The operator shall be able to demonstrate familiarity and competence with the facility's operating conditions.

4.2.4 X-ray producing machines and associated equipment shall be maintained in such a condition to ensure that the patient and staff are not exposed to radiation unnecessarily.

4.2.5 If an x-ray system is identified as not being in compliance with the provisions of this regulation and cannot meet the regulation, or if the registrant is unwilling to make corrections, and if that system is accessible for use, it shall be rendered inoperable (i.e., dismantle the x-ray source from the source support assembly) if so ordered by the Department.

4.2.6 For general radiographic systems not equipped with an operational anatomic programming option, techniques shall be documented and readily available to the operator. At a minimum, this shall include:

4.2.6.1 Patient's body part and anatomical size, or body part thickness or age (for pediatrics), versus technique factors to be used;

4.2.6.2 Source to image receptor distance (SID) to be used (except for dental intra-oral radiography);

4.2.6.3 If an automatic exposure control (AEC) system is operated in a manual mode, the technique chart shall specify the requirements of RHB 4.2.6.1 and 4.2.6.2; and

4.2.6.4 The technique chart shall accurately reflect techniques currently in use at the facility.

4.2.7 A sign shall be posted so as to be easily seen by the patient to the effect that if there is a pregnancy or the possibility of a pregnancy, the physician shall be notified.

4.2.8 The effectiveness of protective equipment and apparel shall not be impaired. Protective aprons and gloves shall be checked at least annually for cracks and holes that could compromise the radiation protection it provides. These checks shall be documented and records shall be kept for two (2) years, or until the next Department inspection, whichever is later.

4.2.9 Except for patients who cannot be moved out of the room, only the staff and ancillary personnel required for the medical procedure or training shall be in the room during the radiographic exposure other than the patient being examined.

4.2.9.1 All individuals shall be positioned such that no part of the body will be struck by the useful beam, unless protected by not less than 0.5 mm lead equivalent material.

4.2.9.2 The x-ray operator, other staff, and ancillary persons shall be protected from the direct scattered radiation by protective aprons or whole body protective barriers of not less than 0.25 mm lead equivalent material. Temporary placement of the physician's and/or assistant's hands in the primary beam during procedures that require sterility and increased dexterity are exempt from RHB 4.2.9.2.

4.2.9.3 Persons who cannot be removed from the room shall be protected from the direct scattered radiation by whole body protective barriers of 0.25 mm lead equivalent and when feasible shall be so positioned that the nearest portion of the body is at least two meters (2 m) from both the tube head and the nearest edge of the image receptor.

4.2.9.4 When a portion of the body of any staff or ancillary personnel is potentially subjected to stray radiation which could result in that individual receiving one quarter of the maximum permissible dose as defined in RHB 3.4 of this regulation, additional protective devices may be required by the Department.

4.2.10 The useful x-ray beam shall be limited to the area of clinical interest.

4.2.11 Individuals shall not be exposed to the useful beam of electronically produced ionizing radiation except for healing arts purposes, and unless such exposure has been authorized by a licensed practitioner. This provision specifically prohibits deliberate exposure for the following purposes:

4.2.11.1 Exposure of an individual for training, demonstration or other purposes unless there are also healing arts requirements and proper prescription has been provided. Demonstrations or training on new x-ray equipment must be performed with proper protection of the observers and operator(s). Phantoms, not humans, must be used for demonstrations and training.

4.2.11.2 Healing arts screening. Any person proposing to conduct a healing arts screening program shall not initiate such a program without prior approval of the Department. When requesting such approval, that person shall submit the information outlined in Appendix A of this Part. If any information submitted to the Department becomes invalid or outdated, the Department shall be notified within fifteen (15) calendar days. Approval to conduct a healing arts screening program shall be renewed on an annual basis if deemed necessary by the Department.

4.2.12 When a patient or film must be provided with auxiliary support during a radiation exposure:

4.2.12.1 Mechanical holding devices shall be used when the technique permits.

4.2.12.2 The facility shall indicate the requirements for selecting a holder, and the procedure the holder shall follow.

4.2.12.3 The human holder shall be instructed in personal radiation safety and shall be protected as required by 4.2.9.

4.2.12.4 No person shall be used routinely to hold patients or film.

4.2.12.5 In those cases where the patient must hold the film, except during intraoral examinations, any portion of the body other than the area of clinical interest struck by the useful beam shall be protected by not less than 0.5 mm lead equivalent material.

4.2.12.6 When practical, a pregnant female shall not be used to hold film or patients.

4.2.12.7 Each facility shall have leaded aprons and gloves available in sufficient numbers to provide protection to all personnel who are involved in x-ray operations who are not otherwise shielded.

4.2.13 Procedures and auxiliary equipment designed to minimize patient and personnel exposure shall be used.

4.2.13.1 The speed of the screen and film combinations used shall be the fastest speed consistent with the diagnostic objective of the examinations. Film cassettes without intensifying screens shall not be used for any

routine diagnostic radiological imaging. The film cassettes shall provide good contact between the intensifying screens and the film.

4.2.13.2 The radiation exposure to the patient shall be the minimum exposure required to produce images of good diagnostic quality. Exposures shall not exceed limits for the specified anatomical thicknesses listed in Appendix D.

4.2.13.3 Portable or mobile x-ray equipment shall be used only for examinations where it is impractical to transfer the patient(s) to a stationary x-ray installation. Portable or mobile dental equipment shall be exempt from this regulation.

4.2.13.4 Radiologic technologists performing fluoroscopy as a localizing procedure shall be monitored by the supervising radiologist who is personally and immediately available.

4.2.14 Personnel Monitoring.

4.2.14.1 All persons who are associated with the operation of an x-ray system are subject to the occupational exposure limits and the requirements for the determination of the doses which are stated in RHB 3.4. In addition, the following requirements are made:

4.2.14.1.1 When protective clothing or devices are worn on portions of the body and a personnel monitoring device(s) is required, at least one (1) such device shall be utilized as follows:

4.2.14.1.2 When an apron is worn, and one (1) monitoring device is worn, the monitoring device shall be worn at the collar outside of the apron. If more than one (1) monitoring device is worn, the devices shall be worn in accordance with RHB 3.12.5.

4.2.14.1.3 The dose to the whole body based on the maximum dose attributed to any one (1) critical organ shall be recorded in the reports required by RHB 3.22. If more than one (1) device is used and a record is made of the data, each dose shall be identified with the area where the device was worn on the body.

4.2.14.2 Exposure of a personnel monitoring device to falsely indicate a dose delivered to an individual is prohibited.

4.2.14.3 When an individual who has been given responsibility that involves occupational exposure to x-rays declares that she is pregnant, the employer must, at her request, provide her with an additional personnel monitoring device to be worn on the trunk underneath the leaded apron, when such apron is worn.

4.2.15 X-ray Log.

4.2.15.1 Each facility (excluding dental and veterinary facilities) shall keep an x-ray log containing the patient’s name; the type of examination, given by title as denoted on the technique chart; identification of the operator performing the examination; and the dates the examinations were performed.

4.2.15.2 When the examination is performed using any type of fluoroscopy, the log shall include a record of the amount of time that fluoroscopy was performed or the number of times that the cumulative timer was reset. The fluoroscopy time is not required to be recorded for radiation therapy simulation units or instrument guided radiation therapy units.

4.2.15.3 X-ray log records shall be maintained for two (2) years or until the next Department inspection, whichever is later.

4.2.16 Quality Assurance.

4.2.16.1 Each registrant covered under RHB 4.5 through 4.12 must have "Equipment Performance Tests" performed on each x-ray unit. The registrant is required to meet the minimum performance criteria and test frequency. Facilities utilizing x-ray equipment for teaching or demonstration purposes only are exempt from this Part. Appendix F provides the required minimum performance criteria that must be tested. Equipment performance tests results must include numerical data. Items found to be non-compliant during such testing shall be corrected within sixty (60) calendar days of receipt of the report. Records showing the test results and the correction of any non-compliant items found must be retained for five (5) years or until the next Department inspection, whichever is later. Equipment performance tests are to be performed:

4.2.16.1.1 At the time installation at all facilities, including veterinary facilities; or

4.2.16.1.2 Within thirty (30) calendar days of installation, provided that the manufacturer's specified testing is performed at the time of installation and before patient use; and

4.2.16.1.3 At the following specified intervals thereafter:

4.2.16.1.3.1 Dental intraoral and dental extraoral units shall be tested every two (2) years. Dental computed tomography and dental handheld units shall be tested annually.

4.2.16.1.3.2 All medical x-ray equipment, including fluoroscopic, computed tomography, and radiation therapy simulators, shall be tested annually. Self-calibrating bone densitometry systems are exempt from this requirement. Mammography units shall meet the requirements of Part V.

4.2.16.1.3.3 Veterinary facilities are required to have equipment performance tests performed at the time of installation, every five (5) years, and at any time the Department deems necessary.

4.2.16.1.4 On any unit expected to remain at a facility for more than thirty (30) calendar days. If a unit is expected to remain at a facility for less than thirty (30) calendar days, the manufacturer's specified testing must be performed, at a minimum, prior to patient use. Mammography units shall meet the requirements of Part V.

4.2.16.2 The darkroom shall be light tight to the dark-adapted eye and use proper safelighting such that a film exposed to x-radiation sufficient to produce an optical density from 1 to 2 when processed shall not suffer an increase in density greater than 0.1 when exposed in the darkroom for two (2) minutes with all safelights on. If used, daylight film handling boxes shall preclude fogging of the film.

4.2.16.3 If grids are used between the patient and the image receptor to decrease scatter to the film and improve contrast the grid shall:

4.2.16.3.1 Be positioned properly (i.e., tube side facing the right direction, and grid centered to the central ray).

4.2.16.3.2 If of the focused type, be of the proper focal distance for the source-to-image receptor distance (SIDs) being used.

4.2.16.4 Repeat Analysis.

4.2.16.4.1 Each registrant shall establish a repeat analysis program. An analysis of repeats shall include, at a minimum, the overall repeat rate and the causes for the repeats.

4.2.16.4.2 The repeat analysis shall be done at least quarterly. Records shall be maintained for two (2) years or until the next Department inspection, whichever is later.

4.2.16.4.3 Facilities with a single operator may document reasons for repeats on the patient log in lieu of a repeat analysis rate.

4.2.16.4.4 Registrants possessing dental or veterinary x-ray equipment are exempt from this requirement.

4.2.17 X-ray Film Processing. Each installation using a radiographic x-ray system and using analog imaging systems (radiographic film) shall have available suitable equipment for handling and processing radiographic film in accordance with the following provisions:

4.2.17.1 Manual Film Processing Systems.

4.2.17.1.1 Processing tanks shall be constructed of mechanically rigid, corrosion resistant material.

4.2.17.1.2 A dedicated darkroom thermometer shall be used. The thermometer shall be used to adjust the film processing time according to solution temperature.

4.2.17.1.3 A dedicated darkroom timer with an adjustable preset function shall be used. The timer shall be used to adjust film processing time according to solution temperature.

4.2.17.1.4 Documentation shall be kept of the frequency at which film processing chemicals are changed. At a minimum, the interval as recommended by the chemical manufacturer shall be used.

4.2.17.1.5 Safelight. If a safelight is used, it shall be adequate for the film speed(s) used to prevent fogging of unprocessed film.

4.2.17.1.6 The temperature of solutions in the tanks shall be maintained within the range of 60°F to 80°F (16°C to 27°C). Film shall be developed in accordance with the time-temperature relationships recommended by the film manufacturer, or, in the absence of such recommendations, with the following time-temperature chart:

TIME TEMPERATURE CHART

Thermometer Reading (Degrees)		Minimum Developing Time (Minutes)
°C	°F	
26.7	80	2
26.1	79	2
25.6	78	2 ½
25.0	77	2 ½
24.4	76	3
23.9	75	3
23.3	74	3 ½
22.8	73	3 ½
22.2	72	4
21.7	71	4
21.1	70	4 ½
20.6	69	4 ½
20.0	68	5
19.4	67	5
18.9	66	5 ½
18.3	65	6
17.8	64	6 ½

17.2	63	7
16.7	62	8
16.1	61	8 ½
15.6	60	9 ½

4.2.17.1.7 Radiographs shall not be "sight developed."

4.2.17.2 Automated Processors and Other Closed Processing Systems.

4.2.17.2.1 The temperature of film processing chemicals shall be appropriate for the type of film(s) being processed at the film transport speed selected.

4.2.17.2.2 The film processing chemicals used and their replenishing rate (if applicable) shall be appropriate for the film transport speed selected.

4.2.17.2.3 Documentation shall be kept of the frequency at which film processing chemicals are changed. At a minimum, the interval recommended by the chemical manufacturer shall be used.

4.2.17.2.4 Safelight. If a safelight is used, it shall be adequate for the film speed(s) used to prevent fogging of unprocessed film.

4.2.17.2.5 Films shall be developed in accordance with the time-temperature relationships recommended by the film manufacturer, or, in the absence of such recommendations, the film shall be developed using the following chart:

Developer Temperature		Minimum Immersion Time *
°C	°F	Seconds
35	95	20
34	94	21
34	93	22
33	92	23
33	91	24
32	90	25

*Immersion time only, no crossover time included.

4.2.17.2.6 The specified developer temperature shall be available.

4.2.17.2.7 The sensitometric performance of an automatic processor shall be equivalent to other operating processor models set up to meet the above developer temperature and immersion time specifications. This is determined by processing identically exposed film through each model and comparing the results.

4.2.17.2.8 Densitometric and sensitometric performance testing.

4.2.17.2.8.1 Densitometric and sensitometric performance testing of the processor is required of facilities that process more than two hundred fifty (250) films per week.

4.2.17.2.8.2 Control limits shall be established for each parameter monitored. Provisions for correctable action shall be undertaken whenever the pre-established control limits are exceeded.

4.2.17.2.8.3 Documentation of testing must be maintained for at least two (2) years or until the next Department inspection, whichever is later.

4.2.17.2.8.4 Facilities processing more than two hundred fifty (250) films per day are required to perform this testing on each day that examinations are performed before any clinical films are processed that day.

4.2.17.2.8.5 Facilities that operate twenty-four (24) hours per day must perform the required testing once each day.

4.2.17.2.8.6 Registrants possessing dental or veterinary x-ray equipment are exempt from this requirement.

4.2.17.2.9 Records of processor maintenance shall be kept for at least two (2) years or until the next Department inspection, whichever is later.

4.2.17.3 Other Requirements.

4.2.17.3.1 Film pass boxes, if provided, shall be so constructed as to exclude light when film is placed in or removed from the boxes, and shall incorporate adequate shielding to prevent exposure of undeveloped film to stray radiation.

4.2.17.3.2 Film shall be stored in a cool, dry place and shall be protected from exposure to stray radiation. Film in open packages shall be stored in a light tight container.

4.2.17.3.3 Film cassettes and intensifying screens shall be cleaned and replaced as necessary to best assure radiographs of good diagnostic quality. Documentation of this periodic inspection and cleaning must be maintained for at least two (2) years or until the next Department inspection, whichever is later.

4.2.17.4 Outdated x-ray film shall not be used for human diagnostic radiographs, unless the film has been stored in accordance with the manufacturer’s recommendations and a sample of the film passes a sensitometric test for normal ranges of base fog and speed.

4.2.17.5 Film developing solutions shall be prepared in accordance with the directions given by the manufacturer, and shall be maintained in strength by replenishment or renewal so that full development is accomplished within the time specified by the manufacturer.

RHB 4.3. General Requirements for all Diagnostic X-ray Systems.

All diagnostic x-ray systems shall meet the following requirements.

4.3.1 Warning Label. The control panel containing the main power switch shall bear the warning statement: "WARNING: This x-ray unit may be dangerous to patient and operator unless safe exposure factors and operating instructions are observed."

4.3.1.1 The warning label shall be legible and its view unobstructed.

4.3.2 Battery Charge Indicator. On battery-powered generators, visual means shall be provided on the control panel to indicate that the battery is adequately charged.

4.3.3 Leakage Radiation from the Diagnostic Source Assembly. The leakage radiation from the diagnostic source assembly measured at a distance of one meter (1 m) in any direction from the source shall not exceed one hundred milliRoentgen (100 mR) in one (1) hour when the x-ray tube is operated at its maximum technique factors.

4.3.4 Radiation from Capacitor Energy Storage Equipment in Standby Status. Radiation emitted from the x-ray tube when the exposure switch or timer is not activated shall not exceed a rate of two milliRoentgen (2 mR) per hour at five centimeters (5 cm) from any accessible surface of the diagnostic source assembly, with the beam limiting device fully open.

4.3.5 Beam Quality. The half-value layer (HVL) of the useful beam for a given x-ray tube potential shall not be less than the values shown in Table I. If it is necessary to determine such half-value layer at an x-ray tube potential that is not listed in Table I, linear interpolation or extrapolation may be made.

TABLE I

X-Ray Tube Voltage (kilovolt peak)				
Designed Operating Range	**Measured Operating Potential**	**Minimum HVL (mm in Aluminum)**		
		Specified Dental Systems [1]	**Other X-Ray Systems [2]**	**Other X-Ray Systems [3]**
Below 51	30	1.5	0.3	0.3
	40	1.5	0.4	0.4
	50	1.5	0.5	0.5
51 to 70	51	1.5	1.2	1.3
	60	1.5	1.3	1.5
	70	1.5	1.5	1.8
Above 70	71	2.1	2.1	2.5
	80	2.3	2.3	2.9
	90	2.5	2.5	3.2
	100	2.7	2.7	3.6
	110	3.0	3.0	3.9
	120	3.2	3.2	4.3
	130	3.5	3.5	4.7
	140	3.8	3.8	5.0
	150	4.1	4.1	5.4

[1] Dental x-ray systems designed for use with intraoral image receptors and manufactured after December 1, 1980.
[2] Dental x-ray systems designed for use with intraoral image receptors and manufactured before or on December 1, 1980, and all other x-ray systems subject to this section and manufactured before June 10, 2006.
[3] All x-ray systems, except dental x-ray systems designed for use with intraoral image receptors, subject to this section and manufactured on or after June 10, 2006.

4.3.5.1 Beryllium window tubes shall have a minimum of 0.5 mm aluminum equivalent filtration permanently mounted in the useful beam.

4.3.5.2 For capacitor energy storage equipment, compliance with RHB 4.3.5 shall be determined with the maximum quantity of charge per exposure.

4.3.5.3 The required minimal half-value layer of the useful beam shall include the filtration contributed by all materials which are permanently between the source and the patient.

4.3.5.4 All intraoral dental units manufactured after December 1, 1980, shall have at least one and one-half millimeters (1.5 mm) aluminum equivalent filtration permanently installed in the useful beam.

4.3.6 Filtration Controls. For x-ray systems which have variable kVp and variable filtration for the useful beam, a device shall link the kVp selector with the filter(s) and shall prevent an exposure unless the minimum amount of filtration required by RHB 4.3.5 is in the useful beam for the given kVp which has been selected.

4.3.7 Multiple Tubes. Where two (2) or more radiographic tubes are controlled by one (1) exposure switch, the tube or tubes which have been selected shall be clearly indicated prior to initiation of the exposure.

4.3.7.1 This indication shall be on both the x-ray control and at or near the tube housing assembly.

4.3.8 Mechanical Support of Tube Head. The tube housing assembly supports shall be adjusted such that the tube housing assembly will remain stable during an exposure unless the tube housing movement is a designed function of the x-ray system.

4.3.9 Technique Indicators.

4.3.9.1 The technique factors, whether manual or automatic exposure control, shall be indicated before the exposure begins. This requirement may be met by permanent markings on equipment having fixed technique factors.

4.3.9.2 Technique factors shall be visible from the operator's position except in the case of spot films made by the fluoroscopist.

4.3.9.3 The x-ray control shall provide visual indication of the production of x-rays.

4.3.9.4 X-ray systems utilizing arbitrary number or letter designators for kVp, time and milliAmperage shall be accompanied by a chart giving the value of physical factors for each arbitrary designator.

4.3.10 Focal Spot Indication. The focal spot shall be denoted in such a manner and area as to be easily seen on the tube housing.

4.3.11 Mechanical Timers. Use of mechanical timers is prohibited.

4.3.12 Imaging Systems other than Screen/Film. The provisions of this Part are in addition to, and not in substitution for, applicable provisions of this regulation.

4.3.12.1 Users of digital imaging acquisition systems shall follow protocol established by the manufacturer of the digital imaging acquisition system. Records documenting adherence to this protocol shall be kept for at least two (2) years or until the next Department inspection, whichever is later.

4.3.12.2 The manufacturer's current operating manual shall be available for Departmental review.

RHB 4.4. Shielding.

The following requirements for shielding apply to all Parts of this regulation.

4.4.1 Shielding Plan Required.

4.4.1.1 Each registrant and/or applicant shall ensure that prior to construction of a new facility, modification, or renovation of an existing x-ray facility, or replacement of an x-ray machine, the floor plans and equipment arrangement are reviewed by a Class III, Class IV, Class VII, Class VIII, or Class IX vendor and submitted to the Department for review and acceptance. Notification shall be made on the current version of the form provided by the Department and shall include shielding review fees as required by RHB 2.3.2.

4.4.1.2 A shielding plan shall be required for any space utilized as a radiation area for a period of five (5) or more consecutive days.

4.4.1.3 A shielding plan shall be required when the parameters, as required by Appendix B of this Part, of the original shielding plan change to an extent so as to render the original shielding plan inaccurate, as determined by a Class III, Class IV, Class VII, Class VIII, or Class IX vendor.

4.4.2 Equipment Replacement.

4.4.2.1 A shielding plan is not required upon the replacement of an existing x-ray control or generator with like equipment and when there are no other changes which would render the original shielding plan inaccurate, as determined by a Class III, Class IV, Class VII, Class VIII, or Class IX vendor. The appropriate vendor shall notify the Department within thirty (30) calendar days of such replacement. Notification shall be made on the current version of the form provided by the Department and shall be exempt from RHB 2.3.2.

4.4.2.2 A shielding plan shall be required when a facility replaces an existing x-ray system. A shielding plan shall also be required when an x-ray control or generator is replaced with components with increased capabilities which would render the original shielding plan inaccurate, as determined by a Class III, Class IV, Class VII, Class VIII, or Class IX vendor, or when the original shielding plan is not available.

4.4.3 X-ray equipment shall not be installed or operated before a shielding plan for the unit has been reviewed and accepted by the Department. In addition, x-ray equipment shall be installed according to the accepted shielding plan. Deviations shall be documented in accordance with RHB 4.4.6.3 and 4.4.7.2.

4.4.4 Shielding Plan Requirements.

4.4.4.1 The registrant shall submit plans and a report, including any recommendations and all basic assumptions used, from the vendor to the Department. Applicable fees shall be submitted in accordance with RHB 2.3.2. In order for the Department to accept the submitted shielding plan, the information listed in Appendix B shall be submitted. The design considerations listed in Appendix C shall be followed.

4.4.4.2 Each installation shall be provided with such primary barriers and secondary barriers as are necessary to ensure compliance with RHB 3.3, RHB 3.4, and RHB 3.5. The requirement shall be deemed to be met if the thickness of such barriers is equivalent to the thickness as computed in accordance with the current version of the appropriate National Council of Radiation Protection and Measurements Reports as deemed by the Department.

4.4.4.3 All wall, floor, and ceiling areas exposed to the useful beam shall have primary barriers. Primary barriers in walls shall extend to a minimum height of 2.13 meters above the floor.

4.4.4.4 Secondary barriers shall be provided in all wall, floor, and ceiling areas not having primary barriers.

4.4.4.5 The operator’s station at the control shall be behind a protective barrier either in a separate room, in a protected booth, or behind a shield which will intercept the useful beam and any radiation that has been scattered only once. The operator’s station shall meet all applicable requirements of Appendix C of this Part.

4.4.4.6 Mobile and portable x-ray systems used in conjunction with a permanently installed cassette holder shall be considered a stationary radiographic system and shall meet the requirements for such an installation.

4.4.5 The acceptance of such plans shall not preclude the requirement of additional modifications should a subsequent analysis of operating conditions indicate the possibility of an individual receiving a dose in excess of the limits prescribed in Part III of this regulation.

4.4.6 Area Surveys. The registrant shall have a radiation area survey performed by a Class III, Class IV, Class VII, Class VIII, or Class IX vendor, registered with the Department.

4.4.6.1 The survey shall be submitted to the Department for review and shall include a scale drawing of the room indicating the composition of the walls, floor, ceiling, windows, and doors, and the placement of the x-ray equipment, including the table, control, and vertical cassette holder, if provided. If a film bin is used, the location and composition of the film bin shall also be included, if applicable. The survey shall include an evaluation of the adequacy of each protective barrier to include the ceiling and the floor, the operator's location, and if film is used, the film storage area. The survey shall include the date performed, the legible signature of the person performing the survey, and a certification that the shielding is adequate.

4.4.6.2 The survey shall be completed within thirty (30) calendar days of installation of the x-ray equipment. A copy of the radiation area survey shall be submitted to the Department within thirty (30) calendar days after the completion of the survey. The survey shall be submitted along with the completed, current version of forms provided by the Department.

4.4.6.3 Any deviation from the accepted shielding plan shall be documented and evaluated for adequacy.

4.4.6.4 The Department may determine that a survey is not required for some installations.

4.4.7 As-built Drawings.

4.4.7.1 After construction and installation are complete, the facility shall ensure that as-built drawings are submitted to the Department. The drawings shall indicate the composition of the walls, floor, ceiling, windows, and doors. The drawings shall indicate the placement of the x-ray equipment, including the table, control, and vertical cassette holder, if provided, as well as the location and composition of the film bin, if present.

4.4.7.2 A copy of the as-built drawing shall be submitted to the Department within thirty (30) calendar days after the date of installation of the x-ray equipment. The as-built drawing shall include the legible signature of the person submitting the drawing and the date it is submitted. The as-built drawings shall be submitted along with the completed, current version of forms provided by the Department.

4.4.7.3 Any deviation from the accepted shielding plan shall be documented and evaluated for adequacy by a Class III, Class IV, Class VII, Class VIII, or Class IX vendor.

4.4.8 Bone Density, Mammography, and Transportable Installations.

4.4.8.1 Bone Density and Mammography Installations.

4.4.8.1.1 Prior to installation of new or replacement equipment:

4.4.8.1.1.1 A shielding plan shall be submitted to the Department for review and acceptance or;

4.4.8.1.1.2 A written request shall be made by a Class III, Class VII, or Class IX vendor registered with the Department to perform a post-install survey in lieu of a shielding plan. All provisions of RHB 4.4.6 apply.

4.4.8.1.1.3 Notification shall be made on the current version of forms provided by the Department. Applicable fees shall be submitted in accordance with RHB 2.3.2.

4.4.8.2 Transportable X-ray Installations.

4.4.8.2.1 When transportable x-ray equipment is installed in the same location for thirty (30) calendar days, an area survey shall be performed in accordance with RHB 4.4.6.

4.4.8.2.2 Notification shall be made on the current version of forms provided by the Department. Applicable fees shall be submitted in accordance with RHB 2.3.2.

4.4.9 After installation of a radiation machine, the facility shall maintain for inspection by the Department:

4.4.9.1 A copy of the shielding plan, as required by RHB 4.4,

4.4.9.2 A copy of the Department's acceptance letter, and

4.4.9.3 A copy of the area survey or as-built drawing, as required by RHB 4.4.6 or 4.4.7.

RHB 4.5. Intraoral Dental Radiographic Systems.

In addition to the applicable provisions of this regulation, the requirements of this Part apply to all stationary, transportable, mobile, portable, and hand-held dental systems.

4.5.1 Source-to-Skin Distance (SSD). X-ray systems designed for use with an intraoral image receptor shall be provided with means to limit the source-to-skin distance, to not less than eighteen centimeters (18 cm).

4.5.2 Field Limitation. Radiographic systems designed for use with an intraoral image receptor shall be provided with means to limit the x-ray field such that:

4.5.2.1 The x-ray field at the minimum SSD shall be containable in a circle having a diameter of no more than seven centimeters (7 cm).

4.5.2.2 An open-ended Position Indication Device (PID) shall be used, and shall provide the same degree of protection as the housing. Pointed PIDs shall not be used.

4.5.2.3 The operator shall position the end of the PID as close as practicable to the skin of the patient.

4.5.3 Timers. Means shall be provided to terminate the exposure at a preset time interval, preset product of current and time, a preset number of pulses, or a preset radiation exposure to the image receptor. In addition:

4.5.3.1 It shall not be possible to make an exposure when the timer is set to a "zero (0)" or "off" position if either position is provided.

4.5.3.2 Termination of an exposure shall cause automatic resetting of the timer to its initial setting or to "zero (0)."

4.5.3.3 Timer reproducibility. The average exposure period ($\overline{T}$) shall be greater than or equal to five (5) times the maximum exposure period (Tmax) minus the minimum exposure period (Tmin) when four (4) timer tests are performed: $\overline{T} \geq 5$ (Tmax - Tmin).

4.5.4 X-ray Control.

4.5.4.1 An x-ray control shall be incorporated into each x-ray system such that an exposure can be terminated by the operator at any time, except for exposures of one-half second (0.5 s) or less.

4.5.4.2 Each x-ray control shall be located in such a way as to meet the following requirements:

4.5.4.2.1 Stationary and transportable x-ray systems installed after July 1, 1993, shall have the x-ray control permanently mounted in a protected area, so that the operator is required to remain in that protected area during the entire exposure; and

4.5.4.2.2 For stationary and transportable x-ray systems without a protected area and installed before July 1, 1993, the exposure switch shall be such that the operator shall stand at least six feet (6 ft) away from the tube housing and out of the direct beam.

4.5.4.2.3 For mobile and portable x-ray systems, the exposure switch shall meet the requirements of 4.5.4.2.2.

4.5.4.2.4 Visual and/or audible indication, observable at or from the operator's protected position, shall be provided whenever x-rays are initiated and terminated.

4.5.5 Exposure Reproducibility. The coefficient of variation shall not exceed 0.05 when all selectable technique factors are held constant. This requirement shall be deemed to have been met if, when four (4) exposures are made at identical technique factors, the value of the average exposure ($\overline{E}$) is greater than or equal to five (5) times the maximum exposure (Emax) minus the minimum exposure (Emin): $\overline{E} \geq 5$ (Emax - Emin).

4.5.6 Linearity. When the equipment allows a choice of x-ray tube current settings and is operated on a power supply as specified by the manufacturer for any fixed x-ray tube potential within the maximum rating, the average ratios of exposure to the indicated milliAmpere-seconds product obtained at any two (2) tube current settings shall not differ by more than 0.10 times their sum: [X1 - X2] < 0.10 (X1 + X2) where X1 and X2 are the average mR/mAs values obtained at each of the two (2) tube current settings.

4.5.7 Accuracy. Deviation of technique factors from indicated values shall not exceed the limits specified for that system by the manufacturer. In the absence of manufacturer's specifications, the deviation shall not exceed ten percent (10%) of the indicated value.

4.5.8 kVp limitations. Dental x-ray machines with a nominal fixed kVp of less than fifty kilovoltage peak (50 kVp) shall not be used to make diagnostic dental radiographs of humans.

4.5.9 Multiple Tubes. Where two (2) or more radiographic tubes are controlled by one (1) exposure switch, the tube or tubes which have been selected shall be clearly indicated prior to initiation of the exposure. This indication shall be both on the x-ray control and at or near the tube housing which has been selected.

4.5.10 Mechanical Support of Tube Head. The tube housing assembly supports shall be adjusted so that the tube housing assembly will remain stable during an exposure unless the tube housing movement is a designed function of the x-ray system.

4.5.11 Structural Shielding.

4.5.11.1 Dental rooms containing x-ray machines shall be provided with primary and secondary barriers for all areas struck by the useful beam, as required by RHB 4.4.4.2.

4.5.11.2 When dental x-ray units are installed in adjacent rooms or areas, protective barriers shall be provided between the rooms or areas.

4.5.11.3 Pass throughs between adjacent areas shall be securely interlocked in a functional, permanent manner.

4.5.11.4 Shielding plans are not required for intraoral dental radiographic installations.

4.5.12 Operating Procedures.

4.5.12.1 Neither the dentist nor his or her assistant shall hold patients or films during exposure, nor shall any individual be regularly used for this service.

4.5.12.2 The tube housing and the PID shall not be hand-held during an exposure.

4.5.12.3 Dental fluoroscopy without image intensification shall not be used.

4.5.12.4 Thyroid shielding shall be utilized for patients when it will not interfere with examination.

4.5.12.5 Only persons required for the radiographic procedure shall be in the radiographic room during exposures.

4.5.13 Hand-Held X-ray System - Intraoral Equipment

4.5.13.1 Any hand-held x-ray systems for intraoral use shall be equipped with a non-removable backscatter shield of not less than 0.25 millimeter lead equivalent and 15.2 centimeters (6 inches) in diameter that is positioned as close as practicable to the distal end of the position indicating device.

4.5.13.2 The facility shall maintain documentation that each operator has completed training as specified by the manufacturer.

4.5.13.3 The facility shall adopt and follow protocols provided by the manufacturer and approved by the Department regarding the safe operation of the device.

4.5.13.4 When operating a hand-held x-ray system for intraoral use, operators shall wear a 0.25 millimeter lead equivalent apron.

4.5.13.5 If the operator has difficulty in holding the hand-held x-ray system stationary during the exposure, the operator shall use a stand to immobilize.

4.5.13.6 The registrant shall secure the hand-held x-ray system from unauthorized removal or use.

RHB 4.6. Extraoral Dental Radiographic Systems.

In addition to the applicable provisions of this regulation, the requirements of this Part apply to all cephalometric, panoramic and dental computed tomography (CT) systems.

4.6.1 Cephalometric Installations

4.6.1.1 Where applicable, all provisions of RHB 4.4 and 4.7 apply.

4.6.1.2 The radiographic field shall be restricted to the area of the image receptor.

4.6.2 Panoramic Installations

4.6.2.1 Where applicable, all provisions of RHB 4.5 apply, except 4.5.1 and 4.5.2.1.

4.6.2.2 Shielding plans are not required for Panoramic Installations.

4.6.3 Dental CT

Where applicable, all provisions of RHB 4.4 and 4.11.5 apply.

RHB 4.7. Medical Radiographic Systems.

In addition to the applicable provisions of this regulation, the requirements of this Part apply to x-ray equipment and associated facilities used for radiography with stationary and transportable radiographic systems other than intraoral dental, fluoroscopic, computed tomography (CT), mammography, or veterinary medical systems.

4.7.1 Stationary and Transportable General Purpose Units. In addition to the other provisions of this Part, all stationary and transportable general purpose units must also meet the following requirements:

4.7.1.1 Means shall be provided for independent stepless adjustment of at least two (2) dimensions of the x-ray field.

4.7.1.2 Means shall be provided to indicate when the axis of the x-ray beam is perpendicular to the plane of the image receptor.

4.7.1.3 Means shall be provided for visually defining the perimeter of the x-ray field. The total misalignment of the edges of the visually defined field with the respective edges of the x-ray field along either the length or width of the visually defined field shall not exceed two percent (2%) of the distance from the source to the center of the visually defined field when the surface upon which it appears is perpendicular to the axis of the x-ray beam.

4.7.1.4 The beam limiting device shall indicate numerically the field size in the plane of the image receptor to which it is adjusted.

4.7.1.5 Indication of field size dimensions and SIDs used shall be specified in inches and/or centimeters on the collimator. The indications on the collimator shall be such that aperture adjustments result in x-ray field dimensions in the plane of the image receptor which correspond to those of the image receptor to within two percent (2%) of the SID when the beam axis is perpendicular to the plane of the image receptor.

4.7.1.6 The beam limiting device shall be provided with SID scales that reflect the actual SID(s) used for radiographic procedures.

4.7.1.7 Means shall be provided to align the center of the x-ray field with the center of the image receptor to within two percent (2%) of the SID.

4.7.2 X-ray Systems Designed with a fixed collimator. Radiographic equipment designed with a fixed collimator at a fixed SID shall be provided with means to limit the field at the plane of the image receptor, and to align the center of the x-ray field with the center of the image receptor to within two percent (2%) of the SID, or shall be provided with means to both size and align the x-ray field such that the x-ray field at the plane of the image receptor does not extend beyond any edge of the image receptor.

4.7.3 Special Purpose X-ray Systems. In addition to the other provisions of this Part, all special purpose x-ray systems shall also meet the following requirements:

4.7.3.1 Means shall be provided to limit the x-ray field in the plane of the image receptor such that the x-ray field does not exceed each dimension of the image receptor by more than two percent (2%) of the SID when the axis of the x-ray beam is perpendicular to the plane of the image receptor.

4.7.3.2 Means shall be provided to align the center of the x-ray field with the center of the image receptor to within two percent (2%) of the SID, or means shall be provided to both size and align the x-ray field such that the x-ray field at the plane of the image receptor does not extend beyond any edge of the image receptor. Compliance shall be determined with the axis of the x-ray beam perpendicular to the plane of the image receptor.

4.7.3.3 The above RHB 4.7.3.1 and 4.7.3.2 may be met with a system that meets the requirements for a general purpose x-ray system as specified in RHB 4.7.3 or, when alignment means are also provided, may be met with either:

4.7.3.3.1 An assortment of removable, fixed aperture, beam limiting devices sufficient to meet the requirement for each combination of image receptor size and SID for which the unit is designed. Each such device shall have clear and permanent markings to indicate the image receptor size and SID for which it is designed; or

4.7.3.3.2 A beam limiting device having multiple fixed apertures sufficient to meet the requirement for each combination of image receptor size and SID for which the unit is designed. Permanent, clearly legible markings shall indicate the image receptor size and SID for which each aperture is designed and shall indicate which aperture is in position for use.

4.7.4 Radiation Exposure Control Devices.

4.7.4.1 Timers. Means shall be provided to terminate the exposure at a preset time interval, preset product of current and time, a preset number of pulses, or a preset radiation exposure to the image receptor. In addition, it shall not be possible to make an exposure when the timer is set to a "zero (0)" or "off" position if either position is provided.

4.7.4.2 X-ray Control.

4.7.4.2.1 An x-ray control shall be incorporated into each x-ray system such that an exposure can be terminated by the operator at any time (dead man's switch) except for exposures of one-half (1/2) second or less, or during serial radiography when means shall be provided to permit completion of any single exposure of the series in process.

4.7.4.2.2 Stationary and transportable x-ray systems shall have the x-ray control permanently mounted in a protected area so that the operator is required to remain in that protected area during the entire exposure to include the requirements of Appendix C.

4.7.4.2.3 The x-ray control shall provide visual indication observable at or from the operator protected position whenever x-rays are produced. In addition, a signal audible to the operator shall indicate that the exposure has terminated.

4.7.4.2.4 The x-ray control shall be so placed that the operator can view the patient during any exposure and still stand in a protected area.

4.7.4.2.5 Automatic Exposure Controls. When an automatic exposure control is provided:

4.7.4.2.5.1 Indication shall be made on the control panel when this mode of operation is selected;

4.7.4.2.5.2 If the x-ray tube potential is equal to or greater than fifty kilovoltage peak (50 kVp), the minimum exposure time for field emission equipment rated for pulsed operation shall be equal to or less than a time interval equivalent to two (2) pulses;

4.7.4.2.5.3 The minimum exposure time for all equipment other than that specified in RHB 4.7.4.2.5.2 shall be equal to or less than one-sixtieth (1/60) second or a time interval required to deliver five milliAmpere-seconds (5 mAs), whichever is greater;

4.7.4.2.5.4 Either the product of peak x-ray tube potential, current, and exposure time shall be limited to not more than sixty kilowatt-seconds (60 kWs) per exposure, or the product of x-ray tube current and exposure

time shall be limited to not more than six hundred milliAmpere-seconds (600 mAs) per exposure except that, when the x-ray tube potential is less than fifty kilovoltage peak (50 kVp), the product of x-ray tube current and exposure time shall be limited to not more than two thousand milliAmpere-seconds (2000 mAs) per exposure; and

4.7.4.2.5.5 A visible signal shall indicate when an exposure has been terminated at the limits required by RHB 4.7.4.2.5.4, and manual resetting shall be required before further automatically timed exposures can be made.

4.7.4.2.6 Timer Reproducibility. With a timer setting of one-half second (0.5 s) or less, the average exposure period ($\overline{T}$) shall be greater than or equal to five (5) times the maximum exposure period (Tmax) minus the minimum exposure period (Tmin) when four (4) timer tests are performed: $\overline{T} \geq 5$ (Tmax - Tmin).

4.7.5 Exposure Reproducibility. The coefficient of variation of exposure shall not exceed 0.05 when all selectable technique factors are held constant. This requirement shall be deemed to have been met if, when four (4) exposures are made at identical technique factors, the value of the average exposure ($\overline{E}$) is greater than or equal to five (5) times the maximum exposure (Emax) minus the minimum exposure (Emin): $\overline{E} \geq 5$ (Emax - Emin).

4.7.6 Accuracy. Deviation of technique factors from indicated values shall not exceed the limits specified for that system by its manufacturer. In the absence of manufacturer's specifications, the deviation shall not exceed ten percent (10%) of the indicated value.

4.7.7 Linearity. The following requirements apply when the equipment is operated on a power supply as specified by the manufacturer for any fixed x-ray tube potential within the range of forty percent to one hundred percent (40% to 100%) of the maximum rated.

4.7.7.1 Equipment having independent selection of x-ray tube current (mA). The average ratios of exposure to the indicated milliAmpere-seconds product (C/kg/mAs (or mR/mAs)) obtained at any tube current settings shall not differ by more than 0.10 times their sum. This is: $[X1-X2] < 0.10 (X1+X2)$; where X1 and X2 are the average C/kg/mAs (or mR/mAs) values obtained at any two (2) tube current settings.

4.7.7.2 Equipment having a combined x-ray tube current-exposure time product (mAs) selector, but not a separate tube current (mA) selector. The average ratios of exposure to the indicated milliAmpere-seconds product (C/kg/mAs (or mR/mAs)) obtained at any two (2) mAs selector settings shall not differ by more than 0.10 times their sum. This is : $[X1-X2] < 0.10 (X1+X2)$; where X1 and X2 are the average C/kg/mAs (or mR/mAs) values obtained at any two mAs selector settings.

4.7.7.3 Measuring Compliance. Determination of compliance shall be based on four (4) exposures, at each of the two (2) settings. The two (2) settings may include any two (2) focal spot sizes provided that neither focal spot size is equal to or less than 0.45 millimeter, in which case the two (2) settings shall be restricted to the same focal spot size. For purposes of this requirement, focal spot size is the nominal focal spot size specified by the x-ray tube manufacturer.

4.7.8 Light Localization.

4.7.8.1 When a light localizer is used to define the x-ray field, it shall provide an average illumination of not less than fifteen footcandles (15 fc) at one hundred centimeters (100 cm) or at the maximum SID, whichever is less. The average illumination shall be based upon measurements made in the approximate center of each quadrant of the light field.

4.7.8.2 Exemptions to RHB 4.7.8.1 shall be granted if the registrant demonstrates to the Department that their equipment is unable to meet this regulation, and the Department determines that patient safety or image quality is not compromised.

4.7.9 Certified Systems. In addition to the requirements of these rules, the registrant shall not make, nor cause to be made, any modification of components or installations of components certified pursuant to U.S. Food and Drug Administration Regulation 21 CFR 1020 "Performance Standards for Ionizing Radiation Emitting Products" in any manner that could cause the installations or the components to fail to meet the requirements of the applicable Parts of the standards specified in 21 CFR 1020, except where a variance has been granted by the Director, Center for Devices and Radiological Health, Food and Drug Administration.

4.7.10 Maintenance Schedule. On all equipment containing components certified pursuant to U.S. Food and Drug Administration Regulation 21 CFR 1020 "Performance Standards for Ionizing Radiation Emitting Products," the registrant shall perform, or cause to be performed, the schedule of maintenance provided by the manufacturer pursuant to 21 CFR 1020.30(h)(l)(ii). A log book of such maintenance shall be maintained for inspection by the Department.

4.7.11 SID Indication. Means shall be provided to indicate the SID. SIDs shall be indicated in inches and/or centimeters, and shall be indicated to within two percent (2%).

4.7.12 Positive Beam Limitation. For units having an operable positive beam limitation (PBL) system, the following requirements must be met:

4.7.12.1 Neither the length nor width of the x-ray field shall differ from the corresponding image receptor dimensions by more than three percent (3%) of the SID; and

4.7.12.2 The sum of the length and width differences, without regard to sign, shall not exceed four percent (4%) of the SID.

4.7.12.3 The positive beam limitation system shall be capable of operation, at the discretion of the operator, such that the size of the field may be made smaller than the size of the image receptor through stepless adjustment of the field size. The minimum field size at an SID of one hundred centimeters (100 cm) shall be equal to or less than five centimeters by five centimeters (5 cm x 5 cm).

4.7.12.4 The positive beam limitation system shall be designed such that if a change in image receptor does not cause automatic return to positive beam limitation function and any change of image receptor size or SID must cause the automatic return.

4.7.12.5 PBL compliance shall be determined with the beam axis perpendicular to the plane of the image receptor. Compliance shall be determined no sooner than five (5) seconds after insertion of the image receptor.

4.7.13 The useful beam shall be limited to the area of clinical interest. This shall be deemed to have been met if a positive beam limiting device has been properly used or if evidence of collimation has been shown on at least three (3) sides or three (3) corners of the film (for example, projections from the shutters of the collimator, cone cutting at the corners, or borders at the film’s edge).

4.7.14 Minimum Field Size. The minimum field size at an SID of one hundred centimeters (100 cm) shall be equal to or less than five centimeters by five centimeters (5 cm x 5 cm).

RHB 4.8. Mobile and Portable Radiographic Systems.

In addition to the applicable provisions of this regulation, the requirements of this Part apply to all mobile and portable radiographic systems.

4.8.1 All provisions of RHB 4.7.4 through 4.7.14 apply, except 4.7.12 and 4.7.4.2.2.

4.8.2 Means shall be provided for independent stepless adjustment of at least two (2) dimensions of the x-ray field.

4.8.3 Means shall be provided to indicate when the axis of the x-ray beam is perpendicular to the plane of the image receptor.

4.8.4 Means shall be provided for visually defining the perimeter of the x-ray field. The total misalignment of the edges of the visually defined field with the respective edges of the x-ray field along either the length or width of the visually defined field shall not exceed two percent (2%) of the distance from the source to the center of the visually defined field when the surface upon which it appears is perpendicular to the axis of the x-ray beam.

4.8.5 If provided, the beam-limiting device shall indicate numerically the field size in the plane of the image receptor to which it is adjusted.

4.8.6 If collimator indications are provided, the indications shall be such that aperture adjustments result in x-ray field dimensions in the plane of the image receptor which correspond to those of the image receptor to within two percent (2%) of the SID when the beam axis is perpendicular to the plane of the image receptor.

4.8.7 Means shall be provided to measure SIDs, and shall be accurate to within two percent (2%).

4.8.8 Mobile and portable x-ray systems which are used in a single location for a period of five (5) or more consecutive days shall be considered a stationary radiographic system and shall meet the requirements of RHB 4.4.

4.8.9 Mobile and portable x-ray systems which are used at multiple locations shall be provided with an adequate protective barrier or protective apron for the operator and with a method of control which will permit the operator to be at least six feet (6 ft) from the tube head and the nearest edge of the useful beam during exposures.

4.8.10 Tube stands. A tube stand or other mechanical support shall be used for portable x-ray systems so that the x-ray tube housing assembly need not be hand-held during exposures.

4.8.11 All mobile or portable radiographic systems shall be provided with means to limit the source-to-skin distance to equal to or greater than thirty centimeters (30 cm).

RHB 4.9. Fluoroscopic X-ray Systems.

In addition to the applicable provisions of this regulation, the requirements of this Part apply to all stationary, transportable, mobile, portable, and C-Arm type fluoroscopes. All fluoroscopic x-ray systems shall be image intensified or direct digital receptor, and meet the following requirements.

4.9.1 Source-to-Skin Distance (SSD). The SSD shall not be less than:

4.9.1.1 Thirty-eight centimeters (38 cm) on stationary and transportable fluoroscopic systems manufactured on or after August 1, 1974;

4.9.1.2 Thirty-five and one half centimeters (35.5 cm) on stationary and transportable fluoroscopic systems manufactured prior to August 1, 1974;

4.9.1.3 Thirty centimeters (30 cm) on all mobile and portable fluoroscopes; and

4.9.1.4 Twenty centimeters (20 cm) for mobile fluoroscopes used for specific surgical procedures. If removable, the appropriate spacer shall be replaced after the specific surgical procedure application is complete.

4.9.1.4.1 For stationary, transportable, mobile, or portable fluoroscopes manufactured on or after June 10, 2006, having a maximum source-to-image receptor distance of less than forty-five centimeters (45 cm), means shall be provided to limit the source-to-skin distance (SSD) to not less than nineteen centimeters (19 cm). Such systems shall be labeled for extremity use only.

4.9.1.4.2 For those systems intended for specific surgical applications that would be prohibited at the source-skin distance specified above, provisions may be made for operation at shorter source-skin distances but in no case less than ten centimeters (10 cm).

4.9.2 Limitation of Useful Beam.

4.9.2.1 Primary Barrier

4.9.2.1.1 The fluoroscopic imaging assembly shall be provided with a primary protective barrier which intercepts the entire cross section of the useful beam at any SID.

4.9.2.1.2 The x-ray tube used for fluoroscopy shall not produce x-rays unless the barrier is in position to intercept the entire useful beam.

4.9.2.2 X-ray field. Neither the length nor the width of the x-ray field in the plane of the image receptor shall exceed that of the visible area of the image receptor by more than three percent (3%) of the SID. The sum of the excess length and the excess width shall be no greater than four percent (4%) of the SID. In addition:

4.9.2.2.1 Means shall be provided to permit further limitation of the x-ray field. Beam-limiting devices manufactured after May 22, 1979, and incorporated in equipment with a variable SID and/or a visible area of greater than three hundred square centimeters (300 cm^2) shall be provided with means for stepless adjustment of the x-ray field;

4.9.2.2.2 All equipment with a fixed SID and a visible area of three hundred square centimeters (300 cm^2) or less shall be provided with either stepless adjustment of the x-ray field or with means to further limit the x-ray field size at the plane of the image receptor to one hundred twenty-five square centimeters (125 cm^2) or less. Stepless adjustment shall, at the greatest SID, provide continuous field sizes from the maximum obtainable to a field size of five centimeters by five centimeters (5 cm x 5 cm) or less.

4.9.2.2.3 For equipment manufactured after February 25, 1978, when the angle between the image receptor and beam axis is variable, means shall be provided to indicate when the axis of the x-ray beam is perpendicular to the plane of the image receptor.

4.9.2.2.4 Compliance shall be determined with the beam axis indicated to be perpendicular to the plane of the image receptor. For rectangular x-ray fields used with circular image reception, the error in alignment shall be determined along the length and width dimensions of the x-ray field which pass through the center of the visible area of the image receptor.

4.9.2.2.5 For uncertified image-intensified fluoroscopic equipment with a spot film device, the x-ray beam with the shutters fully opened (during fluoroscopy or spot filming) shall be no larger than the largest spot film size for which the device is designed. Measurements shall be made at the minimum SID available but at no less than twenty centimeters (20 cm) table top to the film plane distance.

4.9.2.3 Spot film devices which are certified components shall meet the following additional requirements.

4.9.2.3.1 Means shall be provided between the source and the patient for adjustment of the x-ray field size in the plane of the film to the size of that portion of the film which has been selected on the spot film selector. Such adjustment shall be automatically accomplished except when the x-ray field size in the plane of the film is smaller than that of the selected portion of the film. For spot film devices manufactured after June 21, 1979, if the x-ray field size is less than the size of the selected portion of the film, the means for adjustment of the field size shall be only at the operator's option.

4.9.2.3.2 Spot film field size. Neither the length nor the width of the x-ray field in the spot film plane shall exceed the image receptor by more than three percent (3%) of the SID. The sum of the excess length and the excess width shall be no greater than four percent (4%) of the SID.

4.9.2.3.3 It shall be possible to adjust the x-ray field size in the plane of the film to a size smaller than the selected portion of the film. The minimum field size at the greatest SID shall be equal to, or less than, five centimeters by five centimeters (5 cm x 5 cm).

4.9.2.3.4 The center of the x-ray field in the plane of the film shall be aligned with the center of the selected portion of the film to within two percent (2%) of the SID.

4.9.2.3.5 On spot-film devices manufactured after February 25, 1978, if the angle between the plane of the image receptor and beam axis is variable, means shall be provided to indicate when the axis of the x-ray beam is perpendicular to the plane of the image receptor, and compliance shall be determined with the beam axis indicated to be perpendicular to the plane of the image receptor.

4.9.3 Activation of the Fluoroscopic Tube. X-ray production in the fluoroscopic mode shall be controlled by a device which requires continuous pressure by the fluoroscopist for the entire time of any exposure. When recording serial fluoroscopic images, the fluoroscopist shall be able to terminate the x-ray exposure(s) at any time, but means may be provided to permit completion of any single exposure of the series in process.

4.9.4 Exposure Rate Limits. Entrance Exposure Rate Allowable Limits.

4.9.4.1 For equipment manufactured prior to May 19, 1995:

4.9.4.1.1 Equipment with automatic exposure rate control. Fluoroscopic equipment which is provided with automatic exposure rate control shall not be operable at any combination of tube potential and current which will result in an exposure rate in excess of ten Roentgens (10 R)(2.58 mC/kg) per minute at the point where the center of the useful beam enters the patient, except:

4.9.4.1.1.1 During recording of fluoroscopic images, or

4.9.4.1.1.2 When an optional high level control is provided. When so provided, the equipment shall not be operable at any combination of tube potential and current which will result in an exposure rate in excess of five Roentgens (5 R)(1.29 mC/kg) per minute at the point where the center of the useful beam enters the patient unless the high level control is activated. Special means of activation of high level control shall be required. The high level control shall only be operable when continuous manual activation is provided by the operator. A continuous signal audible to the fluoroscopist shall indicate that the high level control is being employed.

4.9.4.1.2 Equipment without automatic exposure rate control. Fluoroscopic equipment which is not provided with automatic exposure rate control shall not be operable at any combination of tube potential and current which will result in an exposure rate in excess of five Roentgens (5 R)(1.29 mC/kg) per minute at the point where the center of the useful beam enters the patient, except:

4.9.4.1.2.1 During recording of fluoroscopic images, or

4.9.4.1.2.2 When an optional high level control is activated. Special means of activation of high level controls shall be required. The high level control shall only be operable when continuous manual activation is provided by the operator. A continuous signal audible to the fluoroscopist shall indicate that the high level control is being employed.

4.9.4.2 For equipment manufactured after May 19, 1995:

4.9.4.2.1 Equipment with automatic exposure rate control. Fluoroscopic equipment which is provided with automatic exposure rate control shall not be operable at any combination of tube potential and current which will result in an exposure rate in excess of ten Roentgens (10 R)(2.58 mC/kg) per minute at the point where the center of the useful beam enters the patient, except:

4.9.4.2.1.1 During recording of fluoroscopic images, or

4.9.4.2.1.2 When an optional high level control is provided. When so provided, the equipment shall not be operable at any combination of tube potential and current which will result in an exposure rate in excess of twenty Roentgens (20 R)(5.16 mC/kg) per minute at the point where the center of the useful beam enters the patient when the high level control is activated. Special means of activation of high level control shall be required. The high level control shall only be operable when continuous manual activation is provided by the operator. A continuous signal audible to the fluoroscopist shall indicate that the high level control is being employed.

4.9.4.2.2 Equipment without automatic exposure control. Fluoroscopic equipment which is not provided with automatic exposure rate control shall not be operable at any combination of tube potential and current which will result in an exposure rate in excess of five Roentgens (5 R)(1.29 mC/kg) per minute at the point where the center of the useful beam enters the patient, except:

4.9.4.2.2.1 During recording of fluoroscopic images, or

4.9.4.2.2.2 When an optional high level control is provided. When so provided, the equipment shall not be operable at any combination of tube potential and current which will result in an exposure rate in excess of twenty Roentgens (20 R)(5.16 mC/kg) per minute at the point where the center of the useful beam enters the patient when the high level control is activated. Special means of activation of high level control shall be required. The high level control shall only be operable when continuous manual activation is provided by the operator. A continuous signal audible to the fluoroscopist shall indicate that the high level control is being employed.

4.9.4.3 Compliance with RHB 4.9.4.1 and 4.9.4.2 shall be determined as follows:

4.9.4.3.1 If the source is below the x-ray table, the exposure rate shall be measured one centimeter (1 cm) above the tabletop or cradle.

4.9.4.3.2 If the source is above the x-ray table, the exposure rate shall be measured at thirty centimeters (30 cm) above the tabletop with the end of the beam-limiting device or spacer positioned as closely as possible to the point of measurement.

4.9.4.3.3 In a C-arm type of fluoroscope, the exposure rate shall be measured thirty centimeters (30 cm) from the input surface of the fluoroscopic imaging assembly.

4.9.4.3.4 For a variable SID C-arm type of fluoroscope the exposure rate shall be measured thirty centimeters (30 cm) from the input surface of the fluoroscopic imaging assembly, with the end of the beam-limiting device or spacer positioned as close as possible to the point of measurement.

4.9.4.3.5 In a C-arm type of fluoroscope having an SID less than forty-five centimeters (45 cm), the exposure rate shall be measured at the minimum SSD.

4.9.4.3.6 In a lateral type fluoroscope, the exposure rate shall be measured at a point fifteen centimeters (15 cm) from the centerline of the x-ray table and in the direction of the x-ray source with the end of the beam-limiting device or spacer positioned as closely as possible to the point of measurement. If the tabletop is movable, it shall be positioned as closely as possible to the lateral x-ray source, with the end of the beam-limiting device or spacer no closer than fifteen centimeters (15 cm) to the centerline of the x-ray table.

4.9.4.3.7 Conditions of measurement of maximum entrance exposure rate are as follows:

4.9.4.3.7.1 The measurement shall be made under the conditions that satisfy the requirements of RHB 4.9.4.3.

4.9.4.3.7.2 The kVp, mA, and other selectable parameters shall be adjusted to those settings which give the maximum entrance exposure rate.

4.9.4.3.7.3 The x-ray system that incorporates automatic exposure rate control shall have sufficient attenuative material placed in the useful beam to produce the maximum output of that system.

4.9.4.3.7.4 Testing shall be performed in each mode used clinically.

4.9.4.3.8 Conditions of measurement of typical entrance exposure rate are as follows:

4.9.4.3.8.1 The measurement shall be made under the conditions that satisfy the requirements of RHB 4.9.4.3.

4.9.4.3.8.2 The kVp and mA shall be typical of clinical use of the x-ray system.

4.9.4.3.8.3 The x-ray system(s) that incorporates automatic exposure rate control shall have sufficient attenuative material placed in the useful beam to produce a milliAmpere and/or kiloVoltage typical of the use of the x-ray system.

4.9.4.3.8.4 Testing shall be performed in each mode used clinically.

4.9.5 Barrier Transmitted Radiation Rate Limits. The exposure rate due to transmission through the primary protective barrier with the attenuation block in the useful beam, combined with radiation from the image intensifier, shall not exceed two milliRoentgen (2 mR)(0.516 uC/kg) per hour at ten centimeters (10 cm) from any accessible surface of the fluoroscopic imaging assembly beyond the plane of the image receptor for each Roentgen per minute of entrance exposure rate.

4.9.5.1 Measuring Compliance of Barrier Transmission.

4.9.5.1.1 The exposure rate due to transmission through the primary protective barrier combined with radiation from the image intensifier shall be determined by measurements averaged over an area of one hundred square centimeters (100 cm^2) with no linear dimension greater than twenty centimeters (20 cm).

4.9.5.1.2 If the source is below the tabletop, the measurement shall be made with the input surface of the fluoroscopic imaging assembly positioned thirty centimeters (30 cm) above the tabletop.

4.9.5.1.3 If the source is above the tabletop and the SID is variable, the measurement shall be made with the end of the beam-limiting device or spacer as close to the tabletop as it can be placed, provided that it shall not be closer than thirty centimeters (30 cm).

4.9.5.1.4 Compression devices shall be removed from the useful beam during the measurement.

4.9.6 Indication of Potential and Current. During fluoroscopy and cinefluoroscopy the kV and mA shall be continuously indicated.

4.9.7 Fluoroscopic Timer.

4.9.7.1 Means shall be provided to preset the cumulative on-time of the fluoroscopic x-ray tube. The maximum cumulative time of the timing device shall not exceed five (5) minutes without resetting.

4.9.7.2 A signal audible to the fluoroscopist shall indicate the completion of any preset cumulative on-time. Such signal shall continue to sound while x-rays are produced until the timing device is reset.

4.9.8 Control of Scattered Radiation.

4.9.8.1 Fluoroscopic table designs when combined with procedures utilized shall be such that no unprotected part of any staff or ancillary individual's body shall be exposed to unattenuated scattered radiation which originates from under the table. The attenuation required shall be not less than 0.25 millimeter lead equivalent.

4.9.8.2 Equipment configuration when combined with procedures shall be such that no portion of any staff or ancillary individual's body, except the extremities, shall be exposed to the unattenuated scattered radiation emanating from above the tabletop unless that individual:

4.9.8.2.1 Is at least one hundred twenty centimeters (120 cm) from the center of the useful beam, or

4.9.8.2.2 The radiation has passed through not less than 0.25 millimeter lead equivalent material including, but not limited to, drapes, bucky-slot cover panel, or self-supporting curtains, in addition to any lead equivalency provided by the protective apron referred to in RHB 4.2.9.2.

4.9.8.3 The Department may grant exemptions to RHB 4.9.8.2.2 where a sterile field will not permit the use of the normal protective barriers. Automatic exemptions will be granted for fluoroscopic procedures listed in Appendix E.

4.9.9 Spot-Filming Procedures. Fluoroscopic x-ray systems equipped with a spot-film device must meet the following requirements for spot-film procedures:

4.9.9.1 Timers. Means shall be provided to terminate the exposure at a preset time interval, preset product of current and time, a preset number of pulses, or a preset radiation exposure to the image receptor. In addition, it shall not be possible to make an exposure when the timer is set to a "zero (0)" or "off" position if either position is provided.

4.9.9.2 Timer Reproducibility. With a timer setting of one-half (0.5) second or less, the average exposure period ($\overline{T}$) shall be greater than or equal to five (5) times the maximum exposure period (Tmax) minus the minimum exposure period (Tmin) when four (4) timer tests are performed: $\overline{T} \geq 5$ (Tmax - Tmin).

4.9.9.3 Exposure Reproducibility. The coefficient of variation of exposure shall not exceed 0.05 when all selectable technique factors are held constant. This requirement shall be deemed to have been met if, when four exposures are made at identical technique factors, the value of the average exposure ($\overline{E}$) is greater than or

equal to five (5) times the maximum exposure (Emax) minus the minimum exposure (Emin): $\overline{E} \geq 5$ (Emax - Emin).

4.9.10 Mobile and Portable fluoroscopic x-ray systems which are used in a single location for a period of greater than four (4) consecutive days shall be considered a stationary fluoroscopic system, and shall meet all the requirements of RHB 4.4.

4.9.11 Radiation Therapy Simulation Systems. Radiation therapy simulation systems shall be exempt from all the requirements of RHB 4.9.2, 4.9.4, 4.9.5, and 4.9.7 provided that:

4.9.11.1 Such systems are designed and used in such a manner that no individual other than the patient is in the x-ray room during periods of time when the system is producing x-rays, unless the procedure requires the presence of other individuals.

4.9.11.2 Systems which do not meet the requirements of RHB 4.9.7 are provided with a means of indicating the cumulative time that an individual patient has been exposed to x-rays. Procedures shall require in such cases that the timer be reset between examinations.

4.9.12 Fluoroscopic Quality Assurance. In addition to the requirements of RHB 4.2.16, the fluoroscopic image resolution shall be tested as part of the quality assurance program. This shall be performed at least annually.

4.9.13 Vertical Fluoroscopic Imaging Systems.

4.9.13.1 SSD. The SSD shall not be less than thirty-eight centimeters (38 cm).

4.9.13.2 Limitation of Useful Beam. All provisions of RHB 4.9.2 apply.

4.9.13.3 Entrance Exposure Rates. All provisions of RHB 4.9.4 apply.

4.9.13.4 Activation of the Fluoroscopic Tube. X-ray production in the fluoroscopic mode shall be controlled by a device which requires continuous pressure by the fluoroscopist for the entire time of any exposure. When recording serial fluoroscopic images, the fluoroscopist shall be able to terminate the x-ray exposure(s) at any time, but means may be provided to permit completion of any single exposure of the series in process.

4.9.13.5 Indication of Potential and Current. During fluoroscopy and cinefluorography the kV and mA shall be continuously indicated.

4.9.13.6 Fluoroscopic Timer.

4.9.13.6.1 Means shall be provided to preset the cumulative on-time of the fluoroscopic x-ray tube. The maximum cumulative time of the timing device shall not exceed five (5) minutes without resetting.

4.9.13.6.2 A signal audible to the fluoroscopist shall indicate the completion of any preset cumulative on-time. Such signal shall continue to sound while x-rays are produced until the timing device is reset.

4.9.13.7 Operators shall remain in a protected area during exposures, or shall be protected by aprons of not less than 0.25 millimeter lead equivalent material.

4.9.13.8 Spot-Filming Procedures. Fluoroscopic x-ray systems equipped with a spot-film device must meet the following requirements for spot-film procedures:

4.9.13.8.1 Timers. Means shall be provided to terminate the exposure at a preset time interval, preset product of current and time, a preset number of pulses, or a preset radiation exposure to the image receptor. In addition, it shall not be possible to make an exposure when the timer is set to a "zero (0)" or "off" position if either position is provided.

4.9.13.8.2 Timer Reproducibility. With a timer setting of one-half (0.5) second or less, the average exposure period ($\overline{T}$) shall be greater than or equal to five (5) times the maximum exposure period (Tmax) minus the minimum exposure period (Tmin) when four (4) timer tests are performed: $\overline{T} \geq 5(Tmax - Tmin)$.

4.9.13.8.3 Exposure Reproducibility. The coefficient of variation of exposure shall not exceed 0.05 when all technique factors are held constant. This requirement shall be deemed to have been met if, when four exposures are made at identical technique factors, the value of the average exposure ($\overline{E}$) is greater than or equal to five (5) times the maximum exposure (Emax) minus the minimum exposure (Emin): $\overline{E} \geq 5(Emax - Emin)$.

RHB 4.10. Bone Densitometry Systems.

In addition to the applicable provisions of this regulation, the requirements of this Part apply to all stationary, transportable, mobile, and portable x-ray bone densitometry systems.

4.10.1 Registration. All provisions of RHB 2.3 and 2.4 apply.

4.10.2 Shielding.

4.10.2.1 Stationary units. The registrant shall submit a shielding plan, as required by RHB 4.4, to the Department for review and acceptance.

4.10.2.2 Peripheral units are exempt from RHB 4.10.2.1.

4.10.3 Location. The bone densitometry system shall be placed in a controlled area. The operator, ancillary personnel, and members of the general public shall be positioned at least one meter (1 m) from the patient and bone densitometry system during examination.

4.10.4 Administrative Requirements.

4.10.4.1 Personnel Monitoring. All provisions of RHB 3.12 and 3.22 apply.

4.10.4.2 Posting Requirements. All provisions of RHB 3.16.1, 4.2.7, 11.2.1, and 11.2.3 apply.

4.10.4.3 Operators. All provisions of RHB 4.2.2 apply.

RHB 4.11. Computed Tomography (CT) X-ray Systems.

In addition to the applicable provisions of this regulation, the requirements of this Part apply to all stationary, transportable, and mobile CT X-ray systems.

4.11.1 Equipment Requirements.

4.11.1.1 Tomographic Plane Indication and Alignment.

4.11.1.1.1 For any single tomogram system, means shall be provided to permit visual determination of the tomographic plane or a reference plane offset from the tomographic plane.

4.11.1.1.2 For any multiple tomogram system, means shall be provided to permit visual determination of the location of a reference plane. The reference plane can be offset from the location of the tomographic planes.

4.11.1.1.3 If a device using a light source is used to satisfy the requirements of RHB 4.11.1.1.1 or 4.11.1.1.2, the light source shall provide illumination levels sufficient to permit visual determination of the location of the tomographic plane or reference plane under ambient light conditions.

4.11.1.2 Indication of CT Conditions of Operation. The CT x-ray system shall be designed such that the CT conditions of operation to be used during a scan or a scan sequence shall be indicated prior to the initiation of a scan or a scan sequence. On equipment having all or some of these conditions of operation at fixed values, this requirement may be met by permanent markings. Indication of CT conditions of operation shall be visible from any position from which scan initiation is possible.

4.11.1.3 Beam-On and Shutter Status Indicators and Control Switches

4.11.1.3.1 The x-ray control and gantry shall provide visual indication whenever x-rays are produced and, if applicable, whether the shutter is open or closed.

4.11.1.3.2 All emergency buttons or switches shall be clearly labeled as to their functions.

4.11.1.4 Termination of Exposure.

4.11.1.4.1 Means shall be provided to terminate the x-ray exposure automatically by either de-energizing the x-ray source or shuttering the x-ray beam in the event of equipment failure affecting data collection. Such termination shall occur within an interval that limits the total scan time to no more than one hundred ten percent (110%) of its preset value through the use of either a backup timer or devices which monitor equipment function.

4.11.1.4.2 A visible signal shall indicate when the x-ray exposure has been terminated through the means required by RHB 4.11.1.4.1.

4.11.1.4.3 The operator shall be able to terminate the x-ray exposure at any time during a scan, or series of scans under x-ray system control, of greater than one-half (0.5) second duration.

4.11.1.5 Additional Requirements Applicable to CT X-ray Systems Containing a Gantry Manufactured After September 3, 1985.

4.11.1.5.1 The total error in the indicated location of the tomographic plane or reference plane shall not exceed five millimeters (5 mm).

4.11.1.5.2 If the x-ray production period is less than one-half (0.5) second, the indication of x-ray production shall be actuated for at least one-half (0.5) second. Indicators at or near the gantry shall be discernible from any point external to the patient opening where insertion of any part of the human body into the primary beam is possible.

4.11.1.5.3 The deviation of indicated scan increment versus actual increment shall not exceed to within one millimeter (1 mm) with any mass from zero to one hundred kilograms (0 to 100 kg) resting on the support device. The patient support device shall be incremented from a typical starting position to the maximum

incremented distance or thirty centimeters (30 cm), whichever is less, and then returned to the starting position. Measurement of actual versus indicated scan increment can be taken anywhere along this travel.

4.11.1.5.4 Premature termination of the x-ray exposure by the operator shall necessitate resetting of the CT conditions of operation prior to the initiation of another scan.

4.11.2 Facility Design Requirements.

4.11.2.1 The control panel and x-ray control must be mounted in a permanently protected area outside the computed tomography room. The operator is required to remain in that protected area during the entire exposure, except when performing procedures requiring the use of exposure switches located on or near the CT gantry and designed to provide a delay before initiating x-rays and provided all requirements of RHB 4.2.9 are met.

4.11.2.2 Aural Communication. Provision shall be made for two-way aural communication between the patient and the operator at the control panel.

4.11.2.3 Facilities designed with an open area in the control room that leads to the gantry shall mark this open area conspicuously and indicate not to stand or sit in this area during x-ray exposures.

4.11.2.4 Viewing Systems.

4.11.2.4.1 Windows, mirrors, closed-circuit television, or an equivalent shall be provided to permit continuous observation of the patient during irradiation and shall be so located that the operator can observe the patient from the control panel.

4.11.2.4.2 When the primary viewing system is by electronic means, an alternate viewing system (which may be electronic) shall be available for use in the event of failure of the primary viewing system.

4.11.3 Equipment Performance Tests and Routine Quality Control

4.11.3.1 Equipment Performance Tests

4.11.3.1.1 Equipment performance tests shall be performed by a Class IX vendor.

4.11.3.1.2 Evaluation standards and tolerances shall be established by the Class IX vendor and maintained by the facility. These standards and tolerances shall meet nationally recognized standards and tolerances for the CT x-ray system and shall include the required minimum criteria for performance tests provided by Appendix F.

4.11.3.1.3 The measurements of the radiation output of the CT x-ray system shall be performed with a calibrated dosimetry system. The calibration of such system shall be traceable to a national standard. The dosimetry system shall have been calibrated within the preceding two (2) years.

4.11.3.1.4 Records of equipment performance tests performed shall be maintained for inspection by the Department.

4.11.3.2 Routine Quality Control (QC)

4.11.3.2.1 A routine QC program shall be developed by or have written approval by a Class IX vendor and include:

4.11.3.2.1.1 Instructions on performing routine QC;

4.11.3.2.1.2 Frequency and conditions of QC testing;

4.11.3.2.1.3 Acceptable tolerances for items evaluated; and

4.11.3.2.1.4 Daily use of a water equivalent phantom to evaluate CT number, noise, and artifacts.

4.11.3.2.2 The CT operator shall have access to the QC program and the results of the most recent routine QC completed on the system.

4.11.3.2.3 Routine QC records shall be documented and maintained for inspection by the Department. Records shall be maintained for two (2) years or the next Department inspection, whichever is later.

4.11.4 Ancillary personnel who are not necessary for the safety of the patient shall not be present in the area of the CT unit while exposures are being made.

4.11.5 Cone Beam Computed Tomography (CBCT) Systems

4.11.5.1 The registrant shall follow QC recommendations provided by the CBCT manufacturer. In the absence of manufacturer-provided QC recommendations, the registrant shall implement and document QC guidelines established by a Class IX vendor in accordance to nationally recognized guidelines or those recognized by the Department.

4.11.5.2 As applicable, all provisions of RHB 4.4 and 4.11 apply, except 4.11.2.4 and 4.11.3.2.1 through 4.11.3.2.2.

4.11.5.3 The minimum source-skin distance shall not be less than thirty centimeters (30 cm), except veterinary equipment.

4.11.5.4 Beam alignment. The x-ray field in the plane of the image receptor shall not exceed beyond the edge of the image receptor by more than two percent (2%) of the SID when the axis of the x-ray beam is perpendicular to the plane of the image receptor. In addition, the center of the x-ray field shall be aligned with the center of the image receptor to within two percent (2%) of the SID.

4.11.5.5 The registrant shall implement and document a policy addressing deviations from established protocols.

4.11.5.6 The following information shall be readily available to the CBCT operator:

4.11.5.6.1 Instructions on performing routine QC, including the use of the CBCT phantom(s);

4.11.5.6.2 A schedule of routine QC appropriate for the system;

4.11.5.6.3 Allowable variations set by the Class IX vendor, if required, for the indicated parameters; and

4.11.5.6.4 The results of at least the most recent routine QC completed on the system.

RHB 4.12. Veterinary Systems.

In addition to the applicable provisions of this regulation, the requirements of this Part apply to all stationary, transportable, mobile, portable, and hand-held X-ray systems for veterinary use.

4.12.1 Administrative Requirements. All provisions of RHB 4.2 apply, except 4.2.2, 4.2.7, and 4.2.11. No person other than a licensed veterinarian or an adequately trained individual, as required by RHB 4.12.22, shall use equipment emitting ionizing radiation for diagnostic purposes.

4.12.2 Radiation Protection. All provisions of RHB 4.2.9 apply, except 4.2.9.3.

4.12.3 Holding of Patients and Films. All provisions of RHB 4.2.12 apply. In addition:

4.12.3.1 Each human holder in a veterinary facility shall utilize protective apparel.

4.12.3.2 Each veterinary facility that holds patients shall provide personnel monitoring devices. If the human holder's hands are in or near the primary beam and lead gloves are not utilized, then ring badges shall also be provided and worn.

4.12.4 General Requirements. All provisions of RHB 4.3 and 4.4 apply.

4.12.5 Means shall be provided for independent stepless adjustment of at least two (2) dimensions of the x-ray field.

4.12.6 Means shall be provided to indicate when the axis of the x-ray beam is perpendicular to the plane of the image receptor.

4.12.7 Means shall be provided for visually defining the perimeter of the x-ray field. The total misalignment of the edges of the visually defined field shall not exceed two percent (2%) of the distance from the source to the center of the visually defined field when the surface upon which it appears is perpendicular to the axis of the x-ray beam.

4.12.8 The beam-limiting device shall indicate numerically the field size in the plane of the image receptor to which it is adjusted.

4.12.9 Indication of field size dimensions and SID's used shall be specified in inches and/or centimeters on the collimator. The indications on the collimator shall be such that aperture adjustments result in x-ray field dimensions in the plane of the image receptor which correspond to those of the image receptor to within two percent (2%) of the SID when the beam axis is perpendicular to the plane of the image receptor.

4.12.10 The beam-limiting device shall be provided with SID scales that reflect the actual SID(s) used for radiographic procedures.

4.12.10.1 Means shall be provided to align the center of the x-ray field with the center of the image receptor to within two percent (2%) of the SID.

4.12.10.2 Diaphragms or cones when provided for collimating the useful beam to the area of clinical interest shall meet the requirements of RHB 4.7.2.

4.12.10.3 Minimum Field Size. The minimum field size at an SID of one hundred centimeters (100 cm) shall be equal to or less than five centimeters by five centimeters (5 cm x 5 cm).

4.12.11 Radiation Exposure Control Devices.

4.12.11.1 Timers. Means shall be provided to terminate the exposure at a preset time interval, preset product of current and time, a preset number of pulses, or a preset radiation exposure to the image receptor. In addition, it shall not be possible to make an exposure when the timer has been set to a "zero (0)" or "off" position if either position is provided.

4.12.11.2 X-ray Control.

4.12.11.2.1 An x-ray control shall be incorporated into each x-ray system such that an exposure can be terminated by the operator at any time (dead man's switch) except for exposures of one-half (0.5) second or less, or during serial radiography when means shall be provided to permit completion of any single exposure of the series in process.

4.12.11.2.2 The x-ray control shall provide visual indication observable at or from the operator protected position whenever x-rays are produced. In addition, a signal audible to the operator shall indicate that the exposure has terminated.

4.12.11.2.3 Timer Reproducibility. With a timer setting of one-half (0.5) second or less, the average exposure period ($\overline{T}$) shall be greater than or equal to five (5) times the maximum exposure period (Tmax) minus the minimum exposure period (Tmin) when four (4) timer test are performed: $\overline{T} \geq 5$ (Tmax - Tmin).

4.12.12 Exposure Reproducibility. The coefficient of variation of exposure shall not exceed 0.05 when all technique factors are held constant. This requirement shall be deemed to have been met if, when four exposures are made at identical technique factors, the value of the average exposure ($\overline{E}$) is greater than or equal to five (5) times the maximum exposure (Emax) minus the minimum exposure (Emin): $\overline{E} \geq 5$ (Emax - Emin).

4.12.13 Radiation from Capacitor Energy Storage Equipment in Standby Status. Radiation emitted from the x-ray tube when the exposure switch or timer is not activated shall not exceed a rate of two milliRoentgen (2 mR) per hour at five centimeters (5 cm) from any accessible surface of the diagnostic source assembly, with the beam-limiting device fully open.

4.12.14 Accuracy. Deviation of technique factors from indicated values shall not exceed the limits specified for that system by its manufacturer. In the absence of manufacturer's specifications, the deviation shall not exceed ten percent (10%) of the indicated value.

4.12.15 Linearity. The following requirements apply when the equipment is operated on a power supply as specified by the manufacturer for any fixed x-ray tube potential within the range of forty percent to one hundred percent (40% to 100%) of the maximum rated.

4.12.15.1 Equipment having independent selection of x-ray tube current (mA). The average ratios of exposure to the indicated milliAmpere-seconds product (C/kg/mAs (or mR/mAs)) obtained at any tube current settings shall not differ by more than 0.10 times their sum. This is: [X1-X2] < 0.10 (X1+X2); where X1 and X2 are the average C/kg/mAs (or mR/mAs) values obtained at any two (2) tube current settings.

4.12.15.2 Equipment having a combined x-ray tube current-exposure time product (mAs) selector, but not a separate tube current (mA) selector. The average ratios of exposure to the indicated milliAmpere-seconds product (C/kg/mAs (or mR/mAs)) obtained at any two (2) mAs selector settings shall not differ by more than 0.10 times their sum. This is: [X1-X2] < 0.10 (X1+X2); where X1 and X2 are the average C/kg/mAs (or mR/mAs) values obtained at any two mAs selector settings.

4.12.15.3 Measuring compliance. Determination of compliance shall be based on four (4) exposures, at each of the two (2) settings. These two (2) settings may include any two (2) focal spot sizes provided that neither focal spot size is equal to or less than 0.45 millimeter, in which case the two (2) settings shall be restricted to the same focal spot size. For purposes of this requirement, focal spot size is the nominal focal spot size specified by the x-ray tube manufacturer.

4.12.16 Light Localization.

4.12.16.1 When a light field is used to define the x-ray field, it shall provide an average illumination of not less than fifteen footcandles (15 fc) at one hundred centimeters (100 cm) or at the maximum SID, whichever is less. The average illumination shall be based upon measurements made in the approximate center of each quadrant of the light field.

4.12.16.2 Exemptions to RHB 4.12.16.1 shall be granted if the registrant demonstrates to the Department that their equipment is unable to meet this regulation.

4.12.17 SID Indication. Means shall be provided to indicate the SID. SIDs shall be indicated in inches and/or centimeters, and shall be indicated to within two percent (2%).

4.12.18 Fluoroscopic X-ray Systems. Veterinary fluoroscopic x-ray systems shall meet the following requirements:

4.12.18.1 Limitation of Useful Beam.

4.12.18.1.1 Primary Barrier.

4.12.18.1.1.1 The fluoroscopic imaging assembly shall be provided with a primary protective barrier which intercepts the entire cross section of the useful beam at any SID.

4.12.18.1.1.2 The x-ray tube used for fluoroscopy shall not produce x-rays unless the barrier is in position to intercept the entire useful beam.

4.12.18.1.2 X-ray Field. The x-ray field produced by non-image intensified fluoroscopic equipment shall not extend beyond the entire visible area of the image receptor. This requirement applies to field size for both fluoroscopic procedures and spot filming procedures. In addition:

4.12.18.1.2.1 Means shall be provided for stepless adjustment of the field size;

4.12.18.1.2.2 The minimum field size at the greatest SID shall be equal to or less than five centimeters by five centimeters (5 cm x 5 cm).

4.12.18.1.2.3 For image-intensified fluoroscopic equipment, neither the length nor the width of the x-ray field in the plane of the image receptor shall exceed that of the visible area of the image receptor by more than three percent (3%) of the SID. The sum of the excess length and the excess width shall be no greater than four percent (4%) of the SID. In addition, means shall be provided to permit further limitation of the field.

4.12.18.2 Activation of the Fluoroscopic Tube. X-ray production in the fluoroscopic mode shall be controlled by a device which requires continuous pressure by the fluoroscopist for the entire time of any exposure. When recording serial fluoroscopic images, the fluoroscopist shall be able to terminate the x-ray exposure(s) at any time, but means shall be provided to permit completion of any single exposure of the series in process.

4.12.18.3 Barrier Transmitted Radiation Rate Limits.

4.12.18.3.1 The exposure rate due to transmission through the primary protective barrier with the attenuation block in the useful beam, combined with radiation from the image intensifier, if provided, shall not exceed two milliRoentgen (2 mR)(0.516 uC/kg) per hour at ten centimeters (10 cm) from any accessible surface of the fluoroscopic imaging assembly beyond the plane of the image receptor for each Roentgen per minute of entrance exposure rate.

4.12.18.3.2 Measuring Compliance of Barrier Transmission.

4.12.18.3.2.1 The exposure rate due to transmission through the protective barrier with the attenuation block in the useful beam, combined with radiation from the image intensifier shall be determined by measurements averaged over an area of one hundred square centimeters (100 cm^2) with no linear dimension greater than twenty centimeters (20 cm).

4.12.18.3.2.2 If the source is below the tabletop, the measurement shall be made with the input surface of the fluoroscopic imaging assembly positioned thirty centimeters (30 cm) above the tabletop.

4.12.18.3.2.3 If the source is above the tabletop and the SID is variable, the measurement shall be made with the end of the beam-limiting device or spacer as close to the tabletop as it can be placed, provided that it shall not be closer than thirty centimeters (30 cm).

4.12.18.4 Indication of Potential and Current. During fluoroscopy the kV and mA shall be continuously indicated.

4.12.18.5 Mobile Fluoroscopes. In addition to the other requirements of this Part, mobile fluoroscopes shall provide intensified imaging.

4.12.18.6 Control of Scattered Radiation.

4.12.18.6.1 Fluoroscopic table designs when combined with procedures utilized shall be such that no unprotected part of any staff or ancillary individual's body shall be exposed to unattenuated scattered radiation which originates from under the table. The attenuation required shall be not less than 0.25 millimeter lead equivalent.

4.12.18.6.2 Equipment configuration when combined with procedures shall be such that no portion of any staff or ancillary individual's body, except the extremities, shall be exposed to unattenuated scattered radiation emanating from above the tabletop unless that individual:

4.12.18.6.2.1 Is at least one hundred twenty centimeters (120 cm) from the center of the useful beam, or

4.12.18.6.2.2 The radiation has passed through not less than 0.25 millimeter lead equivalent material including, but not limited to, drapes, bucky-slot cover panel, or self-supporting curtains, in addition to any lead equivalency provided by the protective apparel referred to in RHB 4.12.3.1.

4.12.19 X-ray Systems Designed for One Image Receptor Size. Radiographic equipment designed for only one (1) image receptor size at a fixed SID shall be provided with means to limit the field at the plane of the image receptor, and to align the center of the x-ray field with the center of the image receptor to within two percent (2%) of the SID, or shall be provided with means to both size and align the x-ray field such that the x-ray field at the plane of the image receptor does not extend beyond any edge of the image receptor.

4.12.20 Veterinary Computed Tomography X-ray Systems - Where applicable, all provisions of RHB 4.11 apply.

4.12.21 Veterinary Dental Systems - Where applicable, all provisions of RHB 4.5 and 4.6 apply.

4.12.22 Training Plan Requirements. The registrant shall maintain a written training plan, available for Departmental review, to include all parts of RHB 4.12.22.1.

4.12.22.1 The registrant shall require persons operating registered equipment and associate equipment and/or holding patients to receive, at a minimum, instruction in the following areas:

4.12.22.1.1 Radiation Protection. Training in radiation protection standards shall include, but are not limited to, protective clothing; patient holding; time, distance, and shielding; dose limits specified in Part III of this regulation; use of personnel monitoring devices; and the biological effects of radiation.

4.12.22.1.2 Darkroom Techniques/Digital Imaging Acquisition Systems. Training in darkroom techniques shall include, but is not limited to, developing chemicals; film protection; cassettes; and screens. Training in digital imaging acquisition systems shall follow protocol established by the manufacturer of the digital imaging acquisition system.

4.12.22.1.3 Machine Specific Training. Training shall include, at a minimum, machine functions; machine safety procedures; recognizing machine problems; patient positioning for x-ray exams; and radiographic techniques.

4.12.22.2 Instruction required by RHB 4.12.22.1 shall be completed prior to the operator working independently. Such training shall be certified in writing by the Radiation Safety Officer and records shall be made available for Departmental review.

RHB 4.13. Medical Specimen Systems.

In addition to the applicable provisions of this regulation, the requirements of this Part apply to all stationary, transportable, mobile, and portable medical specimen systems.

4.13.1 Administrative Requirements. All provisions of RHB 4.2.2.7 apply.

4.13.2 Radiation Protection. Upon installation, the medical specimen unit shall not be operated until a physical radiation survey of the unit and areas adjacent to the unit has been performed. A radiation survey of the unit and areas adjacent to the unit shall also be performed at least annually, and after any repair, modification, or maintenance on the system. Documentation of the surveys shall be maintained for inspection by the Department.

4.13.3 Tests of all safety devices such as interlocks shall be conducted annually for medical specimen units. Documentation of such tests shall be maintained for inspection by the Department.

4.13.4 Radiation emitted from the medical specimen unit shall not exceed 0.5 milliRoentgens per hour at any point five centimeters from the external surface.

4.13.5 When not in operation, the medical specimen unit shall be secured.

Appendix A. Information to be Submitted by Persons Proposing to Conduct Healing Arts Screening.

Persons requesting that the Department approve a healing arts screening program shall submit the following information for review and approval:

1. Name and address of the applicant, and where applicable, the names and addresses of agents within the state.

2. Diseases or conditions for which the x-ray examinations are to be used.

3. Description in detail of the x-ray examinations proposed in the screening program.

4. Description of the population to be examined in the screening program (i.e., age, sex, physical condition, and other appropriate information).

5. An evaluation of any known alternate methods not involving ionizing radiation which could achieve the goals of the screening program and why these methods are not used in preference to the x-ray examinations.

6. An evaluation by a qualified expert of the x-ray system(s) to be used in the screening program. The evaluation by the qualified expert shall show that such system(s) do satisfy all requirements of this regulation.

7. A description of the image quality control program.

8. A copy of the technique chart for the x-ray examinations procedures to be used.

9. The qualifications of each individual who will be operating the x-ray system(s).

10. The qualifications of the individual who will be supervising the operators of the x-ray system(s).

11. The name and address of the individual who will interpret the radiograph(s).

12. A description of the procedures to be used in advising the individuals screened and their private practitioners of the healing arts of the results of the screening procedure and any further medical needs indicated.

13. A description of the procedures for the retention or disposition of the radiographs and other records pertaining to the x-ray examinations.

Appendix B. Information on Radiation Shielding Required for Plan Review.

The following information must be provided to the Department for review and acceptance of a shielding plan:

1. Plans shall show, at a minimum, the following:

a) The normal location of the x-ray system's radiation port; the port's travel and traverse limits; general direction(s) of the useful beam; locations of any windows and doors; the location of the operator's booth/station; the location of the x-ray control panel, and the location of the wall bucky or chest board, if applicable.

b) The structural composition and thickness or lead equivalent of all walls, doors, partitions, floor, and ceiling of the room(s) concerned.

c) An accurate drawing of the room(s) concerned.

d) The type of occupancy of all adjacent areas subject to primary and secondary scatter inclusive of space above and below the room(s) concerned. If there is an exterior wall, show distance to the closest area(s) where it is likely that individuals may be present.

e) The type of x-ray equipment and the maximum technique factors.

f) Location of the darkroom and the area where the film will be stored. Any shielding which will be used to protect the film must be noted. The use of filmless systems shall be indicated in writing.

2. Information on the anticipated workload of the x-ray system(s). Give the number of individual exposures per week. This is the total number of exposures (not patients) taken each week. This figure should include allowances for future growth so that the shielding will continue to remain adequate.

3. Individual barrier radiation shielding specifications and descriptions of all assumptions that were used in the shielding calculations.

4. The date the plan was prepared and the printed name and signature of the person preparing the plan.

Appendix C. Design Requirements for an Operator's Booth/Station.

1. Space Requirements:

a) The operator shall be allotted not less than seven and one-half square feet (7.5 ft^2)(0.697 m^2) of unobstructed floor space in the booth/station.

b) The operator's booth/station may be any geometric configuration with no dimension less than two feet (2 ft)(0.61 m).

c) The space shall be allotted excluding any encumbrance by the x-ray control panel, such as overhang, cables, or other similar encroachments.

d) The booth/station shall be located or constructed such that unattenuated direct scattered radiation originating on the examination table or at the wall cassette cannot reach the operator's station in the booth/station.

2. Structural Requirements:

a) The booth walls shall be permanently fixed barriers of at least seven feet (7 ft)(2.13 m) high.

b) When a door or movable panel is used as an integral part of the booth structure, it must have an interlock which will prevent an exposure when the door or panel is not closed.

c) Shielding shall be provided to meet the requirements of RHB 4.4.

3. X-ray Control Placement:

The x-ray control for the system shall be fixed within the booth/station and:

a) Shall be at least forty inches (40 in)(1.02 m) from any open edge of the booth wall which is nearest to the source of radiation, excluding mammography and dental systems. If the exposure switch is separate from the control panel, the exposure switch shall be at least forty inches (40 in)(1.02 m) from any open edge of the booth wall which is nearest to the source of radiation, excluding computed tomography exposure switches designed to provide a delay before initiating x-rays.

b) Shall allow the operator to use the majority of the available viewing windows and allow the operator to control all access to the radiation area.

4. Viewing System Requirements:

a) Each booth/station shall have at least one (1) viewing device which will:

i) Be so placed that the operator can view the patient during any exposure, and

ii) Be so placed that the operator can have full view of any occupant of the room and shall be so placed that the operator can view any entry into the room. If any door which allows access to the room cannot be seen from

the booth/station, then that door must have an interlock controlling the exposure which will prevent the exposure if the door is not closed.

b) When the viewing system is a window, the following requirements also apply:

i) It shall have a viewing area of at least one square foot (1 ft^2)(0.0929 m^2).

ii) The design of the station shall be such that the operator's expected position when viewing the patient and operating the x-ray system is at least eighteen inches (18 in)(45.72 cm) from the edge of the station.

iii) The material constituting the window shall have the same lead equivalence as that required in the booth wall in which it is mounted.

c) When the viewing system is by mirrors, the mirror(s) shall be so located as to accomplish the general requirements of Appendix B.

d) When the viewing system is by electronic means:

i) The camera shall be so located as to accomplish the general requirements of this Part, and

ii) There shall be an alternate viewing system as a backup for the primary system.

5. Alternative Design Criteria. The design considerations listed in Appendix C shall be followed. If design criteria in Appendix C cannot be followed, the registrant may offer alternative design criteria to the Department for acceptance as long as the same degree of safety is being met.

Appendix D. Patient Exposure Guide.

Medical ESEs

Compliance with RHB 4.2.13.2 shall be considered adequate if the patient's exposure at skin entrance (ESE) does not exceed the limits for the anatomical thicknesses listed below. Facilities utilizing digital imaging systems shall not exceed the ESE Limits as outlined for a 200 speed system.

ESE Limits

Exam Type	Thickness	200 Speed/Digital (mR)	400 Speed (mR)
PA Chest – Grid - Non Grid	23 cm	38 23	23 8
AP Abdomen	23 cm	735	450
AP Lumbar Spine	23 cm	675	525
Full Spine (AP)	23 cm	390	218
AP Cervical Spine	13 cm	203	142
Lateral Skull	15 cm	218	105
Ret Pyelogram (AP)	23 cm	893	893
Thoracic Spine (AP)	23 cm	612	612
DP Foot	8 cm	111	111
Cephalometric	15 cm	45	45

Notes:

a) Patient thicknesses are expressed in centimeters (cm).
b) All measurements are made in air (no phantom).

c) If the film/screen speed cannot be determined, it will be assumed to be 200 speed.

Mammography ESEs: Refer to RHB 5.13.5.10

Dental Intraoral ESEs:

Compliance with RHB 4.2.13.2 shall be considered adequate if the patient's exposure at skin entrance (ESE) does not exceed the limits listed below. Facilities utilizing digital imaging systems shall not exceed the ESE Limits as outlined for a "D" speed film system.

kVp	"D" Speed Film and Digital	"E" and "F" Speed Film
	ESE Limits (mR)	ESE Limits (mR)
50	690	384
55	600	324
60	528	276
65	480	240
70	420	204
75	312	168
80	276	144
85	240	126
90	216	108
95	192	64
100	168	56

Appendix E. Automatic Exemptions for Sterile Fields.

Automatic exemptions to RHB 4.9.8.2.2 will be granted for the following procedures:

1. Myelograms
2. Arthrograms
3. Angiograms
4. Percutaneous nephrostomies
5. Biliary drainage procedures
6. Percutaneous cholangiograms
7. T-tube cholangiograms
8. Sinograms or fistulograms
9. Fluoroscopic biopsy procedures

Appendix F. Minimum Criteria for Performance Tests.

The following items must be tested. Each item tested must include an indication of Pass/Fail, Compliant/ Non-compliant, as required by RHB 2.8.3.6. Each record of equipment performance testing shall be legible and include company name, service person name, and the date of the test, and all applicable requirements of RHB 2.8.3.6.5.

MEDICAL RADIOGRAPHIC (Including veterinary facilities)

1. Half-value layer (HVL) (4.3.5)
2. X-ray field/light field alignment (4.7.1.3, 4.8.4)
3. Exposure reproducibility (4.7.5)
4. mA/mAs linearity (4.7.7)

5. kVp accuracy (4.7.6)
6. Timer reproducibility and accuracy (4.7.4.2.6, 4.7.6)
7. X-ray beam/image receptor centering (4.7.1.7)
8. Collimator light illuminance (4.7.8)
9. Actual vs. indicated collimator field sizes (4.7.1.5, 4.8.6)
10. Positive beam limitation function, if operable (4.7.12)
11. Visual and audible indication of exposure (4.7.4.2.3)
12. Minimum field size (4.7.14)
13. Patient exposure at skin entrance, for most common exams clinically performed at the facility to include the source-to-image receptor distance (SID) used. If at least one of these exams is not represented in Appendix D, an exam type listed in Appendix D clinically performed at the facility shall also be evaluated. (Techniques clinically used by the facility must be used to evaluate patient exposure at skin entrance) (except veterinary facilities) (4.2.13.2)
14. Proper function of automatic exposure control devices, including AEC reproducibility, kV compensation, and minimum response time (4.7.4.2.5)
15. Grid uniformity and alignment (4.2.16.3)
16. Actual vs. Indicated SID, for all clinically used SIDs (4.7.11)
17. Beam size(s) for fixed collimation, if applicable (4.7.3)
18. X-ray control placement (Appendix C, 3a)

These items must be checked upon initial installation and after any maintenance or repair that could affect its status:

1. Minimum source-to-skin distance on mobile radiographic units (4.8.11)
2. Proper indication of multiple tubes on units so equipped (4.3.7)

FLUOROSCOPIC

1. X-ray beam/Viewed image size comparison (4.9.2.2)
2. Exposure rate output measurement, using average techniques, using maximum techniques, and in high level exposure mode, if so equipped, in each mode routinely used (4.9.4)
3. Image intensifier interlock with unit in park position (4.9.2.1.2)
4. Cumulative timer function (4.9.7.1)
5. Control of scattered radiation (4.9.8)
6. High contrast resolution and low contrast performance (4.9.12)
7. Minimum source-to-skin distance, upon initial installation (4.9.1)
8. Spot film beam size (4.9.2.3.2)
9. Spot film beam centering (4.9.2.3.4)
10. Spot film exposure reproducibility (4.9.9.3)
11. Spot film mA/mAs linearity (4.7.7)
12. Spot film timer reproducibility and accuracy (4.9.9.2, 4.7.6)
13. Proper function of spot film automatic exposure control devices, including AEC reproducibility, kV compensation, and minimum response time (4.7.4.2.5)
14. Half-value layer (HVL) (4.3.5)
15. Cinefluorographic exposure rates (4.9.4)
16. Integrity of bucky slot cover shielding and lead drapes (4.9.8)
17. Continuous indication of kV and mA during fluoroscopy (4.9.6)
18. X-ray control placement (Appendix C, 3a)

Primary Barrier Transmission (4.9.5) must be checked upon initial installation and after any maintenance or repair that could affect its status.

RADIATION THERAPY SIMULATION SYSTEMS

1. Half-value layer (HVL) (4.3.5)
2. X-ray field/light field alignment (4.7.1.3)
3. Exposure reproducibility (4.7.5)
4. mA/mAs linearity (4.7.7)
5. kVp accuracy (4.7.6)
6. Timer reproducibility and accuracy (4.7.4.2.6, 4.7.6)
7. X-ray beam/image receptor centering (4.7.1.7)
8. Actual vs. indicated collimator field sizes (4.7.1.5)
9. Positive beam limitation function, if operable (4.7.12)
10. Visual and audible indication of exposure (4.7.4.2.3)
11. Proper function of automatic exposure control devices, including AEC reproducibility, kV compensation, and minimum response time (4.7.4.2.5)
12. Grid uniformity and alignment (4.2.16.3)
13. Actual vs. Indicated Source-to-Image Receptor Distance (SID), for all clinically used SIDs (4.7.11)
14. Exposure rate output measurement, using average techniques, using maximum techniques, and in high level exposure mode, if so equipped, in each mode routinely used (4.9.4)
15. Cumulative timer function (4.9.7.1)
16. Measurement of scattered radiation (4.9.8)
17. High contrast resolution and low contrast performance
18. Minimum source-to-skin distance, upon initial installation (4.9.1)
19. X-ray control placement (Appendix C, 3a)

COMPUTED TOMOGRAPHY (CT) (Including CT treatment planning systems used in radiation therapy, PET CT and SPECT CT if used for diagnostic CT imaging, and Cone Beam CT and Dental CT, where applicable)

1. Geometric factors and alignment including alignment light accuracy and table increment accuracy
2. Image localization from scanned projection radiograph (localization image)
3. Radiation beam width
4. Image quality including high-contrast (spatial) resolution, low-contrast resolution, image uniformity, noise, and artifact evaluation
5. CT number accuracy
6. Image quality for acquisition workstation display devices
7. A review of the results of the routine QC required under RHB 4.11.3.2 (CT) or 4.11.5.1 (CBCT)
8. Dosimetry
9. Visible and audible signals
10. X-ray control placement (Appendix C, 3a)
11. Radiation output (patient dose) for the following clinical protocols if performed: pediatric head; pediatric abdomen; adult head; adult abdomen (CT systems solely used for treatment planning in radiation therapy are exempt from this item)

DENTAL

1. Half-value layer (HVL) (4.3.5)
2. Exposure reproducibility (4.5.5)
3. mA/mAs linearity (4.5.6)
4. kVp accuracy (4.5.7)
5. Timer reproducibility and accuracy (4.5.3.3, 4.5.7)
6. Visual and audible indication of exposure (4.5.4.2.4)
7. Patient exposure at skin entrance, bitewing, and/or periapicals (Techniques clinically used by the facility must be used to evaluate patient exposure at skin entrance) (except veterinary facilities) (4.2.13.2)
8. Mechanical support of tubehead (4.5.10)

9. Integrity of pass through interlocks (4.5.11.3)
10. X-ray control placement (4.5.4.2)

These items must be checked upon initial installation and after any maintenance or repair that could affect its status:
1. Minimum source-to-skin distance (4.5.1)
2. X-ray beam size (4.5.2)
3. Proper indication of multiple tubes on units so equipped (4.5.9)

NOTE: Cephalometric units are considered medical units by the Department, and are subject to the requirements for medical radiographic units.

PART V
QUALITY STANDARDS AND CERTIFICATION REQUIREMENTS FOR FACILITIES PERFORMING MAMMOGRAPHY

RHB 5.1. Scope.

This Part establishes quality standards and certification requirements for facilities performing mammography to ensure that all mammography facilities are adequately and consistently evaluated for compliance with the standards provided.

5.1.1 Any person proposing to conduct a healing arts screening program shall not initiate such a program without prior approval of the Department. When requesting such approval, that person shall submit the information outlined in Appendix A of Part IV. Approval to conduct a healing arts screening program shall be renewed on an annual basis if deemed necessary by the Department.

5.1.2 Exemptions.

5.1.2.1 Mammography units used only during invasive interventions for localization or biopsy procedures are exempt from the requirements of this Part, except that such systems shall satisfy the criteria specified in RHB 5.25, and all Parts to which RHB 5.25 refers.

5.1.2.2 Each mobile mammography facility based outside of South Carolina that operates in South Carolina and which has not been certified by the Department is exempt from the requirements of RHB 5.4 and 5.8, provided that:

5.1.2.2.1 The mobile mammography facility is certified to perform mammography by the U.S. Food and Drug Administration (FDA) or other FDA-approved certifying agency at all times while conducting operations in South Carolina;

5.1.2.2.2 The mobile mammography facility meets the requirements of RHB 5.28;

5.1.2.2.3 The mobile mammography facility complies with all other requirements in Part V; and

5.1.2.2.4 The mobile mammography facility meets the requirements of RHB 2.3 and 2.4.

RHB 5.2. Requirements for Certification.

A certificate issued by the Department is required for lawful operation of all mammography facilities subject to the provisions of this Part. Certificate-holding facilities shall meet the requirements of RHB 5.8 and be accredited by an FDA-approved accreditation body.

RHB 5.3. Revocation of Accreditation.

If a facility's accreditation is revoked by an accreditation body, the Department may conduct an investigation into the reasons for the revocation. Following such investigation, the Department may suspend or revoke the facility's certificate and take whatever action or combination of actions to protect public health, including requiring the establishment and implementation of a corrective plan of action that shall permit the certificate to continue in effect while the facility seeks reaccreditation. A facility whose certificate is suspended or revoked because it has lost its accreditation may not practice mammography.

RHB 5.4. Certificates.

5.4.1 In order to qualify for a certificate, a facility shall apply to an FDA-approved accreditation body.

5.4.2 Following the Department's receipt of the accreditation body's decision to accredit a facility, the Department may issue a certificate to the facility, or renew an existing certificate, if the Department determines that the facility has satisfied the requirements for certification or recertification.

5.4.3 Provisional Certificates.

5.4.3.1 A new facility is eligible to apply for a provisional certificate. The provisional certificate will enable the facility to perform mammography and to obtain the clinical images needed to complete the accreditation process.

5.4.3.2 Following the Department's receipt of the accreditation body's decision that a facility has submitted the required information, the Department may issue a provisional certificate to a facility upon determination that the facility has satisfied the requirements for provisional certification. A provisional certificate shall be effective for up to six (6) months from the date of issuance. A provisional certificate cannot be renewed, but a facility may apply for a ninety (90)-day extension of the provisional certificate.

5.4.4 Extension of Provisional Certificate.

5.4.4.1 To apply for a ninety (90)-day extension to a provisional certificate, a facility shall submit to its accreditation body a statement of what the facility is doing to obtain certification and evidence that there would be a significant adverse impact on access to mammography in the geographic area served if such facility did not obtain an extension.

5.4.4.2 Following the Department's receipt of the accreditation body's decision that a facility has submitted the required information, the Department may issue a ninety (90)-day extension of the provisional certificate to the facility upon determination that the facility has satisfied the requirements for the ninety (90)-day extension.

5.4.4.3 There can be no renewal of a provisional certificate beyond the ninety (90)-day extension.

5.4.5 Interim Notices. The Department may issue an interim notice of mammography certification by facsimile to a facility if a delay is anticipated in providing a certificate to the facility under one (1) or more of the following circumstances:

5.4.5.1 The Department has been notified by an accreditation body that the facility meets the requirements for a provisional or provisional reinstatement certificate and delivery of the certificate may be delayed;

5.4.5.2 The Department has been notified by an accreditation body that the facility has completed accreditation or reaccreditation and delivery of the certificate to the facility may be delayed; or

5.4.5.3 The Department has been notified by an accreditation body that the facility has timely submitted an application for accreditation or reaccreditation but the completion of the accreditation process may extend beyond the expiration date of a facility's existing certificate through no fault of the facility.

5.4.5.4 An interim notice shall authorize the facility to perform mammography until the facility receives its certificate but in no case for more than forty-five (45) calendar days. No more than one (1) interim notice may be issued to a facility per application for certification.

RHB 5.5. Suspension or Revocation of Certificates.

5.5.1 Except as provided in RHB 5.5.2, the Department may suspend or revoke a certificate if the Department finds that the owner, operator, or any employee of the facility:

5.5.1.1 Has been guilty of misrepresentation in obtaining the certificate;

5.5.1.2 Has failed to comply with the standards of RHB 5.2 through 5.24;

5.5.1.3 Has failed to comply with reasonable requests of the Department or the accreditation body for records, information, reports, or materials that the Department believes are necessary to determine the continued eligibility of the facility for a certificate or continued compliance with the standards of RHB 5.2 through 5.24;

5.5.1.4 Has refused a reasonable request of a duly designated FDA inspector, Department inspector, or accreditation body representative for permission to inspect the facility or the operations and pertinent records of the facility;

5.5.1.5 Has violated or aided and abetted in the violation of any provision of this regulation;

5.5.1.6 Has failed to comply with prior sanctions imposed by the Department; or

5.5.1.7 Has failed to pay any required fees.

5.5.2 The Department may summarily suspend the certificate of a facility if the Department makes a finding described in RHB 5.5.1 and also determines that:

5.5.2.1 The failure to comply with required standards presents a serious risk to human health;

5.5.2.2 The refusal to permit inspection makes immediate suspension necessary;

5.5.2.3 There is a reason to believe that the violation or aiding and abetting of the violation was intentional or associated with fraud; or

5.5.2.4 Makes other finding that public health, safety, or welfare imperatively requires emergency action.

5.5.3 If the Department summarily suspends a certificate in accordance with RHB 5.5.2:

5.5.3.1 Any person to whom an order is issued may appeal it pursuant to applicable law, including S.C. Code Title 44, Chapter 1; and Title 1, Chapter 23;

5.5.3.2 The suspension shall remain in effect until the Department determines that:

5.5.3.2.1 Allegations of violations or misconduct were not substantiated;

5.5.3.2.2 Violations of required standards have been corrected to the Department's satisfaction; or

5.5.3.2.3 The facility's certificate is revoked in accordance with RHB 5.5.4.

5.5.4 The Department may revoke the facility's certificate if the Department determines that the facility:

5.5.4.1 Is unwilling or unable to correct violations that were the basis for suspension; or

5.5.4.2 Has engaged in fraudulent activity to obtain or continue certification.

RHB 5.6. Reinstatement Policy.

A previously certified facility that has allowed its certificate to expire, that has been refused a renewal of its certificate by the FDA or the Department, or that has had its certificate suspended or revoked by the FDA or the Department, may apply for reinstatement. If reinstated, the facility will be eligible for a provisional certificate.

5.6.1 Unless prohibited from reinstatement under RHB 5.6.4, a facility applying for reinstatement shall:

5.6.1.1 Contact an FDA-approved accreditation body to determine the requirements for reapplication or accreditation;

5.6.1.2 Fully document its history as a previously provisionally certified or certified mammography facility, including the following information:

5.6.1.2.1 Name and address of the facility under which it was previously provisionally certified or certified;

5.6.1.2.2 Name of previous owner/lessor;

5.6.1.2.3 FDA facility identification number assigned to the facility under its previous certification; and

5.6.1.2.4 Expiration date of the most recent FDA provisional certificate or certificate.

5.6.1.3 Justify application for reinstatement of accreditation by submitting to the accreditation body a corrective action plan that details how the facility has corrected deficiencies that contributed to the lapse of, denial of renewal, or revocation of its certificate.

5.6.2 The Department may issue a provisional certificate to the facility if:

5.6.2.1 Following the Department's receipt of the accreditation body's decision that a facility has adequately corrected, or is in the process of correcting, pertinent deficiencies; and

5.6.2.2 The Department determines that the facility has taken sufficient corrective action since the lapse, denial, or revocation of its previous certificate.

5.6.3 After receiving the provisional certificate, the facility may lawfully resume performing mammography services while completing the requirements for certification.

5.6.4 If a facility's certificate was revoked on the basis of an act described in RHB 5.5, no person who owned or operated that facility at the time the act occurred may own or operate a mammography facility within two (2) years of the date of revocation.

RHB 5.7. Adverse accreditation or reaccreditation decisions.

The appeals procedures described in this Part are available only for adverse accreditation or reaccreditation decisions that preclude certification by the Department. Department decisions to suspend or revoke certificates that are already in effect shall be conducted in accordance with RHB 5.5.

5.7.1 Upon learning that a facility has failed to become accredited or reaccredited, the Department will notify the facility that the Department is unable to certify that facility without proof of accreditation.

5.7.2 A facility that has been denied accreditation or reaccreditation is entitled to an appeals process from the FDA.

5.7.3 A facility cannot perform mammography services while an adverse accreditation decision is being appealed.

RHB 5.8. Fees.

5.8.1 The Department shall assess each certified mammography facility an annual certification fee of one thousand thirty-one dollars ($1031.00) in accordance with RHB 2.11. This certification fee includes one (1) mammographic tube. The Department shall assess each certified mammography facility an additional fee of two hundred thirty-one dollars ($231.00) per mammographic tube for each additional tube.

5.8.2 The annual fee described in RHB 5.8.1 applies to both fully and provisionally certified mammography facilities.

5.8.3 A new mammography facility issued an initial provisional certificate during the calendar year shall be issued a prorated fee for the remainder of the year, in accordance with RHB 2.11.

5.8.4 All fees shall be due and payable in accordance with RHB 2.11.

5.8.5 Follow-up Inspection Fees

5.8.5.1 In the event that the Department deems a follow-up inspection necessary, an inspection fee of five hundred dollars ($500.00) shall be assessed upon the completion of the follow-up inspection.

5.8.5.2 The follow-up inspection invoice shall be issued in conjunction with the follow-up inspection report.

5.8.5.3 Payment of the follow-up inspection fee shall be due within thirty (30) calendar days of the date of the follow-up inspection fee invoice.

RHB 5.9. Personnel Requirements.

The following requirements apply to all personnel involved in any aspect of mammography, including the production, processing, and interpretation of mammograms and related quality assurance activities:

5.9.1 Interpreting physicians. All physicians interpreting mammograms shall meet the following qualifications:

5.9.1.1 Initial qualifications. Unless the exemption in RHB 5.9.1.3 applies, before beginning to interpret mammograms independently, the interpreting physician shall:

5.9.1.1.1 Be a licensed physician to practice medicine in this state;

5.9.1.1.2 Be certified in diagnostic radiology by either the American Board of Radiology, the American Osteopathic Board of Radiology, or Royal College of Physicians and Surgeons of Canada, or have had at least three (3) months of documented formal training in the interpretation of mammograms and in topics related to mammography. The training shall include instruction in radiation physics, including radiation physics specific to mammography, radiation effects, and radiation protection. The mammographic interpretation component shall be under the direct supervision of a physician who meets the requirements of RHB 5.9.1 of this Part.

5.9.1.1.3 Have a minimum of sixty (60) hours of documented medical education in mammography, which shall include instruction in the interpretation of mammograms and education in basic breast anatomy, pathology, physiology, technical aspects of mammography, and quality assurance and quality control in mammography. All sixty (60) of these hours shall be Category I and have at least fifteen (15) hours of the Category I hours shall have been acquired within three (3) years immediately prior to the date that the physician qualifies as an interpreting physician. Hours spent in residency specifically devoted to mammography will be considered as equivalent to Category I continuing medical education credits and will be accepted if documented in writing by the appropriate representative of the training institution; and

5.9.1.1.4 Unless the exemption in RHB 5.9.1.3.2 applies, have interpreted or multi-read at least two hundred forty (240) mammograms examinations within the six (6)-month period immediately prior to the date that the physician qualifies as an interpreting physician. The interpretation or multi-reading shall be under direct supervision of a qualified interpreting physician.

5.9.1.2 Continuing experience and education. All interpreting physicians shall maintain their qualifications by meeting the following requirements:

5.9.1.2.1 Following the second anniversary date of the end of the calendar quarter in which the requirements of RHB 5.9.1.1 of this Part were completed, the interpreting physician shall have interpreted or multi-read at least nine hundred sixty (960) mammographic examinations during the twenty-four (24) months immediately preceding the date of the facility's annual MQSA inspection, or the last day of the calendar quarter preceding the inspection or any date in between the two. The facility will choose one of these dates to determine the twenty-four (24)-month period.

5.9.1.2.2 Following the third anniversary of the end of the calendar quarter in which the requirements of RHB 5.9.1.1 of this Part were completed, the interpreting physician shall have taught or completed at least fifteen (15) Category I continuing medical education units in mammography during the thirty-six (36) months immediately preceding the date of the facility's annual MQSA inspection, or the last day of the calendar quarter preceding the inspection or any date in between the two. The facility shall choose one of these dates to determine the thirty-six (36)-month period. This training shall include at least six (6) Category I continuing medical education credits in each mammographic modality used by the interpreting physician in his or her practice.

5.9.1.2.3 Before an interpreting physician may begin independently interpreting mammograms produced by a new mammographic modality, that is, a mammographic modality in which the physician has not previously been trained, the interpreting physician shall have at least eight (8) hours of training in the new mammographic modality.

5.9.1.2.4 Units earned through teaching a specific course can be counted only once towards the fifteen (15) units required by RHB 5.9.1.2.2, even if the course is taught multiple times during the previous thirty-six (36) months.

5.9.1.3 Exemptions

5.9.1.3.1 Those physicians who qualified as interpreting physicians under FDA's interim regulations prior to April 28, 1999, are considered to have met the initial requirements of RHB 5.9.1.1 of this Part. These physicians may continue to interpret mammograms provided they continue to meet the requirement of RHB

5.9.1 and the continuing experience and education requirements of RHB 5.9.1.2. Any physician added to a facility after April 28, 1999, must provide documentation of initial qualifications. This documentation must be maintained by the facility for Departmental review.

5.9.1.3.2 Physicians who have interpreted or multi-read at least two hundred forty (240) mammographic examinations under the direct supervision of an interpreting physician in any six (6)-month period during the last two (2) years of a diagnostic radiology residency and who become appropriately board certified at the first allowable time, as defined by an eligible certifying body, are exempt from RHB 5.9.1.1.4.

5.9.1.4 Reestablishing qualifications. Interpreting physicians who fail to maintain the required continuing experience or continuing education requirements shall reestablish their qualifications before resuming the independent interpretation of mammograms as follows:

5.9.1.4.1 Interpreting physicians who fail to meet the continuing experience requirements of RHB 5.9.1.2.1 shall interpret or multi-read at least two hundred forty (240) mammographic examinations within six (6) months or less under the direct supervision of an interpreting physician; or interpret or multi-read a sufficient number of mammographic examinations, under the direct supervision of an interpreting physician, to bring the physician's total up to nine hundred sixty (960) examinations from the prior twenty-four (24) months, whichever is less. The interpretations required shall be done within the six (6) months immediately prior to resuming independent interpretation.

5.9.1.4.2 Interpreting physicians who fail to meet the continuing education requirements of RHB 5.9.1.2.2 shall obtain a sufficient number of additional Category I continuing medical education credits in mammography to bring their total up to the required fifteen (15) credits in the previous thirty-six (36) months before resuming independent interpretation.

5.9.2 Radiologic technologists. All mammographic examinations shall be performed by radiologic technologists who meet the following general requirements, mammography requirements, and continuing education requirements:

5.9.2.1 Initial Qualifications

5.9.2.1.1 Be registered in active status with the American Registry of Radiologic Technologists in the field of radiography; and

5.9.2.1.2 All provisions of RHB 4.2.2 apply to the operators of mammography equipment.

5.9.2.2 Mammography requirements. Have, prior to April 28, 1999, qualified as a radiologic technologist under FDA's interim regulations or completed at least forty (40) contact hours of documented training specific to mammography under the supervision of a qualified instructor. The hours of documented training shall include, but not necessarily be limited to:

5.9.2.2.1 Training in breast anatomy and physiology, positioning and compression, quality assurance/quality control techniques, imaging of patients with breast implants;

5.9.2.2.2 The performance of a minimum of twenty-five (25) examinations under the direct supervision of an individual qualified under RHB 5.9.2; and

5.9.2.2.3 At least eight (8) hours of training in each mammography modality to be used by the technologist in performing mammography exams.

5.9.2.3 Continuing education requirements

5.9.2.3.1 Following the third anniversary date of the end of the calendar quarter in which the requirements of RHB 5.9.2.1 and RHB 5.9.2.2 were completed, the radiologic technologist who performs mammography shall have taught or completed at least fifteen (15) continuing education units in mammography during the thirty-six (36) months immediately preceding the date of the facility's annual mammography inspection, or the last day of the calendar quarter preceding the inspection or any day in between the two. The facility will choose one of these dates to determine the thirty-six (36)- month period.

5.9.2.3.2 Units earned through teaching a specific course can be counted only once towards the fifteen (15) hours of continuing education requirements required in RHB 5.9.2.3.1, even if the course is taught multiple times during the previous thirty-six (36) months.

5.9.2.3.3 At least six (6) of the continuing education units required in RHB 5.9.2.3.1 shall be related to each mammographic modality used by the technologist.

5.9.2.3.4 Requalification. Radiologic technologists who fail to meet the continuing education requirements of RHB 5.9.2.3.1, shall obtain a sufficient number of continuing education units in mammography to bring their total up to at least fifteen (15) in the previous three (3) years, at least six (6) of which shall be related to each modality used by the technologist in mammography. The technologist shall not resume performing unsupervised mammography examinations until the continuing education requirements are completed.

5.9.2.3.5 Before a radiologic technologist may begin independently performing mammography examinations using a mammographic modality other than one of those for which the technologist received training under RHB 5.9.2.3.3, the technologist shall have at least eight (8) hours of continuing education units in the new modality.

5.9.2.3.6 Programs, courses, or other activities intended to meet the requirement for initial, or requalification, mammography training or continuing education in mammography shall be approved by the Department.

5.9.2.3.7 Completion of initial or requalification mammography training and continuing education in mammography shall be verified to the Department.

5.9.2.4 Continuing experience requirements.

5.9.2.4.1 Following the second anniversary date of the end of the calendar quarter in which the requirements of RHB 5.9.2.1 and 5.9.2.2 were completed or as of April 28, 1999, whichever is later, the radiologic technologist shall have performed a minimum of two hundred (200) mammography examinations during the twenty-four (24) months immediately preceding the date of the facility's annual mammography inspection, or the last day of the calendar quarter preceding the inspection or any date in between the two. The facility will choose one of these dates to determine the twenty-four (24)-month period.

5.9.2.4.2 Requalification. Radiologic technologists who fail to meet the continuing experience requirements of RHB 5.9.2.4.1 shall perform a minimum of twenty-five mammography examinations under the direct supervision of a qualified radiologic technologist before resuming the performance of unsupervised mammography.

5.9.3 Medical Physicists. All medical physicists conducting surveys of mammography facilities and providing oversight of the facility quality assurance program shall meet the following:

5.9.3.1 Initial Qualifications. The medical physicist must be approved by the Department as a Class IX vendor, prior to providing or offering to provide services, as required in RHB 2.7.1. Unless the alternative initial qualifications in RHB 5.9.3.2 apply, the medical physicist must:

5.9.3.1.1 Have a master's degree or higher in a physical science from an accredited institution, with no less than twenty (20) semester hours or equivalent (e.g., thirty (30) quarter hours) of college undergraduate or graduate level physics;

5.9.3.1.2 Have twenty (20) contact hours of documented specialized training in conducting surveys of mammography facilities; and

5.9.3.1.3 Have the experience of conducting surveys of at least one (1) mammography facility and a total of at least ten (10) mammography units. No more than one (1) survey of a specific unit within a period of sixty (60) days can be counted towards the total mammography unit survey requirement. After April 28, 1999, experience conducting surveys shall be acquired under the direct supervision of a medical physicist who meets all the requirements of RHB 5.9.3.1 and 5.9.3.3.

5.9.3.2 Alternative initial qualifications.

5.9.3.2.1 Have qualified as a medical physicist under the FDA's interim-regulations and retained that qualification by maintenance of the active status of any licensure, approval, or certification required;

5.9.3.2.2 Prior to April 28, 1999, obtained a bachelor's degree or higher in a physical science from an accredited institution with no less than ten (10) semester hours or equivalent of college undergraduate or graduate level physics;

5.9.3.2.3 Prior to April 28, 1999, have forty (40) contact hours of documented specialized training in conducting surveys of mammography facilities; and

5.9.3.2.4 Prior to April 28, 1999, have the experience of conducting surveys of at least one (1) mammography facility and a total of at least twenty (20) mammography units. No more than one (1) survey of a specific unit within a period of sixty (60) days can be counted towards the total mammography survey requirement. The training and experience requirements shall be met after fulfilling the degree requirement.

5.9.3.3 Continuing education and experience.

5.9.3.3.1 Continuing education. Following the third anniversary date of the end of the calendar quarter in which the requirements of RHB 5.9.3.1 and 5.9.3.2 were completed, the medical physicist shall have taught, or completed, at least fifteen (15) continuing education units in mammography during the thirty-six (36)-months immediately preceding the date of the facility annual inspection, or the last day of the calendar quarter preceding the inspection or any date in between the two. The facility shall choose one of these dates to determine the thirty-six (36)-month period. This continuing education shall include hours of training appropriate to each mammography modality evaluated by the medical physicist during his or her surveys or oversight of quality assurance programs. Units earned through teaching a specific course can be counted only once towards the required fifteen (15) continuing education units in a thirty-six (36)-month period, even if the course is taught multiple times during the thirty-six (36) months.

5.9.3.3.2 Continuing experience. Following the second anniversary date of the end of the calendar quarter in which the requirements of RHB 5.9.3.1 and 5.9.3.2 were completed or as of April 28, 1999, whichever is later, the medical physicist shall have surveyed at least two (2) mammography facilities and a total of at least six (6) mammography units during the twenty-four (24) months immediately preceding the date of the facility's annual mammography inspection, or the last day of the calendar quarter preceding the inspection or any date in between the two. The facility shall choose one of these dates to determine the twenty-four (24)-month period. No more than one (1) survey of a specific facility within a ten (10)-month period or a specific unit within a period of sixty (60) days can be counted towards the total mammography unit survey requirement.

5.9.3.3.3 Before a medical physicist may begin independently performing mammographic surveys of a new mammographic modality, that is, a mammographic modality other than one for which the physicist received training to qualify under RHB 5.9.3.1 and 5.9.3.2, the physicist shall receive at least eight (8) hours of training in surveying units of the new mammographic modality.

5.9.3.4 Reestablishing qualifications. Medical physicists who fail to maintain the required continuing qualifications of RHB 5.9.3.3 may not perform the MQSA surveys without the supervision of a qualified medical physicist. Before independently surveying another facility, medical physicists shall reestablish their qualifications, as follows:

5.9.3.4.1 Medical physicists who fail to meet the continuing educational requirements of 5.9.3.3.1 shall obtain a sufficient number of continuing education units to bring their total units up to the required fifteen (15) in the previous three (3) years.

5.9.3.4.2 Medical physicists who fail to meet the continuing experience requirement of RHB 5.9.3.3.2 shall complete a sufficient number of surveys under the direct supervision of a medical physicist who meets the qualification of RHB 5.9.3.1 and 5.9.3.3 to bring their total surveys up to the required two (2) facilities and six (6) units in the previous twenty-four (24) months. No more than one (1) survey of a specific unit within a period of sixty (60) days can be counted towards the total mammography unit survey requirement.

5.9.4 Retention of personnel records. Facilities shall maintain records to document the qualifications of all personnel who worked at the facility as interpreting physicians, radiologic technologists, or medical physicists. These records must be available for review by the Department. Records of personnel no longer employed by the facility should not be discarded until the next annual inspection has been completed and the Department has determined that the facility is in compliance with the MQSA/State personnel requirements of this Part.

RHB 5.10. Equipment Requirements.

The equipment requirements of this Part are intended to ensure that mammography equipment is capable of producing quality mammograms over the full range of clinical conditions.

5.10.1 Prohibited equipment. Xeromammography equipment shall not be used for mammography procedures. Radiographic equipment designed for general purpose or special non-mammography procedures shall not be used for mammography. This prohibition includes systems that have been modified or equipped with special attachments for mammography. This requirement supersedes the implied acceptance of such systems in 21 CFR, Section 1020.31(f)(3).

5.10.2 General. Only special purpose equipment designed for mammography shall be specifically used for mammography and shall be certified pursuant to 21 CFR, Section 1010.2 as meeting the applicable requirements of 21 CFR, Section 1020.30, effective as of April 1, 1997.

5.10.3 Motion of tube-image receptor assembly.

5.10.3.1 The assembly shall be capable of being fixed in any position where it is designed to operate. Once fixed in any such position, it shall not undergo unintended motion.

5.10.3.2 The mechanism ensuring compliance with RHB 5.10.3.1 shall not fail in the event of power interruption.

5.10.4 Image receptor sizes.

5.10.4.1 Systems using screen-film image receptors shall provide, at a minimum, for operation with image receptors of eighteen by twenty-four centimeters (18 x 24 cm) and twenty-four by thirty centimeters (24 x 30 cm).

5.10.4.2 Systems using screen-film image receptors shall be equipped with moving grids matched to all image receptor sizes provided.

5.10.4.3 Systems used for magnification procedures shall be capable of operation with the grid removed from between the source and image receptor.

5.10.5 Beam limitation and light fields.

5.10.5.1 All systems shall have beam-limiting devices that allow the useful beam to extend to or beyond the chest wall edge of the image receptor.

5.10.5.2 For any mammography system with a light beam that passes through the x-ray beam limiting device, the light shall provide an average illumination of not less than one hundred sixty lux (160 lx)(15 footcandles) at one hundred centimeters (100 cm) or the maximum source-image receptor distance (SID), whichever is less.

5.10.6 Magnification

5.10.6.1 Systems used to perform noninterventional problem solving procedures shall have radiographic magnification capability available for use by the operator.

5.10.6.2 Systems used for magnification procedures shall provide, at a minimum, at least one (1) magnification value within the range of 1.4 to 2.0.

5.10.7 Focal Spot Selection

5.10.7.1 When more than one (1) focal spot is provided, the system shall indicate, prior to exposure, which focal spot is selected.

5.10.7.2 When more than one (1) target material is provided, the system shall indicate, prior to exposure, the preselected target material.

5.10.7.3 When the target material and/or focal spot is selected by a system algorithm that is based on the exposure or on a test exposure, the system shall display, after the exposure, the target material and /or focal spot actually used during the exposure.

5.10.8 Compression. All mammography systems shall incorporate a compression device that shall be used for all routine projections and for all projections except when necessity requires imaging without compression.

5.10.8.1 Application of compression. Effective October 28, 2002, each system shall provide:

5.10.8.1.1 An initial power-driven compression activated by hands-free controls operable from both sides of the patient; and

5.10.8.1.2 Fine adjustment compression controls operable from both sides of the patient.

5.10.8.2 Compression paddle:

5.10.8.2.1 Systems shall be equipped with different sized compression paddles that match the sizes of all full-field image receptors provided for the system. Compression paddles for special purposes, including those smaller than the full size of the image receptor (for "spot compression") may be provided. Such compression paddles for special purposes are not subject to the requirements of subsections RHB 5.10.8.2.4 and 5.10.8.2.5 of this Section.

5.10.8.2.2 Except as provided in subsection RHB 5.10.8.2.3 of this Part, the compression paddle shall be flat and parallel to the breast support table and shall not deflect from parallel by more than one centimeter (1 cm) at any point on the surface of the compression paddle when compression is applied.

5.10.8.2.3 Equipment intended by the manufacturer’s design to not be flat and parallel to the breast support table during compression shall meet the manufacturer’s design specifications and maintenance requirements.

5.10.8.2.4 The chest wall edge of the compression paddle shall be straight and parallel to the edge of the image receptor.

5.10.8.2.5 The chest wall edge may be bent upward to allow for patient comfort but shall not appear on the image.

5.10.9 Technique factor selection and display.

5.10.9.1 Manual selection of milliAmpere seconds (mAs) or at least one (1) of its component parts (milliAmpere (mA) and/or time) shall be available.

5.10.9.2 The technique factors (peak tube potential in kilovolt (kV) and either tube current in mA and exposure time in seconds or the product of tube current and exposure time in mAs) to be used during an exposure shall be indicated before the exposure begins, except when automatic exposure controls (AEC) are used, in which case the technique factors that are set prior to the exposure shall be indicated.

5.10.9.3 Following AEC mode use, the system shall indicate the actual kiloVoltage peak (kVp) and mAs used during the exposure. The mAs may be displayed as mA and time.

5.10.10 Automatic exposure control.

5.10.10.1 Each screen-film system shall provide an AEC mode that is operable in all combinations of equipment configuration provided (e.g., grid, nongrid, magnification, nonmagnification and various target-filter combinations).

5.10.10.2 The positioning or selection of the detector shall permit flexibility in the placement of the detector under the target tissue.

5.10.10.2.1 The size and available positions of the detector shall be clearly indicated at the x-ray input surface of the breast compression paddle.

5.10.10.2.2 The selected position of the detector shall be clearly indicated.

5.10.10.3 The system shall provide means for the operator to vary the selected optical density from the normal (zero (0)) setting.

5.10.11 X-ray film. The facility shall use x-ray film for mammography that has been designated by the film manufacturer as appropriate for mammography.

5.10.12 Intensifying screens. The facility shall use intensifying screens for mammography that have been designated by the screen manufacturer as appropriate for mammography and shall use film that is matched to the screen's spectral output as specified by the manufacturer.

5.10.13 Film processing solutions. When processing mammography films, the facility shall use chemical solutions that are capable of developing the film used by the facility in a manner equivalent to the minimum requirements specified by the film manufacturer.

5.10.14 Lighting. The facility shall make special lights for film illumination (i.e., hot-lights), capable of producing light levels greater than that provided by the view box, available to the interpreting physicians.

5.10.15 Film masking devices. Facilities shall ensure that filmmasking devices that can limit the illumination area to a region equal to or smaller than the exposed portion of the film are available to all interpreting physicians.

RHB 5.11. Medical Records and Mammography Reports.

5.11.1 Contents and terminology. Each facility shall prepare a written report of the results of each mammography examination performed under its certificate. The mammography report shall include the following information:

5.11.1.1 The name of the patient and an additional patient identifier;

5.11.1.2 Date of examination;

5.11.1.3 The name of the interpreting physician who interpreted the mammogram;

5.11.1.4 Overall final assessment of findings, classified in one of the following categories:

5.11.1.4.1 "Negative." Nothing to comment upon (if the interpreting physician is aware of clinical findings or symptoms, despite the negative assessment, these shall be explained);

5.11.1.4.2 "Benign." Also a negative assessment;

5.11.1.4.3 "Probably Benign." Finding(s) has a high probability of being benign;

5.11.1.4.4 "Suspicious." Finding(s) without all the characteristic morphology of breast cancer but indicating a definite probability of being malignant;

5.11.1.4.5 "Highly suggestive of malignancy." Finding(s) has a high probability of being malignant;

5.11.1.5 In cases where no final assessment category can be assigned due to incomplete work-up, "Incomplete: Need additional imaging evaluation" shall be assigned as an assessment and reasons why no assessment can be made shall be stated by the interpreting physician; and

5.11.1.6 Recommendations made to the health care provider about what additional actions, if any, should be taken. All clinical questions raised by the referring health care provider shall be addressed in the report to the extent possible, even if the assessment is negative or benign.

5.11.2 Communication of mammography results to the patient. Each facility shall send each patient a summary of the mammography report written in lay terms within thirty (30) calendar days of the mammographic examination. If assessments are "Suspicious" or "Highly suggestive of malignancy," the facility shall make reasonable attempts to ensure that the results are communicated to the patient as soon as possible.

5.11.2.1 Patients who do not name a health care provider to receive the mammography report shall be sent the report described in RHB 5.11.1 within thirty (30) calendar days, in addition to the written notification of results in lay terms.

5.11.2.2 Each facility that accepts patients who do not have a health care provider shall maintain a system for referring such patients to a health care provider when clinically indicated.

5.11.3 Communication of mammography results to health care providers. When the patient has a referring health care provider or the patient has named a health care provider, the facility shall:

5.11.3.1 Provide a written report of the mammography examination, including the items listed in subsection 5.11.1 of this Section, to that health care provider as soon as possible, but no later than thirty (30) calendar days after the date of the mammography examinations; and

5.11.3.2 If the assessment is "Suspicious" or "Highly suggestive of malignancy," make reasonable attempts to communicate with the health care provider as soon as possible, or if the health care provider is unavailable, to a responsible designee of the health care provider.

5.11.4 Record-keeping. Each facility that performs mammograms:

5.11.4.1 Shall, except as provided in RHB 5.11.4.2, maintain mammography films and reports in a permanent medical record of the patient for a period of not less than five (5) years, or not less than ten (10) years if no additional mammograms of the patient are performed at the facility;

5.11.4.2 Shall upon request by, or on behalf of, the patient permanently or temporarily transfer the original mammograms and copies of the patient's reports to a medical institution, or to a physician or health care provider of the patient, or to the patient directly; and

5.11.4.3 Any fee charged to the patient for providing the services in RHB 5.11.4 shall not exceed the documented costs associated with this service.

5.11.5 Mammographic image identification. Each mammographic image shall have the following information indicated on it in a permanent, legible, and unambiguous manner and placed so as not to obscure anatomic structures:

5.11.5.1 Name of patient and an additional patient identifier.

5.11.5.2 Date of examination.

5.11.5.3 View and laterality. This information shall be placed on the image in a position near the axilla. Standardized codes specified by the accreditation body shall be used to identify view and laterality.

5.11.5.4 Facility name and location. At a minimum, the location shall include the city, state, and zip code of the facility.

5.11.5.5 Technologist identification.

5.11.5.6 Cassette/screen identification.

5.11.5.7 Mammography unit identification, if there is more than one (1) unit in the facility.

RHB 5.12. Quality Assurance Requirements.

Each facility shall establish and maintain a quality assurance program to ensure the safety, reliability, clarity, and accuracy of mammography services performed at the facility.

5.12.1 Responsible individuals. Responsibility for the quality assurance program and for each of its elements shall be assigned to individuals who are qualified for their assignments and who shall be allowed adequate time to perform these duties.

5.12.1.1 Lead interpreting physician. The facility shall identify a lead interpreting physician who shall have the general responsibility of ensuring that the quality assurance program meets all requirements of this Part. No other individual shall be assigned or shall retain responsibility for quality assurance tasks unless the lead interpreting physician has determined that the individual's qualifications for, and performance of, the assignment are adequate.

5.12.1.2 Interpreting physicians. All physicians interpreting mammograms for the facility shall:

5.12.1.2.1 Follow the facility procedures for corrective action when the images that they are asked to interpret are of poor quality; and

5.12.1.2.2 Participate in the facility's medical outcomes audit program.

5.12.1.3 Medical physicist. Each facility shall have the services of a medical physicist available to survey mammography equipment and oversee the equipment-related quality assurance practices of the facility. At a minimum, the medical physicist(s) shall be responsible for performing the surveys and mammography equipment evaluations and providing the facility with the reports described in RHB 5.14 and 5.15.

5.12.1.4 Quality control technologist. Responsibility for all individual tasks within the quality assurance program not assigned to the lead interpreting physician or the medical physicist shall be assigned to a quality control technologist(s). The tasks are to be performed by the quality control technologist or by other personnel qualified to perform the tasks. When other personnel are utilized for these tasks, the quality control technologist shall ensure that the tasks are completed in such a way as to meet the requirements of RHB 5.13.

5.12.2 Quality assurance records.

5.12.2.1 The lead interpreting physician shall ensure that the following records are properly maintained and updated:

5.12.2.1.1 Employee qualifications;

5.12.2.1.2 Mammography technique and procedures;

5.12.2.1.3 Quality control (including monitoring data, problems detected by analysis of that data, corrective actions and the effectiveness of the corrective actions); and

5.12.2.1.4 Report of the medical physicist's test results with numerical values as well as written documentation of any corrective actions taken.

5.12.2.2 These quality control records shall be kept for each test specified in RHB 5.13 until the next annual inspection has been completed and the Department has determined that the facility is in compliance with the quality assurance requirements or until the test has been performed two (2) additional times at the required frequency, whichever is longer.

RHB 5.13. Equipment Quality Assurance Tests.

5.13.1 Daily quality control tests. Film processors used to develop mammograms shall be adjusted and maintained to meet the technical development specifications for the mammography film in use. A processor performance test shall be performed on each day that examinations are performed before any clinical films are processed that day. The test shall include an assessment of base plus fog density, mid- density, and density difference, using the mammography film used clinically at the facility.

5.13.1.1 The base plus fog density shall be within plus 0.03 of the established operating level.

5.13.1.2 The mid-density shall be within plus or minus 0.15 of the established operating level.

5.13.1.3 The density difference shall be within plus or minus 0.15 of the established operating level.

5.13.2 Weekly quality control tests. Facilities with screen-film systems shall perform a phantom image quality evaluation test, using an FDA-approved phantom, at least weekly.

5.13.2.1 The optical density of the film at the center of an image of the phantom shall be at least 1.20 when exposed under a typical clinical condition.

5.13.2.2 The optical density of the film at the center of the phantom image shall not change by more than plus or minus 0.20 from the established operating level.

5.13.2.3 The phantom image shall achieve at least the minimum score established by the accreditation body.

5.13.2.4 The density difference between the background of the phantom and an added test object, used to assess image contrast, shall be measured and shall not vary by more than plus or minus 0.05 from the established operating level.

5.13.3 Quarterly quality control tests. Facilities with screen-film systems shall perform the following quality control tests at least quarterly:

5.13.3.1 Fixer retention in film. The residual fixer shall be no more than five micrograms per square centimeter (5 $\mu g/cm^2$).

5.13.3.2 Repeat analysis. If the total repeat or reject rate changes from the previously determined rate by more than two percent (2%) of the total films included in the analysis, the reason(s) for the change shall be determined. Any corrective actions shall be recorded and the results of these corrective actions shall be assessed.

5.13.4 Semiannual quality control tests. Facilities with screen-film systems shall perform the following quality control tests at least semiannually:

5.13.4.1 Darkroom fog. The optical density attributable to darkroom fog shall not exceed 0.05 when a mammography film of the type used in the facility, which has a mid-density of no less than 1.20, is exposed to typical darkroom conditions for two (2) minutes while such film is placed on the counter top emulsion side up. If the darkroom has a safelight used for mammography film, it shall be on during this test.

5.13.4.2 Screen-film contact. Testing for screen-film contact shall be conducted using 40 mesh copper screen. All cassettes used in the facility for mammography shall be tested.

5.13.4.3 Compression device performance. The maximum compression force for the initial power drive shall be between one hundred eleven newtons (111 N)(25 lbs) and two hundred nine newtons (209 N)(45 lbs).

5.13.5 Annual quality control tests. Facilities with screen-film systems shall perform the following quality control tests at least annually:

5.13.5.1 Automatic exposure control (AEC) performance.

5.13.5.1.1 The AEC shall be capable of maintaining film optical density within plus or minus 0.30 of the mean optical density when the thickness of a homogeneous material is varied over a range of two to six centimeters (2 to 6 cm) and the kVp is varied appropriately for such thicknesses over the kVp range used clinically in the facility. If this requirement cannot be met, a technique chart shall be developed showing appropriate techniques (kVp and density control settings) for different breast thicknesses and compositions that shall be used so that optical densities within plus or minus 0.30 of the average under phototimed conditions can be produced.

5.13.5.1.2 After October 28, 2002, the AEC shall be capable of maintaining film optical density within plus or minus 0.15 of the mean optical density when thickness of a homogeneous material is varied over a range of two to six centimeters (2 to 6 cm) and the kVp is varied appropriately for such thicknesses over the kVp range used clinically in the facility.

5.13.5.1.3 The optical density of the film in the center of the phantom image shall not be less than 1.20.

5.13.5.2 Kilovoltage peak accuracy and reproducibility. The kVp shall be accurate within plus or minus five percent (5%) of the indicated or selected kVp at:

5.13.5.2.1 The lowest clinical kVp that can be measured by a kVp test device;

5.13.5.2.2 The most commonly used clinical kVp;

5.13.5.2.3 The highest available clinical kVp; and

5.13.5.2.4 At the most commonly used clinical setting of kVp, the coefficient of variation of reproducibility of the kVp shall be equal to or less than 0.02. The kVp shall be checked annually or upon new x-ray tube installation.

5.13.5.3 Focal spot condition. Until October 28, 2002, focal spot condition shall be evaluated by measuring focal spot dimensions or by determining system resolution. After October 28, 2002, facilities shall evaluate focal spot condition only by determining the system resolution. For focal spot dimensions, the measured values of the focal spot length (dimension parallel to the anode cathode axis) and width (dimension perpendicular to the anode cathode axis) shall be within the following tolerance limits:

Focal Spot Tolerance Limit

Nominal Focal Spot Size (mm)	Maximum Width (mm)	Measured Dimensions Length (mm)
0.10	0.15	0.15
0.15	0.23	0.23
0.20	0.30	0.30
0.30	0.45	0.65
0.40	0.60	0.85
0.60	0.90	1.30

5.13.5.3.1 System Resolution.

5.13.5.3.1.1 Each x-ray system used for mammography, in combination with the mammography screen-film combination used in the facility, shall provide a minimum resolution of eleven (11) cycles per millimeter (mm)(line-pairs/mm) when a high contrast resolution bar test pattern is oriented with the bars perpendicular to the anode cathode axis, and a minimum resolution of thirteen (13) line-pairs/mm when the bars are parallel to that axis.

5.13.5.3.1.2 The bar pattern shall be placed four and one-half centimeters (4.5 cm) above the breast support surface, centered with respect to the chest wall edge of the image receptor, and with the edge of the pattern within one centimeter (1 cm) of the chest wall edge of the image receptor.

5.13.5.3.1.3 When more than one (1) target material is provided, the measurement shall be made using the appropriate focal spot for each target material.

5.13.5.3.1.4 When more than one (1) source-image receptor distance is provided, the test shall be performed at the SID most commonly used clinically.

5.13.5.3.1.5 Test kVp shall be set at the value used clinically by the facility for a standard breast and shall be performed in the AEC mode, if available. If necessary, a suitable absorber may be placed in the beam to increase exposure times. The screen-film cassette combination used by the facility shall be used to test for this requirement and shall be placed in the normal location used for clinical procedures.

5.13.5.3.2 Focal spot dimensions. Measured values of the focal spot length (dimension parallel to the anode cathode axis) and width (dimension perpendicular to the anode cathode axis) shall be within the tolerance limits specified in this Part. The focal spot shall be checked annually or upon new x-ray tube installation.

5.13.5.4 Exposure Reproducibility. The coefficient of variation of exposure shall not exceed 0.05 for any specific combination of selected technique factors. This requirement shall be deemed to have been met if, when four (4) exposures are made at identical technique factors, the value of the average exposure ($\overline{E}$) is greater than or equal to five (5) times the maximum exposure (Emax) minus the minimum exposure (Emin): $\overline{E} \geq 5$ (Emax - Emin). This requirement shall be checked annually or upon a new mammography x-ray unit or a new tube installation.

5.13.5.5 Timer Reproducibility. The coefficient of variation of the timer shall not exceed 0.05. This requirement shall be deemed to have been met if, with a selected timer setting, the average exposure period ($\overline{T}$) shall be greater than or equal to five (5) times the maximum exposure period (Tmax) minus the minimum exposure period (Tmin) when four (4) timer tests are performed: $\overline{T} \geq 5$ (Tmax- Tmin). This requirement shall be checked annually or upon a new mammography x-ray unit or a new tube installation.

5.13.5.6 Timer Accuracy. Deviation of the selected time setting from indicated time values shall not exceed the limits specified for that system by its manufacturer. In the absence of manufacturer's specifications, the deviation shall not exceed ten percent (10%) of the indicated time value. This requirement shall be checked annually or upon a new mammography x-ray unit or a new tube installation.

5.13.5.7 Linearity. The following requirements apply when the equipment is operated on a power supply as specified by the manufacturer for any fixed x-ray tube potential within the range of forty percent to one hundred percent (40% to 100%) of the maximum rated:

5.13.5.7.1 Equipment having independent selection of x-ray tube current (mA). The average ratios of exposure to the indicated milliAmpere-seconds product (C/kg/mAs (or mR/mAs)) obtained at any tube current

settings shall not differ by more than 0.10 times their sum. This is: [X1-X2] < 0.10 (X1+X2); where X1 and X2 are the average C/kg/mAs (or mR/mAs) values obtained at any two (2) tube current settings.

5.13.5.7.2 Equipment having a combined x-ray tube current-exposure time product (mAs) selector, but not a separate tube current (mA) selector. The average ratios of exposure to the indicated milliAmpere-seconds product (C/kg/mAs (or mR/mAs)) obtained at any two mAs selector settings shall not differ by more than 0.10 times their sum. This is [X1-X2] <0.10 (X1+X2); where X1 and X2 are the average C/kg/mAs (or mR/mAs) values obtained at any two mAs selector settings.

5.13.5.7.3 Measuring Compliance. Determination of compliance shall be based on four (4) exposures, at each of the two (2) settings. The two (2) settings may include any two (2) focal spot sizes provided that neither focal spot size is equal to or less than .45 millimeter, in which case the two (2) settings shall be restricted to the same focal spot size. For purposes of this requirement, focal spot size is the nominal focal spot size specified by the tube manufacturer. Linearity shall also be checked annually or upon new x-ray tube installation.

5.13.5.8 Beam quality and half-value layer (HVL). For mammography systems operating at x-ray tube potentials of less than fifty kilovoltage peak (50 kVp), the HVL in millimeters of aluminum of the useful beam shall be equal to or greater than the product of the measured tube potential in kilovolts multiplied by 0.01. The HVL shall be measured with the compression device in the beam and shall be measured at the same tube potential used in Appendix A of this Part, Mammography Dose Measurement Protocol, and Appendix B of this Part, Mammography Phantom Image Evaluation. The HVL shall be checked annually and after repairs to the system have been made that could affect the filtration or upon new x-ray tube installation.

5.13.5.9 Breast entrance air kerma and AEC reproducibility. The coefficient of variation for both air kerma and mAs shall not exceed 0.05.

5.13.5.10 Dosimetry. The average glandular dose delivered during a single craniocaudal view of a phantom simulating a standard breast shall not exceed 3.0 milligray (mGy) (0.3 rad) per exposure. The dose shall be determined with technique factors and conditions used clinically for a standard breast. The average glandular dose shall be checked annually or upon new tube installation.

5.13.5.11 X-ray field/light field/image receptor/compression paddle alignment.

5.13.5.11.1 All systems shall have beam-limiting devices that allow the entire chest wall edge of the x-ray field to extend to the chest wall edge of the image receptor and provide means to assure that the x-ray field does not extend beyond any edge of the image receptor by more than two percent (2%) of the SID. This requirement is for both large and small cassettes sizes.

5.13.5.11.2 If a light field that passes through the x-ray beam limitation device is provided, it shall be aligned with the x-ray field so that the total of any misalignment of the edges of the light field and the x-ray field along either the length or the width of the visually defined field at the plane of the breast support surface shall not exceed two percent (2%) of the SID.

5.13.5.11.3 The chest wall edge of the compression paddle shall not extend beyond the chest wall edge of the image receptor by more than one percent (1%) of the SID when tested with the compression paddle placed above the breast support surface at a distance equivalent to standard breast thickness. The shadow of the vertical edge of the compression paddle shall not be visible on the image.

5.13.5.12 Uniformity of screen speed. Uniformity of screen speed of all the cassettes in the facility shall be tested and the difference between the maximum and minimum optical densities shall not exceed 0.30. Screen artifacts shall also be evaluated during this test.

5.13.5.13 System artifacts. System artifacts shall be evaluated with a high-grade, defect-free sheet of homogeneous material large enough to cover the mammography cassette and shall be performed for all cassette sizes used in the facility using a grid appropriate for the cassette size being tested. System artifacts shall also be evaluated for all available focal spot sizes and target filter combinations used clinically.

5.13.5.14 Radiation output.

5.13.5.14.1 The system shall be capable of producing a minimum output of 4.5 Gy air kerma per second (513 mR per second) when operating at twenty-eight kilovoltage peak (28 kVp) in the standard mammography (moly/moly) mode at any SID where the system is designed to operate and when measured by a detector with its center located four and one-half centimeters (4.5 cm) above the breast support surface with the compression paddle in place between the source and the detector. After October 28, 2002, the system, under the same measuring conditions, shall be capable of producing a minimum output of 7.0 Gy air kerma per second (800 mR per second) when operating at twenty-eight kilovoltage peak (28 kVp) in the standard (moly/moly) mammography mode at any SID where the system is designed to operate.

5.13.5.14.2 The system shall be capable of maintaining the required minimum radiation output averaged over a 3.0-second period.

5.13.5.15 Decompression. If the system is equipped with a provision for automatic decompression after completion of an exposure or interruption of power to the system, the system shall be tested to confirm that it provides:

5.13.5.15.1 An override capability to allow maintenance of compression;

5.13.5.15.2 A continuous display of the override status; and

5.13.5.15.3 A manual emergency compression release that can be activated in the event of power or automatic release failure.

5.13.6 The quality assurance requirements of RHB 4.2.16 and film processing requirements of RHB 4.2.17.2 shall be met except where otherwise mentioned.

5.13.7 Quality control tests - other modalities. For systems with image receptor modalities other than screen-film, the quality assurance program shall be substantially the same as the quality assurance program recommended by the image receptor manufacturer, except that the average glandular dose must meet the requirements of RHB 5.13.5.10.

5.13.8 Mobile Units. The facility shall verify that mammography units used to produce mammograms at more than one (1) location meet the requirements in RHB 5.13.1 through 5.13.7. In addition, at each examination location, before any examinations are conducted, the mobile mammography system shall be tested using the mammography phantom image evaluation to establish the adequacy of the image quality produced by the unit.

5.13.9 Use of test results.

5.13.9.1 After completion of the tests specified in RHB 5.13.1 through 5.13.8, the facility shall compare the test results to the corresponding specified action limits; or for non-screen film modalities, to the manufacturer’s recommended action limits; or for post-move, pre-examination testing of mobile units, to the limits established in the test method used by the facility.

5.13.9.2 If the test results fall outside the action limits, the source of the problem shall be identified and corrective actions shall be taken and documented:

5.13.9.2.1 Before any further examinations are performed or any films are processed using the component of the mammography system that failed any of the tests described in RHB 5.13.1, 5.13.2, 5.13.4.1, 5.13.4.2, 5.13.4.3, 5.13.5.10, 5.13.6, 5.13.7, or 5.13.8.

5.13.9.2.2 Within thirty (30) calendar days of the test date for all other tests described in RHB 5.13.

RHB 5.14. Surveys.

5.14.1 At least once a year, each facility shall undergo a survey by a medical physicist or by an individual under the direct supervision of a medical physicist. At a minimum, this survey shall include the performance of tests and numerical values to ensure that the facility meets the quality assurance requirements of the annual tests described in RHB 5.13.5 and 5.13.6 or 5.13.7; and the weekly phantom image quality test described in RHB 5.13.2.

5.14.2 The results of all these tests conducted by the facility in accordance with RHB 5.13.1 through 5.13.8, as well as written documentation of any corrective actions taken and their results, shall be evaluated for adequacy by the medical physicist performing the survey.

5.14.3 The medical physicist shall prepare a survey report that includes a summary of this review and recommendations for necessary improvements.

5.14.4 The survey report shall be sent to the facility within thirty (30) calendar days of the date of the survey.

5.14.5 The survey report shall be dated and signed by the medical physicist performing and/or supervising the survey. If the survey was performed entirely or in part by another individual under the direct supervision of the medical physicist, that individual and the part of the survey that individual performed shall also be identified in the survey report.

RHB 5.15. Mammography equipment evaluations.

Additional evaluations of mammography units or image processors shall be conducted whenever a new unit or processor is installed, a unit or processor is disassembled and reassembled at the same or a new location, or major components of a mammography unit or processor equipment are changed or repaired. These evaluations shall be used to determine whether the new or changed equipment meets the applicable standards in RHB 5.10 and 5.13. All problems shall be corrected before the new or changed equipment is put into service for examinations or film processing. The mammography equipment evaluation shall be performed by a medical physicist or an individual under the direct supervision of a medical physicist.

RHB 5.16. Calibration of air kerma measuring instruments.

Instruments used by medical physicists in their annual survey to measure the air kerma or air kerma rate from a mammography unit shall be calibrated at least once every two (2) years and each time the instrument is repaired. The instrument calibration must be traceable to a national standard and calibrated with an accuracy of plus or minus six percent (6%) (ninety-five percent (95%) confidence level) in the mammography energy range.

RHB 5.17. Additional Administrative Requirements.

Each facility where mammography services are provided shall ensure the availability for each mammography patient:

5.17.1 Instructions on how to perform breast self-examination;

5.17.2 Information that early detection of breast cancer is maximized through a combined approach, using monthly breast self-examination, a thorough physical examination performed by a physician, and mammography performed at recommended intervals; and

5.17.3 Information that mammography is the most accurate method for making an early detection of breast cancer, however, no diagnostic tool is one hundred percent (100%) effective.

RHB 5.18. Facility Cleanliness.

5.18.1 The facility shall establish and implement written procedures for maintaining darkroom, screen, and view box cleanliness.

5.18.2 The facility shall document that all cleaning procedures are performed at the frequencies specified in the written procedures.

RHB 5.19. Infection Control.

Facilities shall establish and comply with a system specifying procedures to be followed by the facility for cleaning and disinfecting mammography equipment after contact with blood or other potentially infectious materials. This system shall specify the methods for documenting facility compliance with the infection control procedures established and shall:

5.19.1 Comply with the manufacturer-recommended procedures for the cleaning and disinfection of the mammography equipment used in the facility; or

5.19.2 If adequate manufacturer's recommendations are not available, comply with generally accepted guidance on infection control, until such recommendations become available.

RHB 5.20. Mammography procedures and techniques for mammography patients with breast implants.

5.20.1 Each facility shall have a procedure to inquire whether or not the patient has breast implants prior to the actual mammographic exam.

5.20.2 Except where contraindicated, or unless modified by a physician's directions, patients with breast implants undergoing mammography shall have mammographic views to maximize the visualization of breast tissue.

RHB 5.21. Consumer Complaint Mechanism.

Each facility shall:

5.21.1 Establish a written and documented system for collecting and resolving consumer complaints;

5.21.2 Maintain a record of each serious complaint received by the facility for at least three (3) years after the date the complaint was received;

5.21.3 Provide the consumer with adequate directions for filing serious complaints with the facility's accreditation body if the facility is unable to resolve a serious complaint to the consumer's satisfaction; and

5.21.4 Report unresolved serious complaints to the accreditation body in a manner and time frame specified by the accreditation body.

RHB 5.22. Clinical image quality.

Clinical images produced by any certified facility shall continue to comply with the standards for clinical image quality established by that facility's accreditation body.

RHB 5.23. Mammography Medical Outcomes Audit.

Each facility shall establish and maintain a mammography medical outcomes audit program to follow-up positive mammographic assessments and to correlate pathology results with the interpreting physician's findings. This program shall be designed to ensure the reliability, clarity, and accuracy of the interpretation of mammograms.

5.23.1 General Requirements. Each facility shall establish a system to collect and review outcome data for all mammograms performed, including follow-up on the disposition of all positive mammograms and correlation of pathology results with the interpreting physician's mammography report. Analysis of these outcome data shall be made individually and collectively for all interpreting physicians at the facility. In addition, any cases of breast cancer among patients imaged at the facility that subsequently become known to the facility shall prompt the facility to initiate follow-up on surgical and/or pathology results and review of the mammograms taken prior to the diagnosis of a malignancy.

5.23.2 Frequency of audit analysis. The facility's first audit analysis shall be initiated no later than twelve (12) months after the date the facility becomes certified, or twelve (12) months after April 28, 1999, whichever is later. This audit analysis shall be completed within an additional twelve (12) months to permit completion of diagnostic procedures and data collection. Subsequent audit analyses shall be conducted at least once every twelve (12) months.

5.23.3 Reviewing interpreting physician. Each facility shall designate at least one (1) interpreting physician to review the medical outcomes audit data at least once every twelve (12) months. This individual shall record the dates of the audit period(s) and shall be responsible for analyzing results based on this audit. This individual shall also be responsible for documenting the results, notifying other interpreting physicians of their results and the facility aggregate results. If follow-up actions are taken, the reviewing interpreting physician shall also be responsible for documenting the nature of the follow-up.

RHB 5.24. Additional Mammography Review and Patient Notification.

5.24.1 If the Department believes that mammography quality at a facility has been compromised and may present a serious risk to human health, the facility shall provide clinical images and other relevant information, as specified by the Department, for review by the accreditation body. The Department will determine whether the facility is in compliance with this Part and if not, whether there is a need to notify affected patients, their physicians, or the public that the liability, clarity, and accuracy of interpretation of mammograms has been compromised.

5.24.2 If the Department determines that the quality of mammography performed by a facility, whether or not certified under RHB 5.4, was so inconsistent with the quality standards established in this Part as to present a significant risk to individual or public health, the Department may require such facility to notify patients who received mammograms at such facility, and their referring physicians, of the deficiencies presenting such risk, the potential harm resulting, appropriate remedial measures, and such other relevant information as the Department may require.

RHB 5.25. Mammography Units Used for Localization or Stereotactic Breast Biopsy Procedures.

5.25.1 Personnel. The following requirements apply to all personnel involved in localization or biopsy procedures performed with mammography units:

5.25.1.1 Interpreting Physicians. The interpreting physician shall:

5.25.1.1.1 Be responsible for quality assurance activities including medical audit (tracking of number of biopsies done, cancers found, benign lesions, biopsies needing repeat, and complications);

5.25.1.1.2 Be responsible for oversight of all quality control;

5.25.1.1.3 Be responsible for the supervision of the radiologic technologist and the medical physicist;

5.25.1.1.4 Be responsible for post-biopsy management of the patient; and

5.25.1.1.5 Provide documentation of compliance with this Part to the Department upon request.

5.25.1.2 Radiologic Technologists.

5.25.1.2.1 The radiologic technologist shall be currently registered in good standing with the American Registry of Radiologic Technologists.

5.25.1.2.2 The technologist shall have previously received documented training specifically in stereotactic breast biopsy procedures and techniques along with positioning for stereotactic units. This training shall consist of fifteen (15) hours of continuing education in mammography every three (3) years and three (3) hours of Category A continuing education in stereotactic breast biopsy every three (3) years.

5.25.1.2.3 Documentation of registration and training shall be provided to the Department upon request.

5.25.1.3 Medical Physicists. The medical physicist shall:

5.25.1.3.1 Be approved by the Department as a Class IX vendor as required in RHB 2.7.8.8 and be certified in diagnostic radiological physics or radiological physics by either the American Board of Radiology (ABR) or The American Board of Medical Physics (ABMP);

5.25.1.3.2 Meet the requirements of RHB 5.9.3.1.1, 5.9.3.1.2, and 5.9.3.1.3;

5.25.1.3.3 Have fifteen (15) hours of continuing education in mammography physics every three (3) years;

5.25.1.3.4 Have performed at least two (2) stereotactic breast biopsy surveys per year; and

5.25.1.3.5 Have three (3) hours of continuing education in stereotactic breast biopsy physics every three (3) years.

5.25.2 Equipment. Mammography units used for stereotactic breast biopsy or localization procedures shall meet the requirements of RHB 5.10, 5.13.5.2, 5.13.5.3, and 5.13.5.8 with the exception of RHB 5.13.5.10. Digital output mammography systems that do not use screen-film image receptors are exempt from the requirements of RHB 5.10 of this regulation as they relate to screen-film image receptors.

5.25.3 Quality Assurance.

5.25.3.1 Each facility shall establish and maintain a quality assurance program to ensure the safety, reliability, clarity, and accuracy of mammography localization or biopsy procedures performed at the facility.

5.25.3.2 Each facility shall have the services of a medical physicist available to survey mammography equipment and to oversee the equipment-related quality assurance practices of the facility.

5.25.3.3 The quality assurance program shall be in writing and shall have been developed by a medical physicist. The program shall include, but need not be limited to, the following:

5.25.3.3.1 Specifications of the tests that are to be performed, including instructions to be employed in the performance of those tests; and

5.25.3.3.2 Specifications of the frequency at which tests are to be performed, the acceptable tolerance for each parameter measured, and actions to be taken if tolerances are exceeded.

5.25.3.4 The medical physicist shall conduct a review of the quality assurance program each year. Such review shall include evaluation of the results of quality assurance testing and quality control tests as specified in the American College of Radiology's Stereotactic Breast Biopsy QC Manual.

5.25.3.5 Each facility shall maintain written records of the radiation dose measurements and quality assurance testing performed, as required in this Part, for inspection by the Department for a period of at least one (1) year, or until the next Department inspection, whichever is later. Such records shall include, but not be limited to, the following:

5.25.3.5.1 The date of the test and identification of the person performing the test;

5.25.3.5.2 Identification of the type of testing that was performed; and

5.25.3.5.3 Notification of whether the results of the testing were within the parameters established by the medical physicist.

5.25.3.6 The facility shall maintain a copy of the medical physicist's survey report, including documentation of any required corrective action, for Department review.

5.25.3.7 The survey report shall be dated and signed by the medical physicist performing and/or supervising the survey. If the survey was performed entirely or in part by another individual under the direct supervision of the medical physicist, that individual and the part of the survey that individual performed shall also be identified in the survey report.

RHB 5.26. Shielding.

All mammography facilities shall meet the shielding requirements specified in RHB 4.4.

RHB 5.27. Operating conditions.

All mammography facilities shall meet the requirements of RHB 4.2.3.

RHB 5.28. Notification Requirements for Mobile Mammography Facilities Certified by Another Certifying Agency.

Mobile mammography facilities that operate in South Carolina and are certified under MQSA by the FDA, or another state authorized by FDA to certify mammography facilities under MQSA, shall:

5.28.1 Notify the Department by telephone, facsimile, or letter of each date and location of operation of the mobile mammography facility in South Carolina prior to conducting such operation as required by RHB 2.4.2.1.4.

5.28.2 At all times while operating in South Carolina, have the following documentation available for review and inspection by the Department:

5.28.2.1 A copy of the mammography facility certificate issued by the FDA or another state, showing that the facility is currently certified;

5.28.2.2 A summary of the most recent physics survey of the mammography machine(s) and documentation of any corrective actions recommended by the medical physicist who performed the physics survey; and

5.28.2.3 Documentation that personnel meet the qualifications of RHB 5.9.

5.28.3 All provisions of RHB 2.3.4 and 2.4.2 apply.

RHB 5.29. Failure of Mobile Mammography Facilities Certified by Another Certifying Entity to Meet Requirements.

The Department shall notify the certifying entity of the facts and circumstances and may take other actions as may be appropriate under the Atomic Energy and Radiation Control Act and regulations thereunder if the Department has reason to believe that the owner, operator, or any employee of a mobile facility certified by another certifying entity:

5.29.1 Has been guilty of misrepresentation in obtaining the certificate;

5.29.2 Has failed to comply with the standards of this Part;

5.29.3 Has failed to comply with reasonable requests of the Department for records, information, reports, or materials that the Department believes are necessary to determine the continued eligibility of the facility for a certificate or continued compliance with the standards of this Part; or

5.29.4 Has refused a reasonable request of a Department representative for permission to inspect the facility or the operations and pertinent records of the facility.

Appendix A. Mammography Dose Measurement Protocol.

The technique factors used for performing a mammography examination shall not permit the mean glandular absorbed dose to exceed the limits specified in RHB 5.13.5.10. Radiation measurements shall be performed with an integrating radiation measuring device that is appropriate to the high beam intensity and mammographic kilovoltage peak (kVp) used, and sufficiently sensitive to determine compliance with the criteria specified in RHB 5.16. The instrument shall have been calibrated as specified in RHB 5.16.

The mammography exam dose limits are based on an average compressed breast value of 4.2 centimeters having an average density (i.e., fifty percent (50%) adipose and fifty percent (50%) glandular).

Perform the following steps to determine the mean glandular dose to a nominal 4.2 centimeter compressed breast:

a) Measure and record the x-ray system’s useful beam half value layer (HVL). (See RHB 5.13.5.8.) Any compression device normally in the useful beam during mammography procedures shall be required to be placed between the x-ray tube target and measuring device when determining the HVL. The useful beam shall be collimated to a size encompassing the detector.

NOTE: Filters used for the HVL evaluation should be placed as close to the target as practical. The HVL for screen-film mammography should not exceed the minimum acceptable HVL by more than 0.1 millimeter of aluminum equivalent.

b) Determine the glandular dose to entrance exposure factor from the Mammography Dose Evaluation Table (see Appendix C of this Part) using the appropriate HVL, kVp, and x-ray tube target-filter material.

NOTE: The kVp of screen-film mammography systems with molybdenum target-filter combinations should be accurately measured to determine the appropriate glandular dose to entrance exposure factor from Appendix C of this Part.

c) If the equipment has the capability for variable source-to-image receptor distance (SID), set the craniocaudal SID for the image receptor system used.

d) Position in the useful beam any compression apparatus normally used.

NOTE: Some mammography systems have the capability of providing automatic adjustment of technique factors through feedback from the position of the compression device. On such systems, the compression device should be lowered to a position 4.2 centimeters above the breast support assembly (BSA). The device should then be removed, inverted, and replaced to allow placement of the phantom and measuring device on the BSA below the compression device. If the compression device cannot be replaced in an inverted position, the device should be placed in the beam using auxiliary support.

e) Placement of the Radiation Measuring Device

1) For systems equipped with automatic exposure control (AEC):

A) Place a properly loaded film cassette in the cassette holder.

NOTE: The loaded cassette is placed in the cassette holder to simulate, as much as is possible, the conditions under which actual patient exposures are made. Following radiation measurements, the film should be discarded and the cassette reloaded with unexposed film.

B) Place a mammography phantom (see the definition for "Phantom") on the breast support assembly (BSA). Align the phantom so that the edge of the phantom is aligned with the chest wall side of the BSA and the phantom is over the automatic exposure control device(s).

C) Place a radiation measuring device in the useful beam so the center axis of the device is parallel to the breast support assembly (BSA). The geometric center of the measuring device shall be positioned 4.5 centimeters above the BSA, 2.5 centimeters from the chest wall edge of the BSA, and immediately adjacent to either side of the mammography phantom.

2) For systems not equipped with AEC, place a radiation measuring device in the useful beam so that the center axis of the device is parallel to the breast support assembly (BSA). The geometric center of the measuring device shall be positioned so that it is centered 4.5 centimeters above the BSA, 2.5 centimeters from the chest wall edge of the BSA, and at the center line of the BSA. No part of the devices detector area shall be outside of the useful beam.

f) Collimate the x-ray field to the size normally used and assure that the area covered by the useful beam includes the detector area of the radiation measuring device and the mammography phantom if the equipment is equipped with automatic exposure.

g) Set the appropriate technique factors or automatic exposure controls normally used for a nominal 4.2 centimeter compressed breast.

h) Measure and record the exposure in air with the radiation measuring device.

i) Calculate the mean glandular dose for a 4.2 centimeter compressed breast by multiplying the measured exposure in millicoulombs per kilogram or in roentgens by the glandular dose to entrance exposure factor, which was determined using the procedure described in subsection (b) of this Appendix.

EXAMPLE: A mammography system is provided with a molybdenum target-filter combination, and the HVL and kVp are determined to be 0.3 and 30, respectively. Therefore, for a 4.2 centimeter compressed breast, the glandular dose to entrance exposure factor from the Mammography Dose Evaluation Table (Appendix C of this Part) would be 159 mrad. The measured roentgen output determined in subsection (h) of this Appendix is determined to be 1.8 R. Therefore, the mean glandular dose would be 1.8 R multiplied by 159 mrad/R. This results in a mean glandular dose measurement of 286 mrad. As such, the system would be in compliance with RHB 5.13.5.10.

Appendix B. Mammography Phantom Image Evaluation.

Mammography phantom image evaluation shall be performed using the procedure below. The evaluation shall be performed weekly as a part of the quality assurance program. The evaluation shall be performed with the mammography phantom specified in Part X.

a) Equipment necessary for mammography phantom image evaluation includes a densitometer, the mammography phantom, and mammographic cassette and film.

b) Load film in the mammographic cassette according to the manufacturer's instructions.

c) Place the properly loaded cassette in the cassette holder.

d) Place the mammography phantom on the breast support assembly (BSA) so that the edge of the phantom is aligned with the chest wall side of the BSA. Align the phantom so that the masses in the phantom are nearest the chest wall edge of the BSA and the fibers in the phantom are away from the chest wall edge of the BSA. If the mammography machine has the capability of automatic exposure control, place the phantom so that the phantom covers the phototimer sensor.

e) Position the compression device so that it is in contact with the phantom.

f) Select the technique factors used most frequently in the clinical setting for a 4.2 centimeter compressed breast and make an exposure of the phantom.

g) Process the film in the processor used for clinical mammography films.

h) Examine the processed image for areas of non-uniformity of optical density and for the presence of artifacts due to dirt, dust, grid lines, or processing.

NOTE: If any of the problems noted above are evident on the processed image, the mammography machine film processor and film cassette(s) should be evaluated and the problem corrected. The phantom image evaluation should be repeated after the problem is corrected.

i) Measure and record the optical density of the film near the center of the phantom image. The optical density of the film at the center of the image of the phantom shall be at least 1.20 when exposed under a typical clinical condition.

j) Examine the phantom image and count and record the number of masses visualized. Repeat this procedure for the speck groups and the fibrils and record the number of objects visualized. There are a total of sixteen (16) imaging objects (five (5) masses, five (5) speck groups, and six (6) fibrils) in the phantom. Evaluation criteria for objects visualized in the phantom image are in RHB 5.13.2.5 and 5.13.2.4. As a minimum, the objects that must be visualized in the phantom image are:

1) The masses that are 0.75 millimeter or larger (a total of three (3) masses);

2) The speck groups that are 0.32 millimeter or larger (a total of three (3) speck groups); and

3) The fibrils that are 0.75 millimeter or larger (a total of four (4) fibrils).

NOTE: The phantom image should be compared with previous films, including the original phantom image, to determine if subtle changes are occurring from week to week.

Appendix C. Mammography Dose Evaluation Tables.

These tables are used to determine the mean glandular dose in milligrays delivered by 25.9 mC/kg (or millirad) delivered by one Roentgen (1 R) in air incident on a 4.2 centimeter thickness compressed breast of average density (fifty percent (50%) adipose and fifty percent (50%) glandular tissue). Linear extrapolation or interpolation shall be made for any HVL not listed. To convert from entrance exposure in air in roentgens to mean glandular breast dose in millirads, multiply the entrance exposure by the factor shown in the table for the appropriate kVp and beam quality (HVL) combination.

GLANDULAR DOSE (IN mrad) FOR 1 ROENTGEN ENTRANCE EXPOSURE TO A 4.2-CM BREAST THICKNESS---50% ADIPOSE 50% GLANDULAR BREAST TISSUE---USING A Mo/Mo TARGET-FILTER COMBINATION*

X-ray Tube Voltage (kVp)												W/Al
												Target-Filter
HVL	23	24	25	26	27	28	29	30	31	32	33	Combination
0.23	116											
0.24	121	124										
0.25	126	129	131									
0.26	130	133	135	138								
0.27	135	138	140	142	143							
0.28	140	142	144	146	147	149						
0.29	144	146	148	150	151	153	154					
0.30	149	151	153	155	156	157	158	159				170
0.31	154	156	157	159	160	161	162	163	164			175
0.32	158	160	162	163	164	166	167	168	168	170	171	180
0.33	163	165	166	168	169	170	171	173	173	174	175	185
0.34	168	170	171	172	173	174	175	176	177	178	179	190
0.35		174	175	176	177	178	179	180	181	182	183	194
0.36			179	181	182	183	184	185	185	186	187	199
0.37				185	186	187	188	189	190	191	191	204
0.38					190	191	192	193	194	195	195	208
0.39						196	197	198	198	199	200	213
0.40							201	202	203	204	204	217

0.41								206	207	208	208	221
0.42									211	212	212	225
0.43										215	216	230
0.44											220	234
0.45												238

GLANDULAR DOSE (IN mrad) FOR 1 ROENTGEN ENTRANCE EXPOSURE TO A 4.2-CM BREAST THICKNESS ---50% ADIPOSE 50% GLANDULAR BREAST TISSUE ---USING A Mo/Rh TARGET-FILTER COMBINATION*

X-ray Tube Voltage (kVp)											
HVL	25	26	27	28	29	30	31	32	33	34	35
0.28	149	151	154								
0.29	154	156	158	159							
0.30	158	160	162	162	163						
0.31	163	164	166	166	166	167	167				
0.32	167	169	171	171	171	171	172	172			
0.33	171	173	175	176	176	176	176	177			
0.34	176	178	179	179	180	180	180	181	181		
0.35	180	181	183	183	184	185	185	186	187		
0.36	185	186	187	187	188	188	189	190	191	191	
0.37	189	190	191	191	192	193	193	194	195	195	
0.38	193	194	196	196	197	197	197	198	199	199	200
0.39	198	199	200	200	201	201	202	202	203	203	204
0.40	202	203	204	204	205	205	206	207	208	208	208
0.41	206	207	208	208	209	209	210	211	212	212	212
0.42	211	211	212	212	213	213	214	215	216	216	217
0.43	215	216	217	217	218	218	219	219	220	220	221
0.44	220	220	221	221	222	222	223	223	224	224	225
0.45	224	224	225	225	226	226	227	227	228	228	229
0.46		228	229	229	230	231	231	232	233	233	234
0.47			233	233	234	235	235	236	237	237	238
0.48			238	238	239	240	240	241	241	242	242
0.49				242	243	243	244	244	245	245	246
0.50					247	247	248	248	249	250	251
0.51						251	252	253	254	254	255
0.52							257	257	258	258	259
0.53							261	261	262	263	264
0.54								265	266	267	268
0.55								269	270	271	272
0.56									275	276	276
0.57									279	280	281
0.58										284	285
0.59										288	289
0.60											293

GLANDULAR DOSE (IN mrad) FOR 1 ROENTGEN ENTRANCE EXPOSURE TO A 4.2-CM BREAST THICKNESS ---50% ADIPOSE 50% GLANDULAR BREAST TISSUE ---USING A Rh/Rh TARGET-FILTER COMBINATION*

X-ray Tube Voltage (kVp)											
HVL	25	26	27	28	29	30	31	32	33	34	35
0.28	150	155	159								
0.29	155	160	164	168							
0.30	160	164	168	172	176						
0.31	165	168	172	174	180	182					
0.32	169	173	177	181	184	186	188				
0.33	174	178	181	185	188	190	192				
0.34	179	183	186	190	193	195	196	199			
0.35	184	187	190	194	197	199	201	203			
0.36	189	192	195	198	201	204	205	207	209		
0.37	193	196	199	202	205	207	209	211	213		
0.38	198	201	204	207	209	211	213	215	217	219	221
0.39	203	206	208	211	214	216	217	219	221	223	224
0.40	208	211	213	216	218	220	221	223	224	226	228
0.41	213	215	217	220	222	224	225	227	228	230	232
0.42	218	220	222	224	226	228	229	231	232	234	236
0.43	222	224	226	228	230	232	233	235	236	238	240
0.44	227	229	231	233	235	237	238	239	240	242	243
0.45	232	234	235	237	239	241	242	243	244	246	247
0.46			239	241	243	245	246	247	248	250	251
0.47					247	249	250	251	252	254	255
0.48					251	253	254	255	256	258	259
0.49						257	258	259	260	261	262
0.50						261	262	263	264	265	266
0.51							266	267	268	269	270
0.52							270	271	272	273	274
0.53							275	276	276	277	278
0.54								279	280	280	281
0.55								283	284	284	285
0.56									288	288	289
0.57										292	293
0.58										296	297
0.59											300
0.60											304

PART VI
USE OF THERAPEUTIC EQUIPMENT

RHB 6.1. Scope.

This Part establishes requirements, for which the registrant is responsible, for use of therapeutic radiation equipment. The provisions of this Part are in addition to, and not in substitution for, other applicable provisions of this regulation. All provisions of this Part also apply to therapeutic veterinary installations.

RHB 6.2. Shielding Requirements for all Therapeutic X-ray Equipment.

6.2.1 All facilities utilizing therapy equipment shall meet the shielding requirements specified in RHB 4.4.

RHB 6.3. General Provisions for all Therapeutic Equipment.

6.3.1 Radiation Safety Officer.

6.3.1.1 The registrant shall designate an individual who will be responsible for radiation protection for the therapeutic equipment. Such individual may be a radiological physicist, and shall:

6.3.1.1.1 Be qualified by training and experience concerning all hazards and precautions involved in operating the therapeutic equipment for which he or she is responsible;

6.3.1.1.2 Recommend a detailed program of radiation safety for effective compliance with the applicable requirements of this regulation;

6.3.1.1.3 Give instructions concerning hazards and safety practices to individuals who may be exposed to radiation from the therapeutic equipment; and

6.3.1.1.4 Ensure surveys are performed and carry out other procedures as required by this regulation.

6.3.1.2 Each therapeutic machine shall be under the administrative control of the Radiation Safety Officer, who will be responsible for the safe operation of the equipment.

6.3.2 Procedures.

6.3.2.1 Written operating procedures as well as specified safety rules shall be established for each therapeutic unit facility and approved by the Radiation Safety Officer.

6.3.2.1.1 Operating procedures. The written operating procedures to be implemented shall include the following:

6.3.2.1.1.1 Policies and procedures for pregnant workers;

6.3.2.1.1.2 Policies and procedures for personnel monitoring;

6.3.2.1.1.3 Policies and procedures for training new employees;

6.3.2.1.1.4 Policies and procedures for identifying and reporting misadministrations; and

6.3.2.1.1.5 Policies and procedures for quality assurance addressing annual equipment performance testing on radiation therapy simulators and CT scanners used for treatment planning.

6.3.2.1.2 Emergency Procedures. The emergency procedures shall include instructions for contacting the therapeutic radiological physicist when operational problems or emergencies occur and the actions that are to be taken until the physicist can be contacted.

6.3.2.2 Operators and maintenance personnel shall be familiar with and have available a copy of the written operating and emergency procedures. Documentation must be maintained indicating that the operator or maintenance person has read and agrees to adhere to the operating procedures.

6.3.3 Operator Requirements and Training.

6.3.3.1 The registrant shall assure that all therapeutic equipment under his or her control is operated only by a radiation therapist possessing a current, valid certificate from the South Carolina Radiation Quality Standards Association. For the purpose of this Part, a radiation therapist is defined as a person who applies radiation to humans for therapeutic purposes; performs treatment setups, including, but not limited to, patient positioning, setting of treatment parameters on the control panel, and verification of treatment accessories; or documents daily treatments for a patient's chart.

6.3.3.2 In-house modification, repairs, or preventative maintenance on therapeutic equipment components or safety interlocks may be performed only by or under the direct supervision of persons who have received at least the minimum training specified in RHB 6.3.3.12 and demonstrated competence specified in RHB 6.3.3.13.

6.3.3.3 No person other than a licensed practitioner or a radiation therapist possessing a current, valid certificate from the South Carolina Radiation Quality Standards Association shall use equipment emitting ionizing radiation on humans for therapeutic purposes.

6.3.3.4 No person shall employ or designate as a radiation therapist a person who does not hold a certificate issued by the South Carolina Radiation Quality Standards Association.

6.3.3.5 No person holding a certificate issued by the South Carolina Radiation Quality Standards Association shall use equipment emitting ionizing radiation on humans for therapeutic purposes unless under the direction and supervision of a licensed practitioner and unless so directed by prescription of a licensed practitioner.

6.3.3.6 No person who is not certified by the South Carolina Radiation Quality Standards Association shall take, use, or exhibit the title of "limited practice radiographer," "radiographer," "radiation therapist," or any other title, sign, display, or declaration that tends to lead the public to believe that the person is authorized to apply ionizing radiation on humans for therapeutic purposes.

6.3.3.7 A student enrolled in and attending a school or college of medicine, radiologic technology, radiation therapy, or a curriculum approved by the South Carolina Radiation Quality Standards Association, or a resident in an approved graduate education program of medicine may apply ionizing radiation to humans without a certificate from the South Carolina Radiation Quality Standards Association, as long as the student or resident is under the direct supervision of a licensed practitioner or direct supervision of a certified radiation therapist appropriately trained to supervise the specific procedure.

6.3.3.8 The registrant shall display each operator's current certificate in public view, not obstructed by any barrier, equipment, or other object. The registrant may also post a notice to the public that South Carolina Radiation Quality Standards Association certificates are available for review upon request.

6.3.3.9 The registrant shall ensure that each operator has received training specific to the equipment and procedures in use at his or her facility, including machine specific training, use of personnel monitoring devices, quality assurance procedures, and the operating procedures required by RHB 6.3.2. Documentation of this training for each operator shall be made available for Departmental review.

6.3.3.10 The registrant shall ensure all operators receive at least one (1) month of on-the-job training before assuming operational responsibility. Documentation of training shall include, at a minimum, the date the operator was assigned therapeutic responsibility; the training completion date; and topics covered in training.

6.3.3.11 The registrant shall maintain a record of all training for each operator. Such records shall be made available for Departmental inspection. Training records of former operators shall be retained for a period of at least two (2) years, or until the next Department inspection, whichever is later.

6.3.3.12 Training of in-house and test maintenance personnel shall include:

6.3.3.12.1 Fundamentals of Radiation Safety.

6.3.3.12.1.1 Characteristics of radiation.

6.3.3.12.1.2 Units of radiation dose.

6.3.3.12.1.3 Hazards of excessive exposure to radiation.

6.3.3.12.1.4 Levels of radiation from therapeutic equipment.

6.3.3.12.1.5 Methods used to prevent radiation exposure including shielding, interlocks, safety rules, and radiation monitoring equipment.

6.3.3.12.2 Use and care of personnel monitoring equipment employed at the facility.

6.3.3.12.3 Location and use of all operating controls.

6.3.3.12.4 Requirements of pertinent state regulations.

6.3.3.12.5 Registrant's written operating and emergency procedures.

6.3.3.13 In-house personnel who are to perform or directly supervise modifications, tests, or maintenance work shall demonstrate the following capabilities to the Radiation Safety Officer:

6.3.3.13.1 Ability to read and understand electrical diagrams.

6.3.3.13.2 A thorough knowledge of the principles and operation of the therapeutic equipment.

6.3.3.13.3 A thorough knowledge of the safety interlock system.

6.3.3.13.4 Ability to understand, use, and check the operation of radiation survey instruments.

6.3.3.14 The registrant shall maintain a record of all training for in-house testing and maintenance personnel. Such records shall be made available for Departmental inspection.

6.3.4 Training for Therapeutic Radiation Machine Authorized Users.

6.3.4.1 For any therapeutic radiation machine covered in Part VI the registrant shall require the authorized user to be a licensed practitioner who:

6.3.4.1.1 Is certified in:

6.3.4.1.1.1 Radiation oncology or therapeutic radiology by the American Board of Radiology, or Radiology (combined diagnostic and therapeutic radiology program) by the American Board of Radiology prior to 1976;

6.3.4.1.1.2 Radiation oncology by the American Osteopathic Board of Radiology;

6.3.4.1.1.3 Radiology, with specialization in radiotherapy, as a British "Fellow of the Faculty of Radiology" or "Fellow of the Royal College of Radiology";

6.3.4.1.1.4 Therapeutic radiology by the Canadian Royal College of Physicians and Surgeons; or

6.3.4.1.2 Is in the active practice of therapeutic radiology and has completed two hundred (200) hours of instruction in basic radiation techniques applicable to the use of an external beam radiation therapy unit, five hundred (500) hours of supervised work experience, and a minimum of three (3) years of supervised clinical experience.

6.3.4.1.2.1 To satisfy the requirement for instruction, the classroom and laboratory training shall include radiation physics and instrumentation, radiation protection, mathematics pertaining to the use and measurement of ionization radiation, and radiation biology.

6.3.4.1.2.2 To satisfy the requirement for supervised work experience, training shall be under the supervision of an authorized user and shall include review of the full calibration measurements and periodic quality assurance checks, evaluation of prepared treatment plans and calculation of treatment times/patient treatment settings, using administrative controls to prevent misadministrations, implementing emergency procedures to be followed in the event of the abnormal operation of an external beam radiation therapy unit or console, and checking and using radiation survey meters.

6.3.4.1.2.3 To satisfy the requirement for a period of supervised clinical experience, training shall include one (1) year in a formal training program approved by the Residency Review Committee for Radiology of the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association and an additional two (2) years of clinical experience in therapeutic radiology under the supervision of an authorized user. The supervised clinical experience shall include:

6.3.4.1.2.3.1 Examining individuals and reviewing their case histories to determine their suitability for external beam radiation therapy treatment, and any limitations/contraindications;

6.3.4.1.2.3.2 Selecting proper dose and how it is to be administered;

6.3.4.1.2.3.3 Calculating the therapeutic radiation machine doses and collaborating with the authorized user in the review of patients' progress and consideration of the need to modify originally prescribed doses and/or treatment plans as warranted by patients' reaction to radiation; and

6.3.4.1.2.3.4 Post-administration follow-up and review of case histories.

6.3.4.2 The registrant shall maintain a record of all training for each authorized user. Such records shall be made available for Departmental inspection.

6.3.5 Control.

6.3.5.1 The Radiation Safety Officer shall maintain a current list of all personnel who are qualified to service the therapeutic equipment.

6.3.5.2 No registrant shall permit a therapeutic unit to operate at any time with a safety interlock bypassed, except for necessary testing.

6.3.5.3 The accelerator shall not be used for treatment of patients unless the operator can maintain visual observation of the patient and audible communication with the patient.

6.3.5.4 No individual other than the patient shall be in the therapy room during irradiation.

6.3.5.5 Individuals shall not be exposed to the useful beam except for therapy purposes and unless such exposure has been ordered in writing by a therapeutic radiation machine authorized user. This provision specifically prohibits deliberate exposure of an individual for training, demonstration, or other non-healing-arts purposes.

6.3.6 Technique indicators. Instrumentation readouts and controls on the therapy control console must be clearly identified and easily discernable.

6.3.7 The accelerator is used in such a manner that patients, workers, and the general public are protected from radiation hazards and the provisions of Part III of this regulation are met.

6.3.8 No therapeutic machine shall be left unattended unless it is secured against unauthorized use.

RHB 6.4. Therapeutic X-ray Systems of Less than 1 MeV.

6.4.1 Equipment requirements.

6.4.1.1 Leakage radiation. When the tube is operated at its leakage technique factors, the leakage radiation shall not exceed the values specified at the distance stated for the classification of that x-ray system shown in Table 1.

TABLE 1. LEAKAGE LIMITS FOR THERAPEUTIC X-RAY SYSTEMS OF LESS THAN 1 MeV.

System	Leakage Limit	Measurement Location
Contact Therapy	100 mR/hr	5 cm from surface of tube housing
0-150 kVp (manufactured or installed prior to January 1, 1994)	1 R in 1 hr.	1 m from source
0-150 kVp (manufactured on or after January 1, 1994)	100 mR in 1 hr	1 m from source
151-500 kVp	1 R in 1 hr	1 m from source
500-999 kVp	0.1 percent of 1 R in 1 hr.	1 m from source useful beam

6.4.1.2 Permanent Beam-Limiting Devices. Permanent fixed diaphragms or cones used for limiting the useful beam shall provide the same or a higher degree of protection as required for the tube housing assembly.

6.4.1.3 Removable and Adjustable Beam-Limiting Device.

6.4.1.3.1 Removable beam-limiting devices shall, for the portion of the useful beam to be blocked by these devices, transmit not more than one percent (1%) of the useful beam at the maximum kV and maximum treatment filter. This requirement does not apply to auxiliary blocks or materials placed in the useful beam to shape the useful beam to the individual patient.

6.4.1.3.2 Adjustable beam-limiting devices shall, for the portion of the x-ray beam to be blocked by these devices, transmit not more than five percent (5%) of the useful beam at the maximum kV and maximum treatment filter.

6.4.1.3.3 Adjustable beam-limiting devices installed after May 25, 2001, shall meet the requirements of RHB 6.4.1.3.

6.4.1.4 The filter system shall be so designed that:

6.4.1.4.1 The filters cannot be accidentally displaced at any possible tube orientation;

6.4.1.4.2 For equipment installed after January 1, 1994, an interlock system prevents irradiation if the proper filter is not in place;

6.4.1.4.3 The radiation at five centimeters (5 cm) from the filter insertion slot opening does not exceed thirty Roentgens (30 R)(7.74 mC/kg) per hour under any operating conditions; and

6.4.1.4.4 Each filter is marked as to its material of construction and its thickness. For wedge filters, the wedge angle shall appear on the wedge or wedge tray.

6.4.1.5 Tube Immobilization. The tube housing assembly shall be capable of being immobilized for stationary treatments.

6.4.1.6 Focal Spot Marking. The tube housing assembly shall be so marked that it is possible to determine the location of the focal spot to within five millimeters (5 mm), and such markings shall be readily accessible for use during calibration procedures.

6.4.1.7 Beam Block. Contact therapy tube housing assemblies shall have a removable shield of at least 0.5 millimeter lead equivalency at one hundred kilovoltage peak (100 kVp) that can be positioned over the entire useful beam exit port during periods when the beam is not in use.

6.4.1.8 Beam Monitoring System. Systems of greater than one hundred fifty (150 kVp) manufactured after January 1, 1994, shall be provided with a beam monitoring system which:

6.4.1.8.1 Shall have the detector of the monitor system interlocked to prevent incorrect positioning;

6.4.1.8.2 Shall not allow irradiation until a preselected value of exposure has been made at the treatment control panel;

6.4.1.8.3 Shall independently terminate irradiation when the preselected exposure has been reached;

6.4.1.8.4 Shall be so designed that, in the event of a system malfunction or electrical power failure, the dose administered to a patient prior to the system malfunction or power failure can be accurately determined;

6.4.1.8.5 Shall have a display at the control panel from which the dose at a reference point in soft tissue can be calculated;

6.4.1.8.6 Shall have a control panel display which maintains the administered dose reading until intentionally reset to zero (0); and

6.4.1.8.7 Shall have a control panel display which does not have scale multiplying factors and utilizes a design such that increasing dose is displayed by increasing numbers.

6.4.1.9 Timer.

6.4.1.9.1 A timer which has a display shall be provided at the treatment control panel. The timer shall have a preset time selector.

6.4.1.9.2 The timer shall activate with the production of radiation and retain its reading after irradiation is interrupted. After irradiation is terminated and before irradiation can be reinitiated, it shall be necessary to reset the elapsed time indicator to zero (0).

6.4.1.9.3 The timer shall terminate irradiation when a preselected time has elapsed, if any dose monitoring system present has not previously terminated irradiation.

6.4.1.9.4 The timer shall permit accurate presetting and determination of exposure times as short as one (1) second.

6.4.1.9.5 The timer shall not permit an exposure if set at zero (0).

6.4.1.9.6 The timer shall not activate until the shutter is opened when irradiation is controlled by a shutter mechanism unless calibration includes a timer factor to compensate for mechanical lag.

6.4.1.9.7 Timers shall be accurate to within one percent (1%) of the selected value or one (1) second, whichever is greater.

6.4.1.10 Control Panel Functions. The control panel, in addition to the displays required in other provisions of this Part, shall have:

6.4.1.10.1 An indication of whether electrical power is available at the control panel and if activation of the x-ray tube is possible;

6.4.1.10.2 An indication of whether x-rays are being produced;

6.4.1.10.3 Means for indicating x-ray tube potential and current;

6.4.1.10.4 Means for terminating an exposure at any time;

6.4.1.10.5 A locking device which will prevent unauthorized use of the x-ray system; and

6.4.1.10.6 For x-ray systems manufactured after May 25, 2001, a positive display of specific filters in the beam.

6.4.1.11 Multiple Tubes. When a control panel may energize more than one (1) x-ray tube:

6.4.1.11.1 It shall be possible to activate only one (1) x-ray tube at any time;

6.4.1.11.2 There shall be an indication at the control panel identifying which x-ray tube is activated; and

6.4.1.11.3 There shall be an indication at the tube housing assembly when that tube is energized.

6.4.1.12 Source-to-Skin Distance (SSD). There shall be means of determining initially the SSD to within one centimeter (1 cm) and of producing this measurement to within two millimeters (2 mm) thereafter.

6.4.1.13 Shutters. Unless it is possible to bring the x-ray output to the prescribed exposure parameters within five (5) seconds, the beam shall be attenuated by a shutter having a lead equivalency not less than that of the tube housing assembly.

6.4.1.13.1 After the unit is at operating parameters, the shutter shall be controlled electrically by the operator from the control panel.

6.4.1.13.2 An indication of shutter position shall appear on the control panel.

6.4.2 Facility Design Requirements for Therapy X-ray Systems Capable of Operating Above 50 kVp.

6.4.2.1 Aural Communication. Provision shall be made for two-way aural communication between the patient and the operator at the control panel. However, where excessive noise levels or treatment requirements make aural communication impractical, other methods of communication shall be used.

6.4.2.2 Viewing Systems.

6.4.2.2.1 Windows, mirrors, closed circuit television, or an equivalent system shall be provided to permit continuous observation of the patient during irradiation and shall be so located that the operator can observe the patient from the control panel.

6.4.2.2.2 When the primary viewing system is by electronic means, an alternate viewing system, which may be electronic, shall be available for use in the event of failure of the primary viewing system.

6.4.2.2.3 Should both systems described in RHB 6.4.2.2.2 above fail or be inoperative, treatment shall not be performed with the unit until one of the systems is restored.

6.4.2.3 Barriers. With equipment operating at voltages above fifty kilovoltage peak (50 kVp), the required barriers shall be an integral part of the building.

6.4.2.4 Multiple Access. Treatment rooms to which access is possible through more than one entrance shall be provided with flashing warning lights in a readily observable position near the outside of all access doors, which will indicate when the useful beam is "on." Interlocks shall be provided such that all entrance doors must be closed, including doors to any interior booths, before treatment can be initiated or continued. If the radiation beam is interrupted by any door opening, it shall not be possible to restore the machine to operation without closing the door and reinitiating irradiation by manual action at the control panel.

6.4.3 Additional Requirements for X-ray Systems Capable of Operating Above 150 kVp.

6.4.3.1 All protective barriers shall be fixed except for entrance doors or beam interceptors.

6.4.3.2 The control panel shall be within a protective booth equipped with an interlocked door or located outside the treatment room or in a totally enclosed booth, which has a ceiling, inside the room.

6.4.3.3 Interlocks shall be provided such that all entrance doors must be closed, including doors to any interior booth, before treatment can be initiated or continued. If the radiation beam is interrupted by any door opening, it shall not be possible to restore the machine to operation without closing the door and reinitiating irradiation by manual action at the control panel.

6.4.3.4 When any door referred to in RHB 6.4.3.3 is opened while the x-ray tube is activated, the exposure at a distance of one meter (1 m) from the source shall be reduced to less than one hundred milliroentgen (100 mR) per hour.

6.4.3.5 A scram button or other emergency power cut-off switch shall be located and easily identifiable in all accessible high radiation areas.

6.4.3.6 All safety and warning devices, including interlocks, shall be tested and appropriately serviced after each five hundred (500) hours of operation or at intervals not to exceed six (6) months, whichever comes first. Documentation shall be kept and available for review of all testing and servicing.

6.4.4 Surveys, Calibrations, and Spot Checks.

6.4.4.1 Surveys.

6.4.4.1.1 All new facilities, and existing facilities not previously surveyed shall have a survey made by or under the direction of a qualified expert who is authorized by the Department to perform such surveys. Such surveys shall be done after any change in the facility or equipment which might cause a significant increase in radiation hazard. A record shall be made of the therapeutic operating conditions and radiation levels measured at specific control points. One (1) of these control points must be at the normal work station of the operator.

6.4.4.1.2 The registrant shall obtain a written report of the survey from the qualified expert. A copy of the initial report shall be transmitted by the registrant to the Department within thirty (30) calendar days of the first patient treatment following the survey. The registrant shall maintain all subsequent reports for inspection by the Department.

6.4.4.1.3 The survey and report shall indicate all instances where the installation, in the opinion of the qualified expert, is in violation of applicable rules or regulations.

6.4.4.1.4 The registrant shall maintain sufficient calibrated and operable radiation survey instruments to make physical radiation surveys as required by this regulation. Each radiation survey instrument shall meet the requirements of RHB 1.4.4.

6.4.4.2 Calibrations. Calibrations of x-ray systems subject to the requirements of this Part shall meet the following requirements:

6.4.4.2.1 The calibration of an x-ray system shall be performed at intervals not to exceed one (1) year and after any change or replacement of components which could cause a change in the radiation output on output.

6.4.4.2.2 The calibration of the radiation output of the x-ray system shall be performed by or under the direction of a radiological physicist who is physically present at the facility during such calibration.

6.4.4.2.3 Calibration of the radiation output of an x-ray system shall be performed with a calibrated dosimetry system. The calibration of such system shall meet the requirements of RHB 1.4.4.

6.4.4.2.4 The calibration shall be such that the dose at a reference point in a water or tissue equivalent phantom can be calculated to within an uncertainty of five percent (5%). For superficial units, free-in-air calibrations are acceptable.

6.4.4.2.5 The calibration of the x-ray system shall include, but not be limited to, the following determinations:

6.4.4.2.5.1 Verification that the x-ray system is operating in compliance with the design specifications;

6.4.4.2.5.2 Half-value layer for each kV setting and filter combination used;

6.4.4.2.5.3 The exposure rates as a function of field size, technique factors, filter, and treatment distance used; and

6.4.4.2.5.4 The degree of congruence between the radiation field and the field indicated by the localizing device if such device is present, which shall be within five millimeters (5 mm) for any field edge.

6.4.4.2.6 Records of calibrations shall be maintained by the registrant for five (5) years after completion of the calibration. The records shall be available for review.

6.4.4.2.7 A copy of the most recent x-ray system calibration shall be available at or in the general area of the control panel.

6.4.4.2.8 A copy of the most recent x-ray system calibration shall be submitted to the Department upon request.

6.4.4.3 Spot Checks. Spot checks shall be performed on x-ray systems capable of operation at greater than one hundred fifty kilovoltage peak (150 kVp). Such spot checks shall meet the following requirements:

6.4.4.3.1 The spot check procedures shall be in writing and shall have been developed by a radiological physicist. A copy of the procedures shall be submitted to the Department upon request.

6.4.4.3.2 If the radiological physicist does not perform the spot check measurement, the results of the spot check measurements shall be reviewed by the radiological physicist within seven (7) treatment days and a record made of the review.

6.4.4.3.3 The spot check procedures shall specify the frequency at which tests or measurements are to be performed. The spot check procedures shall specify that the spot check shall be performed during the calibration specified in RHB 6.4.4.2. The acceptable tolerance for each parameter measured in the spot check when compared to the value for that parameter determined in the calibration specified in RHB 6.4.4.2 shall be stated.

6.4.4.3.4 The written spot check procedures shall include special operating instructions which shall be carried out whenever a parameter in RHB 6.4.4.2 exceeds an acceptable tolerance.

6.4.4.3.5 Whenever a spot check indicates a significant change in the operating characteristics of a system, as specified in the spot check procedures, the system shall be recalibrated, as required in RHB 6.4.4.2.

6.4.4.3.6 Records of spot check measurements and any necessary corrective actions shall be maintained by the registrant for two (2) years after completion of the spot check measurements. A copy of the most recent spot check shall be available at or in the area of the control panel.

6.4.4.3.7 Where a spot check involves a radiation measurement, such measurement shall be obtained using a system satisfying the requirements of RHB 6.4.4.2.3 or which has been intercompared with a system meeting those requirements within the previous year.

6.4.4.4 Prohibited use. The x-ray system shall not be used in the administration of radiation therapy unless the requirements of RHB 6.4.4.2 and 6.4.4.3 have been met.

RHB 6.5. X-ray and Electron Therapy Systems with Energies of 1 MeV and Above.

These rules shall apply to facilities using therapy systems with energies 1 MeV and above. The records shall be maintained and available for review.

6.5.1 Leakage Radiation to the Patient Area. Equipment shall meet the following requirements:

6.5.1.1 For operating conditions producing maximum leakage radiation, the absorbed dose in rads (Grays) due to leakage radiation, including x-rays and electrons, at any point in a circular plane of two meters (2 m) radius centered on and perpendicular to the central axis of the beam at the isocenter or nominal treatment distance and outside the maximum useful beam size shall not exceed 0.1 percent of the maximum absorbed dose in rads (Grays) of the unattenuated useful beam measured at the point of intersection of the central axis of the beam and plane surface. Measurements excluding those for neutrons shall be averaged over an area up to, but not exceeding, one hundred square centimeters (100 cm^2) at the positions specified. Measurements of the portion of

the leakage radiation dose contributed by neutrons shall be averaged over an area up to, but not exceeding, two hundred square centimeters (200 cm^2).

6.5.1.2 For each system, the registrant shall determine or obtain from the manufacturer the leakage radiation existing at the positions specified in RHB 6.5.1.1 for the specified operating conditions. Records on leakage radiation measurements shall be maintained for inspection by the Department.

6.5.2 Beam-Limiting Devices. Adjustable or interchangeable beam limiting devices shall be provided and such devices shall transmit no more than two percent (2%) of the useful photon beam at the nominal treatment distance for the portion of the useful beam which is to be attenuated by the beam-limiting device. The neutron component of the useful beam shall not be included in this requirement.

6.5.3 Filters.

6.5.3.1 Each filter which is removable from the system shall be clearly marked with an identification number. Documentation available at the control panel shall contain a description of the filter. For wedge filters, the wedge angle shall appear on the wedge or wedge tray (if permanently mounted to the tray). If the wedge tray is damaged, the wedge transmission factor shall be redetermined.

6.5.3.2 If the absorbed dose rate data required by RHB 6.5.15 relates exclusively to operation with a field-flattening filter or beam scattering foil in place, such filter shall be removable only by the use of tools.

6.5.3.3 For equipment installed after May 25, 2001, which utilizes a system of wedge filters, interchangeable field-flattening filters, or interchangeable beam scattering foils:

6.5.3.3.1 Irradiation shall not be possible until a selection of a filter or a positive selection to use “no filter” has been made at the treatment control panel, either manually or automatically.

6.5.3.3.2 An interlock system shall be provided to prevent irradiation if the filter selected is not in the correct position.

6.5.3.3.3 A display shall be provided at the treatment control panel showing filters in use.

6.5.3.3.4 An interlock shall be provided to prevent irradiation if any filter selection operation carried out in the treatment room does not agree with the filter selection operation carried out at the treatment control panel.

6.5.3.4 Attenuation of wedges and compensator devices must be checked before the device is placed into service. A visual inspection of the mechanical integrity of these accessories must be done monthly.

6.5.4 Beam Quality. The registrant shall determine data sufficient to assure that the following beam quality requirements in tissue equivalent material are met:

6.5.4.1 The absorbed dose resulting from x-rays in a useful electron beam at a point on the central axis of the beam ten centimeters (10 cm) greater than the practical range of the electrons shall not exceed the values stated in Table 2. Linear interpolation shall be used for values not stated.

Table 2

Maximum Energy of Electron Beam in MeV	X-ray Absorbed Dose As a Fraction of Maximum Absorbed Dose
1	0.03
15	0.05
35	0.10
50	0.20

6.5.4.2 Compliance with RHB 6.5.4 shall be determined using:

6.5.4.2.1 A measurement within a tissue equivalent phantom with the incident surface of the phantom at the normal treatment distance and normal to the central axis of the beam;

6.5.4.2.2 The largest field size available which does not exceed fifteen centimeters by fifteen centimeters (15 cm x 15 cm); and

6.5.4.2.3 A phantom whose cross-sectional dimensions exceed the measurement radiation field by at least five centimeters (5 cm) and whose depth is sufficient to perform the required measurement.

6.5.4.3 The measured ionization at the surface relative to maximum ionization along the central axis shall not exceed the limits stated in Table 3. Linear interpolation shall be used for values not stated.

Table 3

Maximum Photon Energy in MeV	Measured Ionization at surface relative to Maximum Ionization along central axis
1	0.80
2	0.70
5	0.60
15	0.50
35	0.40
50	0.20

6.5.4.4 Compliance with RHB 6.5.4.3 shall be determined by measurements made:

6.5.4.4.1 Within a tissue equivalent phantom using an instrument which will allow extrapolation to the surface absorbed dose;

6.5.4.4.2 Using a phantom whose size and placement meet the requirements of RHB 6.5.4.2;

6.5.4.4.3 After removal of all beam modifying devices which can be removed without the use of tools, except for beam scattering or beam-flattening filters; and

6.5.4.4.4 Using the largest field size available which does not exceed fifteen centimeters by fifteen centimeters (15 cm x 15 cm).

6.5.5 Beam Monitors. All therapy systems shall be provided with radiation detectors in the radiation head.

6.5.5.1 Equipment manufactured after January 1, 1994, shall be provided with at least two (2) independent radiation detectors. The detectors shall be incorporated into two (2) independent dose monitoring systems.

6.5.5.2 Equipment manufactured before January 1, 1994, shall be provided with at least one (1) radiation detector. This detector shall be incorporated into a primary dose monitoring system.

6.5.5.3 The detector and the system into which that detector is incorporated shall meet the following requirements:

6.5.5.3.1 Each detector shall be removable only with tools and shall be interlocked to prevent incorrect positioning.

6.5.5.3.2 Each detector shall form part of a dose monitoring system from whose readings in dose monitor units the absorbed dose at a reference point in the treatment volume can be calculated.

6.5.5.3.3 Each dose monitoring system shall be capable of independently monitoring, interrupting, and terminating irradiation.

6.5.5.3.4 For new equipment, the design of the dose monitoring systems shall assure that: a) malfunctioning of one (1) system shall not affect the correct functioning of the secondary system; and b) failure of any element common to both systems which could affect the correct function of both systems shall terminate irradiation.

6.5.5.3.5 Each dose monitoring system shall have a legible display at the treatment control panel. For new equipment, each display shall:

6.5.5.3.5.1 Maintain a reading until intentionally reset to zero (0);

6.5.5.3.5.2 Have only one (1) scale and no scale multiplying factors for each mode of operation; and

6.5.5.3.5.3 Utilize a design such that increasing dose is displayed by increasing numbers and shall be so designed that, in the event of an overdosage of radiation, the absorbed dose may be accurately determined.

6.5.5.3.6 In the event of power failure, the dose monitoring information required by RHB 6.5.5.3.5 displayed at the control panel at the time of failure shall be retrievable in at least one (1) system for a twenty (20)-minute period of time.

6.5.6 Beam Symmetry. In new equipment inherently capable of producing useful beams with unattenuated asymmetry exceeding five percent (5%), the asymmetry of the radiation beam in two (2) orthogonal directions shall be monitored before the beam passes through the beam-limiting device. Facilities shall be provided so that, if the difference in dose rate between one region and another region symmetrically displaced from the central axis of the beam exceeds five percent (5%) of the central axis dose rate, indication of this condition is made at the control panel; and if this difference exceeds ten percent (10%), the irradiation is terminated.

6.5.7 Selection and Display of Dose Monitor Units.

6.5.7.1 Irradiation shall not be possible until a selection of a number of dose monitor units has been made at the treatment control panel.

6.5.7.2 The preselected number of dose monitor units shall be displayed at the treatment control panel until reset manually for the next irradiation.

6.5.7.3 After termination of irradiation, it shall be necessary to manually reset the dosimeter display to zero (0) before subsequent treatment can be initiated.

6.5.7.4 For new equipment, after termination of irradiation, it shall be necessary to manually reset the preselected dose monitor units before irradiation can be initiated.

6.5.8 Termination of Irradiation by the Dose Monitoring System or Systems during Stationary Beam Therapy.

6.5.8.1 Each primary system shall terminate irradiation when the preselected number of dose monitor units has been detected by the system.

6.5.8.2 If original design of the equipment included a secondary dose monitoring system, that system shall be capable of terminating irradiation when not more than fifteen percent (15%) or forty (40) dose monitor units, whichever is smaller, above the preselected number of dose monitor units set at the control panel, has been detected by the secondary dose monitoring system.

6.5.8.3 For equipment manufactured after January 1, 1994, a secondary dose monitoring system shall be present. That system shall be capable of terminating irradiation when not more than ten percent (10%) or twenty-five (25) dose monitoring units, whichever is smaller, above the preselected number of dose monitor units set at the control panel has been detected by the secondary dose monitoring system.

6.5.8.4 For equipment manufactured after January 1, 1994, an indicator on the control panel shall show which dose monitoring system has terminated irradiation.

6.5.9 Interruption Switches. It shall be possible to interrupt irradiation and equipment movements at any time from the operator's position at the treatment control panel. Following an interruption, it shall be possible to restart irradiation without any reselection of operating conditions. If any change is made of a preselected value during an interruption, irradiation and equipment movements shall be automatically terminated.

6.5.10 Termination Switches. It shall be possible to terminate irradiation and equipment movements or go from any interruption condition to termination conditions at any time from the operator's position at the treatment control panel.

6.5.11 Timer.

6.5.11.1 A timer which has a display shall be provided at the treatment control panel. The timer shall have a preset time selector and an elapsed time indicator.

6.5.11.2 The timer shall be a cumulative timer which activates with the production of radiation and retains its reading after irradiation is interrupted or terminated. After irradiation is terminated and before irradiation can be reinitiated, it shall be necessary to reset the elapsed time indicator to zero (0).

6.5.11.3 For equipment manufactured after May 25, 2001, after termination of irradiation and before irradiation can be reinitiated, it shall be necessary to manually reset the preset time selector.

6.5.11.4 The timer shall terminate irradiation when a preselected time has elapsed if the dose monitoring systems have not previously terminated irradiation.

6.5.12 Selection of Radiation Type. Equipment capable of both x-ray therapy and electron therapy shall meet the following additional requirements:

6.5.12.1 Irradiation shall not be possible until a selection of radiation type has been made at the treatment control panel.

6.5.12.2 An interlock system shall be provided to ensure that the equipment can emit only the radiation type which has been selected.

6.5.12.3 An interlock system shall be provided to prevent irradiation if any selected operations carried out in the treatment room do not agree with the selected operations at the treatment control panel.

6.5.12.4 An interlock system shall be provided to prevent irradiation with x-ray except to obtain a port film when electron applicators are fitted.

6.5.12.5 An interlock system shall be provided to prevent irradiation with electrons when accessories specific for x-ray therapy are fitted.

6.5.12.6 The radiation type selected shall be displayed at the treatment control panel before and during irradiation.

6.5.13 Selection of Energy. Equipment capable of generating radiation beams of different energies shall meet the following requirements:

6.5.13.1 Irradiation shall not be possible until a selection of energy has been made at the treatment control panel.

6.5.13.2 An interlock system shall be provided to prevent irradiation if any selected operations carried out in the treatment room do not agree with the selected operations carried out at the treatment control panel.

6.5.13.3 The nominal energy value selected shall be displayed at the treatment control panel before and during irradiation.

6.5.13.4 For new equipment, an interlock system utilizing monitoring of the bending magnet current shall be provided to terminate irradiation if the energy of the electrons striking the target or electron window deviates by more than twenty percent (20%) or three megaelectron volt (3 MeV), whichever is smaller, from the selected nominal energy.

6.5.14 Selection of Stationary Beam Therapy or Moving Beam Therapy. Equipment capable of both stationary beam therapy and moving beam therapy shall meet the following requirements:

6.5.14.1 Irradiation shall not be possible until a selection of stationary beam therapy or moving beam therapy has been made at the treatment control panel.

6.5.14.2 An interlock system shall be provided to ensure that the equipment can operate only in the mode which has been selected.

6.5.14.3 An interlock system shall be provided to prevent irradiation if any selected operations carried out in the treatment room do not agree with the selected operations carried out at the treatment control panel.

6.5.14.4 The mode of operation shall be displayed at the treatment control panel.

6.5.14.5 An interlock system shall be provided to terminate irradiation if movement of the gantry:

6.5.14.5.1 Occurs during stationary beam therapy; or

6.5.14.5.2 Stops during moving beam therapy unless such stoppage is a preplanned function.

6.5.14.6 Moving beam therapy shall be controlled to obtain the selected relationships between incremental dose monitor units and incremental angle of movement:

6.5.14.6.1 An interlock system shall be provided to terminate irradiation if the number of dose monitor units delivered in any ten (10) degrees of arc differs by more than twenty percent (20%) from the selected value.

6.5.14.6.2 Where gantry angle terminates the irradiation in arc therapy, the dose monitor units shall differ by less than five percent (5%) from the value calculated from the absorbed dose per unit angle relationship.

6.5.14.7 Where the dose monitor system terminates the irradiation in moving beam therapy, the termination of irradiation shall be as required in RHB 6.5.8.

6.5.15 Absorbed Dose Rate. A system shall be provided from whose readings the absorbed dose rate at a reference point in the treatment volume can be calculated. The radiation detectors specified in RHB 6.5.5 may form part of this system. In addition:

6.5.15.1 The dose monitor rate shall be displayed at the treatment control panel.

6.5.15.2 If the equipment can deliver under any conditions an absorbed dose rate at the nominal treatment distance more than twice the maximum value specified by the manufacturer for any machine parameter utilized, a device shall be provided which terminates irradiation when the absorbed dose rate exceeds a value twice the specified maximum. The dose rate at which the irradiation will be terminated shall be in a record maintained by the registrant.

6.5.16 Location of Virtual Source and Beam Orientation. The registrant shall determine, or obtain from the manufacturer, the location with reference to an accessible point on the radiation head of:

6.5.16.1 The x-ray target or the virtual source of x-rays; and

6.5.16.2 The electron window or the virtual source of electrons if the system has electron beam capabilities.

6.5.17 System Checking. Capabilities shall be provided so that all radiation safety interlocks can be checked for operation.

6.5.18 Facility and Shielding Requirements. In addition to RHB 6.2 of these rules, the following design requirements shall apply:

6.5.18.1 Protective Barriers. All protective barriers shall be fixed except for entrance doors or beam interceptors.

6.5.18.2 Control Panel. The control panel shall be located outside the treatment room.

6.5.18.3 Viewing Systems.

6.5.18.3.1 Windows, mirrors, closed-circuit television, or an equivalent system shall be provided to permit continuous observation of the patient following positioning and during irradiation and shall be so located that the operator may observe the patient from the control panel.

6.5.18.3.2 When the primary viewing system is by electronic means, an alternate viewing system, which may be electronic, shall be available for use in the event of failure of the primary viewing system.

6.5.19 Aural Communications. Provision shall be made for continuous two-way aural communication between the patient and the operator at the control panel independent of the particle accelerator. However, where excessive noise levels or treatment requirements make aural communication impractical, other methods of communication shall be used. When this is the case, a description of the alternate method shall be submitted to and approved by the Department.

6.5.20 Room Entrances. Treatment room entrances shall be provided with warning lights in readily observable positions near the outside of all accessible doors to indicate when the useful beam is “on” and “off.”

6.5.21 Entrance Interlocks. Interlocks shall be provided such that all entrance doors must be closed before treatment can be initiated or continued. If the radiation beam is interrupted by any door opening, it shall not be possible to restore the machine to operation without closing the door and reinitiating irradiation by manual action at the control panel.

RHB 6.6. Operational Requirements for X-ray and Electron Therapy Systems with Energies of 1 MeV and Above.

6.6.1 Radiological Physics Support. The services of a radiological physicist shall be utilized in facilities having therapy systems with energies of one megaelectron volt (1 MeV) and above. The radiological physicist shall be responsible for:

6.6.1.1 Calibration;

6.6.1.2 Supervision and review of patient dosimetry;

6.6.1.3 Beam data acquisition and storage for computer dosimetry, and supervision of its use;

6.6.1.4 Quality assurance, including spot check review;

6.6.1.5 Consultation with the radiation therapist in treatment planning, as needed; and

6.6.1.6 Availability and responsiveness to immediate problems or emergencies.

6.6.2 Surveys.

6.6.2.1 All new facilities, and existing facilities not previously surveyed, shall have a survey made by, or under the direction of, the radiological physicist. In addition, such surveys shall be done after any change in the facility or equipment which might cause a significant increase in radiation hazard.

6.6.2.2 The registrant shall obtain a written report of the survey and a copy of the report shall be transmitted by the registrant to the Department within thirty (30) calendar days of the first patient treatment following the survey.

6.6.2.3 The survey and report shall indicate all instances where the installation, in the opinion of the radiological physicist, is in violation of applicable rules or regulations.

6.6.3 Calibrations.

6.6.3.1 The calibration of systems subject to RHB 6.5 shall be performed in accordance with an established calibration protocol acceptable to the Department before the system is first used for irradiation of a patient and thereafter at time intervals which do not exceed twelve (12) months and after any change which might significantly alter the calibration, spatial distribution, or other characteristics of the therapy beam. The protocol used shall be a nationally accepted standard, such as one established by the American Association of Physicists in Medicine.

6.6.3.2 The calibration shall be performed by or under the direct supervision of the radiological physicist who is physically present at the facility during the calibration.

6.6.3.3 Calibration radiation measurements required by RHB 6.6.3 shall meet the requirements of RHB 1.4.4.

6.6.3.4 Calibrations shall be in sufficient detail that the dose at a reference point in tissue equivalent phantom may be calculated to within an uncertainty of five percent (5%).

6.6.3.5 The calibration of the therapy unit shall include, but not be limited to, the following determinations:

6.6.3.5.1 Verification that the equipment is operating in compliance with the design specifications concerning the light localizer, all patient positioning lights, and back-pointer alignment with the isocenter when applicable, variation in the axis of rotation for the table, gantry, and collimator system, and beam flatness and symmetry at the specified depth.

6.6.3.5.2 The absorbed dose rate at various depths in a tissue equivalent phantom for the range of field sizes used, for each effective energy, that will verify the accuracy of the dosimetry of all therapy procedures utilized with that therapy beam.

6.6.3.5.3 The uniformity of the radiation field to include symmetry, flatness, and dependence on gantry angle.

6.6.3.5.4 Verification that existing isodose charts applicable to the specific machine continue to be valid or are updated to existing machine conditions.

6.6.3.5.5 Verification of transmission factors for all accessories such as wedges, shadow trays, and/or universal beam modifying devices.

6.6.3.6 Records of calibration measurements under RHB 6.6.3.1 and dosimetry system calibrations under RHB 6.6.3.3 shall be maintained for five (5) years after completion of the full calibration.

6.6.3.7 A copy of the latest calibrated absorbed dose rate measured pursuant to RHB 6.6.3.1 shall be available.

6.6.4 Spot Checks. Spot checks shall be performed on systems subject to RHB 6.5 during calibrations and at intervals established by the radiological physicist, not to exceed monthly, using a nationally accepted standard such as one established by the American College of Radiology, American Association of Physicists in Medicine, American College of Medical Physics, etc.

6.6.4.1 The spot check procedures shall be in writing and shall have been developed by the radiological physicist. A copy of the procedures shall be submitted to the Department upon request.

6.6.4.2 If a radiological physicist does not perform the spot check measurements, the results of the spot check measurements shall be reviewed by the radiological physicist within seven (7) treatment days.

6.6.4.3 The spot check procedures shall specify the frequency at which tests or measurements are to be performed and the acceptable tolerance for each parameter measured in the spot check when compared to the value for that parameter determined in the calibration.

6.6.4.4 Spot checks shall be made at a depth consistent with a nationally accepted standard, such as one established by the American Association of Physicists in Medicine.

6.6.4.5 Where a system has built-in devices which provide a measurement of any parameter during irradiation, such measurement shall not be utilized as a spot check measurement.

6.6.4.6 A parameter exceeding a tolerance set by the radiological physicist shall be corrected before the system is used for patient irradiation.

6.6.4.7 Whenever a spot check indicates a significant change in the operating characteristics of a system, as specified in the radiological physicist's spot check procedures, the system shall be recalibrated, as required in RHB 6.6.3.

6.6.4.8 Records of spot check measurements and any necessary corrective actions shall be maintained by the registrant for a period of three (3) years after completion of the spot check measurements.

6.6.4.9 Whenever a spot check requires a radiation measurement, such measurement shall be obtained using a system satisfying the requirements of RHB 6.6.3.3 or which has been intercompared with a system meeting those requirements within the previous year.

6.6.5 Prohibited Use. The system shall not be used in the administration of radiation therapy unless the requirements of RHB 6.6.1 through 6.6.4 have been met.

RHB 6.7. Misadministration Report Requirements of all Therapeutic X-ray Systems.

All facilities utilizing therapeutic x-ray systems are subject to the misadministration reporting requirements in RHB 1.11.

PART VII
RADIATION SAFETY REQUIREMENTS FOR ANALYTICAL X-RAY EQUIPMENT

RHB 7.1. Scope.

This Part establishes special requirements for analytical x-ray equipment. The provisions of this Part are in addition to, and not in substitution for, other applicable provisions of this regulation.

RHB 7.2. Electron Microscopes.

Electron microscopes shall be exempt from the other requirements of Part VII except that they:

7.2.1 Shall be registered with the Department; and

7.2.2 Shall be installed, shielded, and operated in such a manner that no one shall be exposed beyond the limits defined in RHB 3.4.1 of this regulation.

RHB 7.3. Hand-Held Analytical X-ray Equipment.

Hand-held analytical x-ray equipment shall be exempt from the other requirements of Part VII except that they:

7.3.1 Shall be registered with the Department;

7.3.2 Shall only be operated by personnel who have completed documented training as outlined in RHB 7.9;

7.3.3 Shall have an interlock system that prevents the operation of the unit unless the x-ray exit port is in contact with or in close proximity to the item being irradiated;

7.3.4 Shall be operated in accordance with the manufacturer's specifications; and

7.3.5 Shall have operating procedures in accordance with RHB 7.10.

RHB 7.4. General Requirements for all Analytical X-ray Equipment.

7.4.1 Registration. All requirements of RHB 2.3 and 2.4 apply.

7.4.2 Posting. Each area or room containing analytical x-ray equipment shall be conspicuously posted with a sign or signs bearing the radiation symbol and the words "CAUTION- X-RAY EQUIPMENT," or words having similar intent.

7.4.3 Labeling. All analytical x-ray equipment shall be labeled with a readily discernible sign or signs bearing the radiation symbol, and

7.4.3.1 A label bearing the words "Caution - Radiation - This Equipment Produces Radiation When Energized," or words having a similar intent, shall be placed near any switch which energizes an x-ray tube.

7.4.3.2 A sign bearing the words "Caution- High Intensity X-ray Beam," or words having a similar intent, shall be placed in the area immediately adjacent to each tube head or on the x-ray tube housing. The sign shall be so located that it is clearly visible to any person operating, aligning, or adjusting the unit, or handling or changing a sample.

7.4.4 Warning Lights.

7.4.4.1 An easily visible warning light labeled with the words "X-RAY ON," or words having a similar intent, shall be located near any switch that energizes an x-ray tube and shall be illuminated only when the tube is energized.

7.4.4.2 Warning lights shall have fail-safe characteristics.

7.4.5 Safety Devices.

7.4.5.1 Any temporary alteration to safety devices, such as by-passing interlocks or removing shielding, shall be:

7.4.5.1.1 Approved in advance by the Radiation Safety Officer;

7.4.5.1.2 Specified in writing and posted near the x-ray tube housing;

7.4.5.1.3 Terminated as soon as possible; and

7.4.5.1.4 Documented, and the documentation maintained for inspection by the Department. This documentation shall contain the nature and date of the alteration, the signature of the individuals who made the alteration, and the signature of who restored the unit to original condition.

7.4.5.2 Tests of all safety devices such as interlocks, shutters, and warning lights shall be conducted annually for all operable analytical x-ray equipment. Documentation of such tests shall be maintained for inspection by the Department.

7.4.5.3 The inspection and testing of safety devices shall not be a substitute for a radiation area survey.

7.4.5.4 Interlocks shall not be used to deactivate the x-ray tube, except in an emergency or during testing of the interlock system. After such shut-off, it shall be possible to restore the machine to full operation only from the control panel.

7.4.5.5 Unused ports on radiation source housings shall be secured in the closed position in a manner to prevent inadvertent opening.

7.4.6 Each x-ray tube housing shall be so constructed that with all shutters closed the leakage radiation measured at a distance of five centimeters (5 cm) from its surface does not exceed two and one-half milliRoentgen (2.5 mR) per hour.

7.4.7 Generator Cabinet. Each x-ray generator shall be supplied with a protective cabinet which limits leakage radiation measured at a distance from its surface to 0.25 milliRoentgen per hour.

7.4.8 Radiation in excess of the limits specified in RHB 7.4.6 and 7.4.7 shall be eliminated prior to using the analytical x-ray equipment.

7.4.9 Repair or Modification of X-ray Tube System. Except as specified in RHB 7.4.5.1, no operation involving removal of covers, shielding materials, or tube housings, or modifications to shutters, collimators, or beam stops shall be performed without ascertaining that the tube is off and will remain off until safe conditions have been restored. The main switch, rather than interlocks, shall be used for routine shutdown in preparation for repairs.

RHB 7.5. Additional Requirements for Open-Beam Configuration X-ray Equipment.

7.5.1 Safety Device. A device which prevents the entry of any portion of an individual's body into the primary beam path, or which causes the beam to be shut off upon entry into its path, shall be provided on all open-beam configuration x-ray equipment. A registrant may apply to the Department for an exemption from the requirement of a safety device. Such application shall include:

7.5.1.1 A description of the various safety devices that have been evaluated;

7.5.1.2 The reason each of these devices cannot be used;

7.5.1.3 A description of the alternative methods that will be employed to minimize the possibility of an accidental exposure, including procedures to assure that operators and others in the area will be informed of the absence of the safety devices; and

7.5.1.4 The procedure for notifying proper persons in the event of an accident. This list shall include the names, addresses, and telephone numbers.

7.5.2 The operator shall be in immediate attendance at all times when the equipment is in operation except when the area is locked to protect against unauthorized or accidental entry.

7.5.3 When not in use, equipment shall be secured in such a manner as to be inoperable by unauthorized persons.

7.5.4 Warning Devices. Open-beam configuration x-ray equipment shall be provided with a readily discernible indication of:

7.5.4.1 X-ray tube status (ON-OFF) located near the radiation source housing, if the primary beam is controlled in this manner, or

7.5.4.2 Shutter status (OPEN-CLOSED) located near each port on the radiation source housing, if the primary beam is controlled in this manner.

7.5.5 Warning devices shall be labeled so that their purpose is easily identified.

7.5.6 Warning devices shall have fail-safe characteristics.

7.5.6.1 Where couplings exist (e.g., between the x-ray tube and the collimator of the diffractometer, etc.), they shall prevent radiation from escaping the coupling.

7.5.6.2 Each port of the radiation source housing shall be provided with a beam shutter interlocked with the x-ray apparatus coupling, or collimator, in such a way that the port will be open only when the collimator or coupling is in place.

7.5.7 Operating Procedures. The registrant shall create and make available to x-ray operators written operating procedures. The procedures shall include, but not be limited to:

7.5.7.1 Policies and procedures for personnel monitoring;

7.5.7.2 Policies and procedures for controlling access to radiation areas;

7.5.7.3 Policies and procedures for locking and securing the x-ray unit;

7.5.7.4 Policies and procedures for pregnant employees; and

7.5.7.5 Policies and procedures for training new employees.

7.5.8 Operator training.

7.5.8.1 No person shall be permitted to operate, repair, modify, or maintain open-beam configuration analytical x-ray equipment unless such person has received instruction in and demonstrated competence in:

7.5.8.1.1 Identification of radiation hazards associated with the use of the equipment;

7.5.8.1.2 Significance of the various radiation warning and safety devices incorporated into the equipment or the reasons they have not been installed on certain pieces of equipment and the extra precautions required in such cases;

7.5.8.1.3 Proper operation of the equipment per manufacturer’s guidelines and registrant’s written operating procedures;

7.5.8.1.4 Radiation survey instruments: operation, calibration, limitations, and survey techniques, if applicable;

7.5.8.1.5 Characteristics of ionizing radiation;

7.5.8.1.6 Methods of controlling radiation dose;

7.5.8.1.7 Units of radiation dose;

7.5.8.1.8 Personnel monitoring and the use of personnel monitoring equipment;

7.5.8.1.9 Symptoms of an acute localized exposure;

7.5.8.1.10 Proper procedures for reporting an actual or suspected overexposure; and

7.5.8.1.11 The regulations contained in this Part, and the applicable sections of Part III.

7.5.8.2 Instruction and demonstration of competence shall be documented in writing and these records shall be available for review.

RHB 7.6. Additional Requirements for Enclosed Beam X-ray Equipment.

To include stationary, transportable, mobile, and portable units.

7.6.1 The radiation source, sample, detector, and analyzing crystal (if used) shall be enclosed in a chamber or coupled chambers that cannot be entered by any part of the body during normal operation.

7.6.2 The sample chamber closure shall be interlocked with the x-ray tube high voltage supply or a shutter in the primary beam so that no x-ray beam can enter the sample chamber while it is open unless the interlock has been conspicuously and deliberately defeated. The interlock required by this section shall be of fail-safe design or adequate administrative controls shall be exercised to ensure operations will not continue without a properly functioning interlock.

RHB 7.7 Area Requirements for all Analytical X-ray Equipment.

7.7.1 Radiation Levels. The local components of an analytical x-ray system shall be located and arranged and shall include sufficient shielding or have access control such that no radiation in any area surrounding the local component group could result in a dose to an individual present therein in excess of the dose limits given in RHB 3.4. These levels shall be met at any specified tube rating.

7.7.2 Surveys, Tests, and Inspections. Radiation surveys, as required by RHB 1.4, of all analytical x-ray systems to show compliance with RHB 7.7.1 shall be performed and records kept and available for review:

7.7.2.1 Upon installation of the equipment and at least once every twelve (12) months thereafter;

7.7.2.2 Following any change in the initial arrangement, number, or type of local components in the system;

7.7.2.3 Following any change in operating parameters;

7.7.2.4 Following any maintenance requiring the disassembly or removal of a local component of the system;

7.7.2.5 During the performance of maintenance and alignment procedures if the procedures require the presence of a primary x-ray beam when any local component in the system is disassembled or removed;

7.7.2.6 Any time a visual inspection of the local components in the system reveals an abnormal condition; and

7.7.2.7 Whenever a monitoring device shows a significant increase over the previous monitoring period or the readings are approaching the radiation dose limits specified in RHB 3.4.

7.7.3 Radiation survey measurements shall not be required if a registrant can demonstrate compliance with RHB 7.7.1. For enclosed beam analytical x-ray equipment, an area monitor or monitors may be used in place of an annual radiation survey. The area monitor shall be placed on the unit and changed on at least a quarterly basis. The results shall be documented and available for review. If an area monitor result shows a substantial increase over previous results, perform a documented investigation including a radiation area survey.

7.7.4 Tests and inspections of all safety devices shall be performed at least yearly to ensure their proper operation.

7.7.5 All surveys, tests, and inspections shall be documented and records shall be maintained and available for Departmental review in accordance with RHB 1.10.2.4.

RHB 7.8. Radiation Survey Instruments.

All provisions of RHB 1.4.4 apply.

RHB 7.9. Minimum Personnel Radiation Safety Training Requirements for Radiation Safety Officers and Operators.

7.9.1 No registrant shall permit any individual to act as a Radiation Safety Officer until such person:

7.9.1.1 Has been instructed in the subjects outlined in RHB 7.9.2 of this Part;

7.9.1.2 Has received copies of and instruction in: the regulations contained in this Part, Part XI, the applicable sections of Part III, and the registrant's operating and emergency procedures, and shall have demonstrated understanding thereof; and

7.9.1.3 Has demonstrated competence to use the x-ray machine, related handling tools, and survey instruments which will be employed in the assignment.

7.9.2 No person shall be permitted to operate, repair, modify, or maintain analytical x-ray equipment unless such person has received instruction and demonstrated competence in:

7.9.2.1 Identification of radiation hazards associated with the use of the equipment;

7.9.2.2 Significance of the various radiation warning and safety devices incorporated into the equipment, or the reasons they have not been installed on certain pieces of equipment and the extra precautions required in such cases;

7.9.2.3 Proper operation of the equipment per manufacturer's guidelines and registrant's written operating procedures, as specified in RHB 7.10;

7.9.2.4 Characteristics of ionizing radiation; and

7.9.2.5 Personnel and/or area monitoring and the use of personnel and/or area monitoring equipment, if applicable.

7.9.3 Instruction and demonstration of competence shall be documented in writing and these records shall be available for review.

RHB 7.10. Operating Procedures.

7.10.1 The registrant shall create and make available to x-ray operators written operating procedures. The procedures shall include, but not be limited to:

7.10.1.1 Policies and procedures for personnel and/or area monitoring;

7.10.1.2 Policies and procedures for pregnant employees;

7.10.1.3 Policies and procedures for training new employees;

7.10.1.4 Methods and occasions for conducting radiation surveys, tests, and inspections;

7.10.1.5 Methods for controlling access to restricted and radiation areas;

7.10.1.6 Methods for locking and securing x-ray machines, when not in use or in storage; and

7.10.1.7 Maintenance of records.

7.10.2 A copy of operator training provided as required by RHB 7.9 and a copy of operating procedures as required by RHB 7.10 shall be provided to the Department upon request.

RHB 7.11. Personnel Monitoring.

7.11.1 Personnel monitoring shall be required as outlined in RHB 3.12.

7.11.2 Finger or wrist dosimetric devices shall be provided to and shall be used by:

7.11.2.1 Analytical x-ray equipment workers using systems having an open-beam configuration and not equipped with a safety device; and

7.11.2.2 Personnel maintaining analytical or research and development x-ray equipment, if the maintenance procedures required the presence of a primary x-ray beam when any local component in the analytical or research and development x-ray system is disassembled or removed.

PART VIII
RADIATION SAFETY REQUIREMENTS FOR INDUSTRIAL USES OF RADIOGRAPHIC SOURCES

RHB 8.1. Scope.

This Part establishes radiation safety requirements for industrial uses of x-ray machines. The requirements of this Part are in addition to, and not in substitution for, the other requirements of this regulation.

RHB 8.2. Locking of X-ray Machines.

Each x-ray machine shall be provided with a locking device designed to prevent unauthorized or accidental production of radiation, and shall be kept locked at all times except when under the direct surveillance of a radiographer, a Radiation Safety Officer, or an operator, as applicable.

RHB 8.3. Permanent Storage Precautions.

Radiation machines shall be secured while in storage to prevent tampering or removal by unauthorized individuals.

RHB 8.4. Radiation Survey Instruments.

All provisions of RHB 1.4.4 apply.

RHB 8.5 Warning Devices.

Warning devices shall be labeled so that their purpose is easily identified. An easily visible warning device light labeled with the words "X-RAY ON," or words having a similar intent, shall be located near any switch that energizes an x-ray tube and shall be illuminated only when the tube is energized. This warning light shall be of a fail-safe design.

RHB 8.6. Labeling.

There shall be a durable permanent label indicating the maximum operating current, kVp, the standard radiation symbol, and a caution notice which shall read as follows or similarly: "CAUTION-RADIATION; THIS EQUIPMENT PRODUCES RADIATION WHEN ENERGIZED." In addition, a label which reads, "CAUTION-RADIATION; THIS EQUIPMENT PRODUCES RADIATION WHEN ENERGIZED" shall be located near or adjacent to each switch that controls the production of x-rays.

RHB 8.7. Posting Requirements.

Areas in which radiography is being performed shall be conspicuously posted as required by RHB 3.15 and 3.16.

RHB 8.8. Minimum Personnel Radiation Safety Training Requirements for Radiation Safety Officers, Radiographers, and Operators.

8.8.1 No registrant shall permit any individual to act as a Radiation Safety Officer until such person:

8.8.1.1 Has been instructed in the subjects outlined in RHB 8.12 of this Part;

8.8.1.2 Has received copies of and instruction in: the regulations contained in this Part, Part XI, the applicable sections of Part III, and the registrant's operating and emergency procedures, and shall have demonstrated understanding thereof; and

8.8.1.3 Has demonstrated competence to use the x-ray machine, related handling tools, and survey instruments which will be employed in the assignment.

8.8.2 No registrant shall permit any individual to act as an operator or radiographer until such person:

8.8.2.1 Has been instructed in the subjects outlined in RHB 8.12 of this Part;

8.8.2.2 Has received copies of and instruction in: Part XI of this regulation, and the registrant's operating and emergency procedures, and shall have demonstrated understanding thereof; and

8.8.2.3 Has demonstrated competence to use, under the personal supervision of the Radiation Safety Officer, the x-ray machine, related handling tools, and survey instruments which will be employed in his or her assignment.

8.8.2.4 The registrant shall have all training instruction, procedures, and competencies documented in writing, and available for Departmental review.

RHB 8.9. Operating and Emergency Procedures.

The registrant shall have written operating and emergency procedures. These procedures shall include instruction in:

8.9.1 The handling and use of x-ray machines to be employed such that no person is likely to be exposed to radiation doses in excess of the limits established in Part III of this regulation;

8.9.2 Methods and occasions for conducting radiation surveys;

8.9.3 Methods for controlling access to radiographic areas;

8.9.4 Methods for locking and securing x-ray machines, when not in use or in storage;

8.9.5 Personnel monitoring and the use of personnel monitoring equipment, including steps that must be taken by radiography personnel in the event a pocket dosimeter is found to be off-scale;

8.9.6 The proper handling of exposed personnel;

8.9.7 Minimizing exposure of individuals in the event of an accident;

8.9.8 The procedure for notifying proper persons in the event of an accident, including a list of names, addresses, and telephone numbers; and

8.9.9 Maintenance of records.

RHB 8.10. Inspections and Maintenance.

Each registrant shall ensure that checks for obvious defects in radiation machines are made at the beginning of each day of equipment use.

8.10.1 At least annually, each registrant shall inspect and repair components associated with radiation safety of the machines. Records of inspection and maintenance shall be maintained for the Department's inspection.

8.10.2 If any inspection conducted by the registrant reveals damage to the components affecting radiation safety, the radiation machine shall not be used and shall be labeled as defective until repaired.

RHB 8.11. Personnel Monitoring.

No registrant shall permit any individual to act as a Radiation Safety Officer, operator, or radiographer unless, at all times during radiographic operations, each such person wears a film badge, thermoluminescent dosimeter (TLD), or other dosimeters approved by the Department. All provisions of Part III of this regulation apply.

RHB 8.12. Minimum Subjects to be Covered in Training Radiation Safety Officers, Radiographers, and Operators.

8.12.1 Fundamentals of Radiation Safety:

8.12.1.1 Characteristics of ionizing radiation;

8.12.1.2 Units of radiation dose (rem or Sievert);

8.12.1.3 Hazards of exposure to radiation;

8.12.1.4 Levels of radiation from sources of radiation;

8.12.1.5 Methods of controlling radiation dose;

8.12.1.5.1 Working time;

8.12.1.5.2 Working distances; and

8.12.1.5.3 Shielding.

8.12.2 Radiation Detection Instrumentation to be Used:

8.12.2.1 Use of radiation survey instruments;

8.12.2.1.1 Operation;

8.12.2.1.2 Calibration; and

8.12.2.1.3 Limitations.

8.12.2.2 Survey techniques; and

8.12.2.3 Use of personnel monitoring equipment:

8.12.2.3.1 Film badges or other approved dosimeters; and

8.12.2.3.2 Pocket dosimeters or pocket chambers, if applicable.

8.12.3 Operation and control of x-ray machines.

8.12.4 The requirements of pertinent state regulations.

8.12.5 The registrant's written operating and emergency procedures.

RHB 8.13. Special Requirements for Certain Industrial Radiographic Techniques.

8.13.1 Cabinet Radiography.

8.13.1.1 Upon installation, a cabinet radiography unit shall not be operated until a physical radiation survey of the unit and areas adjacent to the unit has been performed. A radiation survey of the unit and area adjacent to the unit shall also be performed at least annually, and after any repair modification, or maintenance on the system.

8.13.1.2 Tests for proper operation of high radiation area control devices, alarm systems, or interlocks must be conducted at least annually, recorded, and maintained in accordance with RHB 8.10.

8.13.1.3 Radiation emitted from the cabinet x-ray unit shall not exceed one-half milliRoentgen (0.5 mR) per hour at any point five centimeters (5 cm) from the external surface.

8.13.1.4 A cabinet x-ray system shall have a permanent floor. Any support surface to which a cabinet x-ray system is permanently affixed may be deemed the floor of the system.

8.13.1.5 The insertion of any part of the human body through any port into the primary beam or through any aperture shall not be possible.

8.13.1.6 Interlocks.

8.13.1.6.1 Each door of a cabinet x-ray system shall have a minimum of two (2) safety interlocks. One (1), but not both, of the required interlocks shall be such that door opening results in physical disconnection of the energy supply circuit to the high-voltage generator, and such disconnection shall not be dependent upon any moving part other than the door.

8.13.1.6.2 Each access panel shall have at least one (1) safety interlock.

8.13.1.6.3 Following interruption of x-ray generation by the functioning of any safety interlock, use of a control provided in accordance with RHB 8.13.1.8.2 shall be necessary for resumption of x-ray generation.

8.13.1.6.4 Failure of any single component of the cabinet x-ray system shall not cause failure of more than one (1) required safety interlock.

8.13.1.7 A ground fault, or an accidental electrical grounding of an electrical conductor, shall not result in the generation of x-rays.

8.13.1.8 Controls and indicators for all cabinet x-ray systems. For all systems to which this section is applicable, there shall be provided:

8.13.1.8.1 A key actuated control to ensure that x-ray generation is not possible with the key removed.

8.13.1.8.2 A control or controls to initiate and terminate the generation of x-rays other than by functioning of a safety interlock or the main power control.

8.13.1.8.3 Two (2) independent means which indicate when and only when x-rays are being generated, unless the x-ray generation period is less than one-half (0.5) second in which case the indicators shall be activated for one-half (0.5) second, and which are discernible from any point at which initiation of x-ray generation is possible. Failure of a single component of the cabinet x-ray system shall not cause failure of both indicators to perform their intended function. One (1), but not both, of the indicators required by this regulation may be a milliammeter labeled to indicate x-ray tube current. All other indicators shall be legibly labeled “X-RAY ON.”

8.13.1.8.4 Additional means, other than milliammeters, which indicate when and only when x-rays are being generated, unless the x-ray generation period is less than one-half (0.5) second, in which case the indicators shall be activated for one-half (0.5) second, as needed to ensure that at least one (1) indicator is visible from each door, access panel, and port, and is legibly labeled “X-RAY ON.”

8.13.1.9 Additional controls and indicators for cabinet x-ray systems designed to admit humans. For cabinet x-ray systems designed to admit humans, there shall also be provided:

8.13.1.9.1 A control within the cabinet for preventing and terminating x-ray generation, which cannot be reset, overridden, or bypassed from the outside of the cabinet.

8.13.1.9.2 No means by which x-ray generation can be initiated from within the cabinet.

8.13.1.9.3 Audible and visible warning signals within the cabinet which are actuated for at least ten (10) seconds immediately prior to the first initiation of x-ray generation after closing any door designed to admit humans. Failure of any single component of the cabinet x-ray system shall not cause the failure of both the audible and visible warning signals.

8.13.1.9.4 A visible warning signal within the cabinet which remains actuated when and only when x-rays are being generated unless the x-ray generation period is less than one-half (0.5) second, in which case the indicator shall be activated for one-half (0.5) second.

8.13.1.9.5 Signs indicating the meaning of the warning signals required by RHB 8.13.1.9.3 and 8.13.1.9.4 and containing instructions for the use of the control required by RHB 8.13.1.9.1. These signs shall be legible, accessible to view, and illuminated when the main power control is in the “on” position.

8.13.1.10 Warning labels. There shall be permanently affixed or inscribed on the cabinet x-ray system at the location of any controls which can be used to initiate x-ray generation, a clearly legible and visible label bearing the statement: “CAUTION: X-RAYS PRODUCED WHEN ENERGIZED.” There shall also be a

permanently affixed or inscribed on the cabinet x-ray system adjacent to each port a clearly legible and visible label bearing the statement: "CAUTION: DO NOT INSERT ANY PART OF THE BODY WHEN SYSTEM IS ENERGIZED-X-RAY HAZARD."

8.13.1.11 Additional requirements for x-ray baggage inspection systems. X-ray systems designed primarily for the inspection of carry-on baggage at airline, railroad, and bus terminals, and at similar facilities, shall be provided with means to ensure operator presence at the control area in a position which permits surveillance of the ports and doors during generation of x-rays.

8.13.1.11.1 During an exposure or preset succession of exposures of one-half (0.5) second or greater duration, the means provided shall enable the operator to terminate the exposure or preset succession of exposures at any time.

8.13.1.11.2 During an exposure or preset succession of exposures of less than one-half (0.5) second duration, the means provided may allow completion of the exposure in progress but shall enable the operator to prevent additional exposures.

8.13.2 Shielded Room Radiography.

8.13.2.1 Each registrant shall supply appropriate personnel monitoring equipment to, and shall require the use of such equipment by, every individual who operates, makes "set-ups," or performs maintenance on a radiation machine for shielded room radiography.

8.13.2.2 A physical radiation survey shall be conducted to determine that the x-ray machine is off prior to each entry into the shielded room. Such surveys shall be made with a radiation measuring instrument capable of measuring radiation of the energies and at the dose rates to be encountered, which is in good working order, and which has been properly calibrated within the preceding twenty-four (24) months or following the last instrument servicing, whichever is later.

8.13.2.3 Each installation shall be provided with such primary barriers and secondary barriers as are necessary to assure compliance with RHB 3.4 and 3.9.

8.13.2.4 Shielding. All provisions of RHB 4.4 apply.

8.13.2.5 Entrance Interlocks. All entrances into the shielded room shall be provided with interlocks. After an interlock has been interrupted, broken, or tripped, it shall be possible to cause x-rays to be produced again only from the control panel. Interlocks shall not be used to shut off the x-ray equipment except in an emergency or during testing.

8.13.2.6 Audible Warning Device. A shielded room shall be provided with an audible warning signal within the shielded room which is actuated for at least ten (10) seconds immediately prior to the first initiation of x-ray generation after closing any door.

8.13.2.7 Visible Warning Signal. A shielded room shall be provided with visible warning signals which remain actuated when and only when x-rays are being generated. These visible warning signals shall be located so that they can be observed from any position or orientation within the room and at each entrance.

8.13.2.8 Signs indicating the meaning of the warning signals required by RHB 8.13.2.6 and 8.13.2.7 shall be legible and conspicuously posted.

8.13.2.9 Emergency Shut-off. An emergency shut-off switch shall be provided for preventing and terminating x-ray generation, which cannot be reset, overridden, or bypassed from the outside of the shielded room. Emergency shut-off switches shall be:

8.13.2.9.1 Accessible within ten (10) seconds to individuals therein;

8.13.2.9.2 Identified by a legible, conspicuously posted sign adjacent to the switch which includes instructions for the use of the emergency shut-off switch;

8.13.2.9.3 Designed with a manual reset that must be activated at the switch before x-rays can again be produced from the control panel; and

8.13.2.9.4 Designed such that it shall be possible to produce x-rays again only from the control panel after an emergency shut-off switch has been activated.

8.13.2.10 Separate Electrical Systems. The interlock system and the emergency shut-off system shall be separate electrical and/or mechanical systems.

8.13.2.11 X-ray generation shall not be possible from within the shielded room.

8.13.3 Field Radiography.

8.13.3.1 Utilization Logs. Each registrant shall maintain current logs, which shall be kept available for inspection by the Department, showing for each x-ray machine the following information:

8.13.3.1.1 A description (or make and model number) of each x-ray machine;

8.13.3.1.2 The identity of the radiographer to whom assigned;

8.13.3.1.3 The plant or site where used and dates used; and

8.13.3.1.4 The dates each radiation machine is energized or used and number of exposures made.

8.13.3.2 Security. During each radiographic operation, the radiographer shall maintain a direct surveillance of the operation to protect against unauthorized entry into a high radiation area, except a) where the high radiation area is equipped with a control device which turns the x-ray machine off upon unauthorized entry into the high radiation area or an alarm system which visibly or audibly signals the presence of a high radiation area, or b) where the high radiation area is locked to protect against unauthorized or accidental entry.

8.13.3.3 Radiation Surveys and Survey Records. No radiographic operation shall be conducted unless calibrated, operable radiation survey instrumentation is available and used at each site where radiographic exposures are made, as described in RHB 8.4.

8.13.3.3.1 A physical radiation survey shall be conducted to determine that the radiation machine is off prior to each entry into the radiographic exposure area.

8.13.3.3.2 Survey results and records of boundary locations shall be maintained and kept available for inspection by the Department.

8.13.3.4 Personnel Monitoring. In addition to the requirements of RHB 8.11, each radiographer shall wear a pocket dosimeter or pocket chamber along with a film badge during all radiographic operations. Pocket chambers or dosimeters shall be:

8.13.3.4.1 Capable of measuring doses from zero (0) to at least two hundred milliRoentgen (200 mR);

8.13.3.4.2 Read and doses recorded daily;

8.13.3.4.3 Recharged daily or at the start of each shift;

8.13.3.4.4 Reports received from the dosimeter processor and records of the pocket dosimeter and pocket chamber readings shall be maintained for inspection by the Department; and

8.13.3.4.5 Pocket dosimeters shall be checked for correct response to radiation at periods not to exceed one (1) year. Acceptable dosimeters shall read within plus or minus thirty percent (30%) of the true exposure. Instrument calibration records shall be maintained by the registrant for the Department's inspection.

8.13.4 Gauging Devices Radiography and Other Industrial Applications. The source shall be such that no radiation is emitted except by application of an electric current through an x-ray tube. Provisions shall be made to limit both the current through the tube and the voltage across the tube, so that radiation levels do not exceed the device classification under use conditions or through circuit component failures. In the event of fire or abnormal elevated temperatures, provisions shall be made to ensure the high voltage is automatically disabled before loss of any integral shielding. This provision exempts x-ray tube sources from accident classification conditions.

8.13.4.1 A useful beam control system shall be provided in gauges whenever the useful beam is accessible and the radiation levels exceed one hundred millirem per hour (100 mrem/h) (1 mSv/h) at five centimeters (5 cm) from any accessible surface or five millirem per hour (5 mrem/h) (.05 mSv/h) at thirty centimeters (30 cm). The useful beam controls may include ,but not be limited to, a moving shutter, a moving source, or a high voltage power supply.

8.13.4.2 A yellow or amber warning light with the radiation "High Voltage On" shall be located on the control panel and on or adjacent to the source housing and shall light only when power is applied to the x-ray tube high voltage circuit.

8.13.4.3 Radiation levels. The local components of an industrial x-ray system shall be located and arranged and shall include sufficient shielding or have access control such that no radiation in any area surrounding the local component group could result in a dose to an individual present therein in excess of the dose limits given in RHB 3.4. These levels shall be met at any specified tube rating.

PART IX
PERSONNEL SECURITY SCREENING SYSTEMS USING X-RAY EQUIPMENT

RHB 9.1. Scope.

This Part establishes radiation safety requirements, for which a registrant is responsible, for use of personnel security screening systems using x-ray equipment. The requirements of this Part are in addition to, and not in substitution for, the other requirements of this regulation.

RHB 9.2. Operation.

Each system shall be maintained and operated solely for security screening purposes in compliance with, and fully according to, the most restrictive standards found in the American National Standards Institute (ANSI) publication ANSI/HPS N43.17-2009, "Radiation Safety for Personnel Security Screening Systems Using X-Ray or Gamma Radiation" and subsequent revisions.

RHB 9.3. Utilization.

The registrant utilizing a personnel security screening system shall be a correctional institution, detention center, prison, or jail.

RHB 9.4. Shielding.

Prior to installation or replacement, the registrant shall submit a floor plan and equipment arrangement which has been prepared by a registered Class II vendor and submitted to the Department for review and acceptance.

9.4.1 The floor plan must include, at a minimum:

9.4.1.1 The proposed location of the system;

9.4.1.2 Surrounding and adjacent areas with occupancies;

9.4.1.3 General direction of the useful beam; and

9.4.1.4 Location of the control panel and operator.

9.4.2 An inspection zone shall be established around the personnel security screening system where bystanders are prohibited during the operation of the device. A means shall be provided for any operator responsible for initiating a scan to maintain full visual surveillance of the inspection zone. The registrant shall ensure only the scanned individual is within two meters (2 m) of the scanner when in operation.

9.4.3 The Department may require a shielding plan, as described in RHB 4.4.

RHB 9.5. Notifications.

The registrant shall inform each person being screened that the system emits radiation and that more information is available. Posters, signs, and handouts, of a sufficient size and in a location so as to be readily visible, are examples of appropriate means to provide this information. At a minimum, the following information shall be available to screening subjects prior to scanning:

9.5.1 The estimated effective dose from one (1) screening;

9.5.2 An example shall be provided to compare the dose to a commonly known source of radiation; and

9.5.3 Confirmation the screening complies with the ANSI/HPS Standard N43.17; if requested, information on how to acquire this standard shall be provided.

RHB 9.6. Radiation Safety Program.

The registrant shall institute a radiation safety program which includes, but is not limited to, written operating procedures and area monitoring.

9.6.1 Operating procedures shall include all requirements of ANSI/HPS Standard N43.17.

9.6.2 Area monitoring devices shall be located at the operator’s location and areas surrounding the unit routinely occupied during the scan.

9.6.3 Records of operating procedures and dosimetry shall be adhered to and maintained for Departmental review.

RHB 9.7. Radiation Safety Officer.

The registrant shall appoint a Radiation Safety Officer (RSO) who is qualified by training and experience for all hazards and precautions involved in operation of the system.

9.7.1 The RSO shall have completed a forty (40)-hour radiation safety course, which shall include, but is not limited to, instruction in radiation protection, biological effects of radiation, personnel monitoring, digital imaging acquisition, machine safety and operation, general operating procedures, and machine maintenance.

9.7.2 Training shall be documented and maintained for Departmental review.

RHB 9.8. Operator Training.

Each operator shall be provided with training on the operation and use of the system prior to performing security screening operations.

9.8.1 At a minimum, this training shall include all requirements of ANSI/HPS Standard N43.17.

9.8.2 Training shall be documented and maintained for Departmental review.

9.8.3 Refresher training shall be provided every twelve (12) months and documented for Departmental review.

9.8.4 Training records shall contain the date of training, an outline of the training, and the names of those in attendance.

RHB 9.9. Installation.

The system shall be stationary and installed in a manner in which the exposure switch is located behind a protective barrier requiring the operator to remain behind the barrier during the entire exposure while still being able to view the individual being scanned, surrounding areas, and any access doors. Mobile or portable x-ray controls, including wireless or remote exposure switches, are not permitted.

RHB 9.10. Surveys.

Radiation surveys shall verify the reference effective dose, radiation leakage, inspection zone, and other parameters specified by the manufacturer. Records of radiation surveys shall include all requirements of ANSI/HPS Standard N43.17. Surveys shall be performed:

9.10.1 Upon installation;

9.10.2 At least once every twelve (12) months;

9.10.3 After any maintenance that affects the radiation shielding, shutter mechanism, or x-ray producing components; and

9.10.4 After any incident that may have damaged the system in such a way that unintended radiation emission occurs.

RHB 9.11 Dose.

9.11.1 The radiation dose delivered to a scanned individual shall be as low as reasonably achievable and shall not exceed limits required by ANSI/HPS Standard N43.17.

9.11.2 The dose outside of the inspection zone shall not exceed twenty microsieverts (20 μSv) (2 mrem) in any one (1) hour.

PART X
DEFINITIONS

As used in this regulation, the following definitions apply:

10.1 “Absorbed dose” is the energy imparted to matter by ionizing radiation per unit mass of irradiated material at the place of interest. The special units of absorbed dose are the rad or the gray.

10.2 “Accessible surface” means the external surface of the enclosure or housing provided by the manufacturer.

10.3 “Accreditation body” or “body” means an entity that has been approved by the FDA to accredit mammography facilities.

10.4 “Act” means Act No. 223, Atomic Energy and Radiation Control Act enacted by the 1967 Session South Carolina Legislature. [Section 13-7-40 *et seq*., S.C. Code of Laws (1976, as amended)].

10.5 “Action limits” or “action levels” means the minimum and maximum values of a quality assurance measurement that can be interpreted as representing acceptable performance with respect to the parameter being tested. Values less than the minimum or greater than the maximum action limit or level indicate that corrective action shall be taken by the facility. Action limits or levels are also sometimes called control limits or levels.

10.6 “Adverse event” means an undesirable experience associated with mammography activities that include, but are not limited to: poor image quality; failure to send mammography reports within thirty (30) calendar days to the referring physician or in a timely manner to the self-referred patient; and use of personnel that do not meet the requirements.

10.7 “Adult” means an individual eighteen (18) years of age or older.

10.8 “Air kerma” means kerma in a given mass of air. The unit used to measure the quantity of air kerma is the Gray (Gy). For x-rays with energies less than three hundred kiloelectronvolts (300 keV), 1 Gy=100 rad. In air, 1 Gy of absorbed dose is delivered by one hundred fourteen roentgens (114 R) of exposure.

10.9 “ALARA” (acronym for “as low as is reasonably achievable”) means making every reasonable effort to maintain exposures to ionizing radiation as far below the dose limits in this regulation as is practical, consistent with the purpose for which the licensed or registered activity is undertaken, taking into account the state of technology, the economics of improvements in relation to state of technology, the economics of improvements in relation to benefits to the public health and safety, and other societal and socioeconomic considerations, and in relation to utilization of sources of radiation in the public interest.

10.10 “Aluminum equivalent” means the thickness of type 1100 aluminum alloy affording the same attenuation, under specified conditions, as the material in question.

10.11 “Analytical x-ray equipment” means any machine utilizing x-rays for examination of the microscopic structure, or elemental or chemical composition of materials. This includes x-ray equipment used for x-ray diffraction, fluorescence analysis, or spectroscopy.

10.12 “Analytical x-ray system” means a group of local and remote components utilizing x-rays to determine the elemental composition or to examine the microstructure of materials. Local components include those that are struck by x-rays such as radiation source housings, port and shutter assemblies, collimators, sample holders, cameras, goniometers, detectors, and shielding. Remote components include power supplies, transformers, amplifiers, readout devices, and control panels.

10.13 “Annually” means at intervals not to exceed twelve (12) consecutive months.

10.14 “Applicator” means a structure which determines the extent of the treatment field at a given distance from the virtual source.

10.15 “Attenuation block” means a block or stack of type 1100 aluminum alloy, or aluminum alloy having equivalent attenuation, with dimensions twenty (20) centimeters (cm) or larger by twenty (20) cm or larger by 3.8 cm, that is large enough to intercept the entire x-ray beam.

10.16 “Authorized representative” means an employee of the Department, or an individual outside the Department when the individual is specifically so designated by the Department.

10.17 “Automatic exposure control” means a device which automatically controls one (1) or more technique factors in order to obtain at a preselected location(s) a required quantity of radiation (See also “Phototimer”).

10.18 “Average glandular dose” means, in mammography, the value in millirad for a given breast or phantom thickness which estimates the average absorbed dose to the glandular tissue extrapolated from free air exposures and based on fixed filter thickness and target material.

10.19 “Background radiation” means radiation from cosmic sources, naturally occurring radioactive materials, including radon (except as a decay product of source or special nuclear material) and global fallout as it exists in the environment from the testing of nuclear explosive devices. “Background radiation” does not include sources of radiation regulated by the Department.

10.20 “Barrier” (See “Protective Barrier”).

10.21 “Beam axis” means a line from the source through the centers of the x-ray fields.

10.22 “Beam-limiting device” means a device which provides a means to restrict the dimensions of the x-ray field.

10.23 “Beam monitoring system” means a system designed to detect and measure the radiation present in the useful beam.

10.24 “Beam scattering foil” means a thin piece of material (usually metallic) placed in the beam to scatter a beam of electrons in order to provide a more uniform electron distribution in the useful beam.

10.25 “Bone densitometer” means a device intended for medical purposes to measure bone density and mineral content by x-ray or gamma ray transmission measurements through the bone and adjacent tissues.

10.26 “Breast implant” means a prosthetic device implanted in the breast.

10.27 “Cabinet radiography” means industrial radiography conducted in an enclosure or cabinet so shielded that every location on the exterior meets the dose limits as specified in Part III of this regulation.

10.28 “Cabinet x-ray system” means an x-ray system with the x-ray tube installed in an enclosure which, independently of existing architectural structures except the floor on which it may be placed, is intended to contain at least that portion of a material being irradiated, provide radiation attenuation, and exclude personnel from its interior during x-ray production. An x-ray tube used within a shielded part of a building, or x-ray equipment which may temporarily or occasionally incorporate portable shielding, is not considered a cabinet x-ray system.

10.29 “Calendar quarter” means not less than twelve (12) consecutive weeks nor more than fourteen (14) consecutive weeks. The first calendar quarter of each year shall begin in January; and subsequent calendar quarters shall be such that no day is included in more than one (1) calendar quarter or omitted from inclusion

within a calendar quarter. No registrant shall change the method observed by him of determining calendar quarters for purposes of this regulation, except at the beginning of a calendar year. For the purpose of Part V, "Calendar quarter" means any one of the following time periods during a given year: January 1 through March 31, April 1 through June 30, July 1 through September 30, or October 1 through December 31.

10.30 "Category I" means medical educational activities that have been designated as Category I by the Accreditation Council for Continuing Medical Education (ACCME), the American Osteopathic Association (AOA), a state medical society or an equivalent organization.

10.31 "C-arm" means a fluoroscopic x-ray system in which the image receptor and x-ray tube housing assembly are connected or coordinated to maintain a spatial relationship. Such a system allows a change in the direction of the beam axis with respect to the patient without moving the patient.

10.32 "Central axis of the beam" means a line passing through the virtual source and the center of the plane figure formed by the edge of the first beam-limiting device.

10.33 "Cephalometric" means a device intended for the radiographic visualization and measurement of the dimensions of the human head.

10.34 "Certification" for Part V, means the process of approval of a facility by the Department to provide mammography services.

10.35 "Certified components" means components of x-ray systems which are subject to the Regulations for the Administration and Enforcement of the Radiation Control for Health and Safety Act of 1968, promulgated under Public Law 90-602.

10.36 "Certified system" means any x-ray system which has one (1) or more certified component(s).

10.37 "Change of status" means transfer of ownership, change of address, or disposal of any x-ray system.

10.38 "Clinical image" means a mammogram.

10.39 "Coefficient of variation" or "C" means the ratio of the standard deviation to the mean value of a population of observations. It is estimated using the following equation:

$$c = \frac{s}{\bar{X}} = \frac{1}{\bar{X}} \sum \frac{(X_i - \bar{X})^2}{n-1}$$

where:
s = Estimated standard deviation of the population.
$\bar{X}$= Mean value of observations in sample.
X_i = *i*th observation in sample.
n = Number of observations in sample.

10.40 "Collimator" means a device or mechanism by which the x-ray beam is restricted in size.

10.41 "Committed dose equivalent" means the dose equivalent to organs or tissues of reference (T) that will be received from an intake of radioactive material by an individual during the fifty (50)-year period following the intake.

10.42 "Consumer" means an individual who chooses to comment or complain in reference to a mammography examination, including the patient or representative of the patient (e.g., family member or referring physician).

10.43 “Contact hour” means an hour of training received through direct instruction.

10.44 “Continuing education unit or continuing education credit” means one (1) contact hour of training.

10.45 “Controlled area” means an area outside of a restricted area but inside the site boundary, access to which can be limited by the registrant for any reason.

10.46 “CT” (See “Computed Tomography”).

10.47 “Computed tomography (CT)” means the production of a tomogram by the acquisition and computer processing of x-ray transmission data.

10.48 “Contact therapy system” means an x-ray system used for therapy with the x-ray tube port placed in contact with or within five centimeters (5 cm) of the surface being treated.

10.49 “Control panel” means that part of the x-ray control upon which are mounted the switches, knobs, pushbuttons, keypads, touchscreens, and other hardware necessary for manually setting the technique factors.

10.50 “Cooling curve” means the graphical relationship between heat units stored and cooling time.

10.51 “CT conditions of operation” means all selectable parameters governing the operation of a CT x-ray system including, but not limited to, nominal tomographic section thickness, filtration, and the technique factors.

10.52 “CT Gantry” means the tube housing assemblies, beam-limiting devices, detectors, and the supporting structures, frames, and covers which hold and/or enclose these components within a computed tomography system.

10.53 “Coulomb per Kilogram” (C/kg) is the unit of exposure. One (1) Roentgen is equal to 2.58×10^{-4} Coulomb per kilogram. Submultiples of this unit are the milliCoulomb per kilogram (mC/kg) and the microCoulomb per kilogram (uC/kg).

10.54 “Dead man’s switch” means a switch so constructed that a circuit closing contact can be maintained only by continuous pressure on the switch by the operator.

10.55 “Declared pregnant woman” means a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception.

10.56 “Deep-dose equivalent (H_d),” which applies to external whole-body exposure, is the equivalent at a tissue depth of one centimeter (1 cm) (1000 mg/cm^2).

10.57 “Department” means the South Carolina Department of Health and Environmental Control.

10.58 “Detector” (See “Radiation detector”).

10.59 “Diagnostic mammography” means mammography performed on a patient with:

(a) Clinical signs, symptoms, or physical findings suggestive of breast cancer;

(b) An abnormal or questionable screening mammogram;

(c) A history of breast cancer with breast conservation surgery regardless of absence of clinical breast signs, symptoms, or physical findings; or

(d) Augmented breast regardless of absence of clinical breast signs, symptoms, or physical findings.

10.60 “Diagnostic source assembly” means the tube housing assembly with a beam-limiting device attached.

10.61 “Diagnostic x-ray imaging system” means an assemblage of components for the generation, emission, and reception of x-rays and the transformation, storage and visual display of the resultant x-ray image.

10.62 “Diagnostic x-ray system” means an x-ray system designed for irradiation of any part of the human or animal body for the purpose of diagnosis or visualization.

10.63 “Diaphragm” means a device or mechanism by which the x-ray beam is restricted in size.

10.64 “Direct instruction” means face-to-face interaction between instructor(s) and student(s), as when the instructor provides a lecture, conducts demonstrations, or reviews student performance; or the administration and correction of student examinations by an instructor(s) with subsequent feedback to the student(s).

10.65 “Direct scattered radiation” means that scattered radiation which has been deviated in direction only by materials irradiated by the useful beam (See “Scattered Radiation”).

10.66 “Direct supervision” means overall direction, control, and training of an individual by a qualified person who shall be physically present and provide constant feedback during the activities as they occur. In Part V, means that during joint interpretation of mammograms, the supervising interpreting physician reviews, discusses, and confirms the diagnosis of the physician being supervised and signs the resulting report before it is entered into the patient’s records; or during the performance of a mammography examination or survey of the facility’s equipment and quality assurance program, the supervisor is present to observe and correct, as needed, the performance of the individual being supervised who is performing the examination or conducting the survey.

10.67 “Dose” is a generic term which means absorbed dose, dose equivalent, effective dose equivalent, or total effective dose equivalent as defined in this regulation.

10.68 “Dose equivalent (H_T)” means the product of the absorbed dose in tissue, quality factor, and all other necessary modifying factors at the location of interest. The units of dose equivalent are the rem and sievert (Sv).

10.69 “Dose limits” (See Limits).

10.70 “Dose monitoring system” means a system of devices for the detection, measurement, and display of quantities of radiation.

10.71 “Dose monitor unit” means a unit response from the dose monitoring system from which the absorbed dose can be calculated.

10.72 “Dosimetry processor” means an individual or an organization that processes and evaluates individual monitoring devices in order to determine the radiation dose delivered to the monitoring devices.

10.73 “Effective dose equivalent (H_E)” is the sum of the products of the dose equivalent to the organ or tissue (H_T) and the weighting factors (W_T) applicable to each of the body organs or tissues that are irradiated ($H_E = w_T H_T$).

10.74 “Embryo or fetus” means the developing human organism from conception until the time of birth.

10.75 “Enclosed beam x-ray equipment” means an analytical x-ray system in which the beam path cannot be entered by any part of the body during normal operation.

10.76 “Entrance or access point” means any location through which an individual could gain access to radiation areas or to a source of radiation. This includes entry or exit portals of sufficient size to permit human entry, irrespective of their intended use.

10.77 “Entrance exposure rate” means the exposure free in air per unit time at the point where the center of the useful beam enters the patient.

10.78 “ESE” means the exposure at skin entrance where the center of the useful beam enters the patient.

10.79 “Equipment” (See “X-ray system”).

10.80 “Established operating level” means the value of a particular quality assurance parameter that has been established as an acceptable normal level by the facility’s quality assurance program.

10.81 “Exposure” is the amount of ionization per unit mass of air due to x-rays. It is the quotient of dQ by dm where “dQ” is the absolute value of the total charge of the ions of one (1) sign produced in air when all the electrons (negatrons and positrons) liberated by photons in a volume element of air having mass “dm” are completely stopped in air. The special units of exposure are the Roentgen (R), or the coulomb per kilogram (C/kg).

10.82 “Exposure rate” means the exposure per unit of time, such as R/min and mR/h.

10.83 “External dose” means that portion of the dose equivalent received from radiation sources outside the body.

10.84 “Extremities” means hand, elbow, arm below the elbow, foot, knee, and leg below the knee.

10.85 “Eye dose equivalent” applies to the external exposure of the lens of the eye and is taken as the dose equivalent at a tissue depth of 0.3 centimeter (300 mg/cm^2)

10.86 “Facility” means:

1) the location at which one (1) or more x-ray machines are installed or located within one (1) building, vehicle, or under one (1) roof and are under the same administrative control.

2) in Part V, a hospital, outpatient department, clinic, radiology practice, mobile unit, office of a physician, or other facility that conducts mammography activities, including operation of equipment to produce a mammogram, processing of the mammogram, initial interpretation of the mammogram and maintaining viewing conditions for that interpretation.

10.87 “Fail-safe characteristics” means a design feature which causes beam port shutters to close, or otherwise prevents emergence of the primary beam, upon the failure of a safety or warning device.

10.88 “FDA” means the U.S. Food and Drug Administration.

10.89 “Field emission equipment” means equipment which uses an x-ray tube in which an electron emission from the cathode is due solely to the action of an electric field.

10.90 “Field-flattening filter” means a filter used to provide dose uniformity over the area of a useful beam of x-rays at a specified depth.

10.91 “Field radiography” means the examination of the macroscopic structure of materials by nondestructive methods of utilizing sources of radiation in a non-fixed or non-permanent location.

10.92 “Field size” means the dimensions along the major axes of an area in a plane perpendicular to the central axis of the useful beam of incident radiation at the normal treatment distance and defined by the intersection of the major axes and the fifty percent (50%) isodose line. Material shall be placed in the beam such that dose maximum is produced at the normal treatment distance when field size is being determined.

10.93 “Filter” means material placed in the useful beam to preferentially absorb selected radiation.

10.94 “First allowable time” means the earliest time a resident physician is eligible to take the diagnostic radiology boards from an FDA-designated certifying body.

10.95 “Fluoroscopic imaging assembly” means a subsystem in which x-ray photons produce a fluoroscopic image. It includes the image receptor(s) such as the image intensifier and spot-film device, electrical interlocks, if any, and structural material providing linkage between the image receptor and diagnostic source assembly.

10.96 “Fluoroscopy” means a technique for generating x-ray images and presenting them simultaneously and continuously as visible images.

10.97 “Focal spot (actual)” means the area projected on the anode of the x-ray tube bombarded by the electrons accelerated from the cathode and from which the useful beam originates.

10.98 “Gantry” means that part of the system supporting and allowing possible movements of the radiation head.

10.99 “Gauge” means a mechanism designed and manufactured for the purpose of determining or controlling thickness, density, level, interface location, or qualitative or quantitative chemical composition. It may include components such as radiation shields and useful beam controls incorporated into the gauge in order to meet the requirements or specifications of this regulation.

10.100 “General purpose x-ray system” means any radiographic x-ray which, by design, is not limited to radiographic examination of specific anatomical regions.

10.101 “The Gray” is the unit of absorbed dose. It is equal to one joule per kilogram (1 J/kg). One rad is equal to 1×10^{-2} Gray. Submultiples included in this regulation are the milliGray (Gy) and the microGray (uGy).

10.102 “Half-value layer (HVL)” means the thickness of specified material which attenuates the beam of radiation to an extent such that the exposure rate is reduced to one-half of its original value. In this definition, the contribution of all scattered radiation, other than any which might be present initially in the beam concerned, is deemed to be excluded.

10.103 “Healing arts” means any system, treatment, operation, diagnosis, prescription, or practice for the ascertainment, cure, relief, palliation, adjustment, or correction of any human disease, ailment, deformity, injury, or unhealthy or abnormal physical or mental condition.

10.104 “Healing arts screening” means the testing of human beings using x-ray machines for the detection or evaluation of health indications when such tests are not specifically and individually ordered by a licensed practitioner legally authorized to prescribe such x-ray tests for the purpose of diagnosis or treatment.

10.105 “Health professions” means the professional persons authorized by the laws of the state to use x-rays in the diagnosis or treatment of human or animal disease.

10.106 “Heat unit” means a unit of energy equal to the product of the peak kilovoltage, milliamperes, and seconds (i.e., kVp × mA × second).

10.107 “High radiation area” means any area, accessible to individuals, in which there exists radiation at such levels that the whole body could receive in any one (1) hour, a dose in excess of 0.1 rem (mSv) in one (1) hour at thirty centimeters (30 cm) from the radiation source or from any surface that the radiation penetrates.

10.108 “HVL” (See “Half-value layer”).

10.109 “Image intensifier” means a device, installed in its housing, which instantaneously converts an x-ray pattern into a corresponding light image of higher energy density.

10.110 “Image receptor” means any device, such as radiographic film, which transforms incident photons either into a visible image or into another form which can be made into a visible image by further transformations.

10.111 “Individual” means any human being.

10.112 “Individual monitoring” means:

1) the assessment of dose equivalent by the use of devices designed to be worn by an individual; or

2) the assessment of dose equivalent by the use of survey data.

10.113 “Individual monitoring devices” means devices designed to be worn by a single individual for the assessment of dose equivalent such as film badges, thermoluminescent dosimeters (TLDs), and pocket ionization chambers.

10.114 “Industrial x-ray system” means any machine utilizing x-rays for examination of the macroscopic structure of materials. This includes x-ray equipment used for cabinet radiography, shielded room radiography, field radiography, and gauges.

10.115 “Inherent filtration” means the filtration of the useful beam provided by the permanently installed components of the tube housing assembly.

10.116 “Inoperative” means any x-ray machine or device that is temporarily or permanently rendered incapable of producing x-rays.

10.117 “Inspection” means an official examination or observation including, but not limited to, tests, surveys, and monitoring to determine compliance with rules, regulations, orders, requirements, and conditions of the Department.

10.118 “Inspection zone” means the general area established by the operating institution for the purpose of limiting or controlling access to the area where personnel security screening systems using x-ray equipment will be located. This includes, but is not limited to, any ingress, egress, gate, portal, traffic path, and areas, access to which is restricted due to the presence of radiation.

10.119 “Instrument calibration” means the determination of:

1) the response or reading of an instrument relative to a series of known radiation values over the range of the instrument; or

2) the strength of a source of radiation relative to a standard.

10.120 “Interim regulations” means the regulations entitled “Requirements for Accrediting Bodies of Mammography facilities” (58 FR 67558-67565) and “Quality Standards and Certification Requirements for Mammography Facilities” (58 FR 67565-67572), published by the FDA on December 21, 1993, and amended

on September 30, 1994 (59 FR 49808-49813). These regulations established the standards that had to be met by mammography facilities in order to lawfully operate between October 1, 1994 and April 28, 1999.

10.121 "Interlock" means a device preventing the start or continued operation of equipment unless certain predetermined conditions prevail.

10.122 "Interpreting physician" means a licensed physician who interprets mammograms and who meets the requirements of RHB 5.9.1 and 5.25.1.1.

10.123 "Irradiation" means the exposure of matter to ionizing radiation.

10.124 "Isocenter" means the intersection of the collimator axis of rotation and the gantry axis of rotation.

10.125 "Kilovoltage peak" (See "Peak tube potential").

10.126 "kV" means kilovolts.

10.127 "kVp" (See "Peak tube potential").

10.128 "Lead interpreting physician" means the interpreting physician assigned the general responsibility for ensuring that a facility's quality assurance program meets all of the requirements of RHB 5.9, 5.10.1, 5.10.2, 5.10.4, 5.10.5, 5.10.6, and 5.10.7 of this regulation. The administrative title and other supervisory responsibilities of the individual, if any, are left to the discretion of the facility.

10.129 "Leakage radiation (diagnostic)" means radiation emanating from the diagnostic source assembly except for:

1) the useful beam, and

2) radiation produced when the exposure switch or timer is not activated.

10.130 "Leakage radiation (non-diagnostic)" means all radiation coming from within the tube housing complex except the useful beam(s).

10.131 "Leakage technique factors" means the technique factors associated with the diagnostic or therapeutic source assembly which are used in measuring leakage radiation. They are defined as follows:

1) For diagnostic source assemblies intended for capacitor energy storage equipment, the maximum-rated peak tube potential and the maximum-rated number of exposures in an hour for operation at the maximum-rated peak tube potential with the quantity of charge per exposure being ten millicoulombs (10 mC) (i.e., ten milliampere seconds (10 mAs)) or the minimum obtainable from the unit, whichever is larger.

2) For diagnostic source assemblies intended for field emission equipment rated for pulsed operation, the maximum-rated peak tube potential and the maximum-rated number of x-ray pulses in an hour for operation at the maximum-rated peak tube potential.

3) For all other diagnostic or therapeutic source assemblies, the maximum-rated peak tube potential and the maximum-rated continuous tube current for the maximum-rated peak tube potential.

10.132 "Licensed practitioner" means a licensed practitioner as defined in the Medical Radiation Health and Safety Act, Chapter 74, Title 44 of the South Carolina Code of Laws.

10.133 “Light field” means that area of the intersection of the light beam from the beam-limiting device and one (1) of the set of planes parallel to and including the plane of the image receptor, whose perimeter is the locus of points at which the illumination is one-fourth (1/4) of the maximum in the intersection.

10.134 “Limits” or “Dose limits” means the permissible upper bounds of radiation doses.

10.135 “mA” means milliAmpere.

10.136 “Mammogram” means a radiographic image produced through mammography.

10.137 “Mammographic modality” means a technology for radiography of the breast. Examples are screen-film mammography and digital mammography.

10.138 “Mammography” means radiography of the breast.

10.139 “Mammography equipment evaluation” means an onsite assessment of mammography unit or image processor performance by a medical physicist for the purpose of making a preliminary determination as to whether the equipment meets all of the applicable standards in this regulation.

10.140 “Mammography medical outcomes audit” means a systematic collection of mammography results and the comparison of those results with outcomes data.

10.141 “Mammography unit” or “units” means an assemblage of components for the production of x-rays for use during mammography, including, at a minimum, an x-ray generator, an x-ray control, a tube housing assembly, a beam limiting device, and the supporting structures for these components.

10.142 “mAs” means milliAmpere second.

10.143 “Mean optical density” means the average of the optical densities (OD) measured using phantom thicknesses of two (2), four (4), and six (6) centimeters with values of kilovoltage peak (kVp) clinically appropriate for those thicknesses.

10.144 “Medical physicist,” for the purpose of Part V, means a person trained in evaluating the performance of mammography equipment and facility quality assurance programs and who meets the qualifications set forth in RHB 5.7.3.

10.145 “Member of the public” means an individual except when that individual is receiving an occupational dose.

10.146 “Minor” means an individual younger than eighteen (18) years of age.

10.147 “Misadministration” means the administration of:

1) Radiation to the wrong patient, wrong treatment site, or wrong mode of treatment;

2) Performance of a diagnostic or therapeutic procedure other than that ordered by the prescribing physician.

3) A therapeutic radiation dose from a source such that errors in the source calibration, time of exposure, or treatment geometry result in a calculated total treatment dose differing from the total prescribed treatment dose by more than twenty percent (20%).

4) When the treatment consists of three (3) or fewer fractions, a therapeutic radiation dose from a source such that errors in the source calibration, time of exposure, or treatment geometry result in a calculated total treatment dose differing from the total prescribed treatment dose by more than ten percent (10%).

5) When the calculated weekly treatment dose exceeds the weekly prescribed dose by thirty percent (30%) or more of the weekly prescribed dose.

10.148 “Mobile x-ray equipment” (See “X-ray equipment”).

10.149 “Monitoring,” "radiation monitoring," or “radiation protection monitoring” means the measurement of radiation levels and the use of the results of these measurements to evaluate potential exposures and doses.

10.150 “Moving beam therapy” means radiation therapy with relative displacement of the useful beam or the patient during irradiation. It includes arc therapy, skip therapy, conformational therapy, and rotational therapy.

10.151 “MQSA” means the federal Mammography Quality Standards Act of 1992.

10.152 “Multi-reading” means two (2) or more physicians, at least one (1) of whom is an interpreting physician, interpreting the same mammogram.

10.153 “Nominal treatment distance” means:

1) For electron irradiation, the distance from the scattering foil or exit window of the electron beam to the surface along the central axis of the useful beam, or from the virtual source to the surface along the central axis of the useful beam as specified by the manufacturer.

2) For x-ray irradiation, the virtual source or target to isocenter distance along the central axis of the useful beam. For non-isocentric equipment, this distance shall be specified by the manufacturer.

10.154 “Occupational dose” means, for the purpose of Part IV, the dose received by an individual in a restricted area or in the course of employment in which the individual’s assigned duties involve exposure to radiation, whether in the possession of the registrant or other person. Occupational dose does not include dose received from background radiation, as a patient from medical practices, from voluntary participation in medical research programs, or as a member of the general public.

10.155 “Open beam configuration” means an analytical x-ray system in which an individual could accidentally place some part of his or her body in the primary beam path during normal operation.

10.156 “Operating conditions,” for the purpose of Part IV, means circumstances required to maintain a radiation protection program sufficient to ensure compliance with the provisions of this regulation. Conditions include, but are not limited to, patient holding, pregnant workers, use of shielding and barriers, pregnant patients, use of personnel monitoring devices, employee training, and quality assurance methods.

10.157 “Operating procedures” means detailed written instructions including, but not limited to, use of the x-ray equipment, use of shielding and barriers, quality assurance methods, occasions and methods for conducting area surveys, use of personnel monitoring devices, and alignment, calibration, or preventative maintenance of x-ray equipment. Routine and emergency radiation safety considerations are part of these procedures. Emergency procedures shall include methods of notifying proper persons in the event of an emergency, to include the listing of names, addresses, and phone numbers.

10.158 “Operative” means any x-ray machine or device that is capable of producing x-rays.

10.159 “Out-of-state facility” means any person proposing to bring an x-ray machine into the state for any temporary use.

10.160 “Patient” means an individual or animal subjected to healing arts examination, diagnosis, or treatment, including a mammography evaluation.

10.161 “PBL” (See “Positive Beam Limitation”).

10.162 “Peak tube potential” means the maximum value of the potential difference across the x-ray tube during an exposure.

10.163 “Person” means any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, agency, political subdivision of this State, any other state or political subdivision or agency thereof, and any legal successor, representative, agent or agency of the foregoing, other than entities over which a federal government agency has exclusive jurisdiction.

10.164 “Personnel monitoring equipment” means devices designed to be carried or worn by a single individual for the purpose of measuring the dose which an individual receives (e.g., film badges, thermoluminescence (TLDs) dosimeters, optically stimulated luminescence (OSL) dosimeters, pocket chambers, pocket dosimeters).

10.165 “Personnel security screening system” means any x-ray equipment used on humans for security evaluation.

10.166 “Phantom” means:

1) in Part V, a test object used to simulate radiographic characteristics of compressed breast tissue and containing components that radiographically model aspects of breast disease and cancer. This definition does not apply to phantoms used for Quality Assurance testing of stereotactic biopsy units. It is equivalent to a nominal 4.2 centimeter compressed breast of average density (i.e., fifty percent (50%) adipose and fifty percent (50%) glandular tissue) and shall contain the following objects:

a) Spherical masses, composed of phenolic plastic with thicknesses of: 2.00, 1.00, 0.75, 0.50, and 0.25 millimeter;

b) Specks, composed of aluminum oxide, with diameters of: 0.54, 0.40, 0.32, 0.24, and 0.16 millimeter; and

c) Fibers composed of nylon, with thicknesses of: 1.56, 1.12, 0.89, 0.75, 0.54, and 0.40 millimeter.

2) in Part VI, a volume of material behaving in a manner similar to tissue with respect to the attenuation and scattering of radiation. This requires that both the atomic number (Z) and the density of the material be similar to that of the tissue.

10.167 “Phantom image” means a radiographic image of a phantom.

10.168 “Phototimer” means a method for controlling radiation exposure to image receptors by measuring the amount of radiation which reaches a radiation monitoring device(s). The radiation monitoring device(s) is part of an electronic circuit which controls the duration of time the tube is activated (See “Automatic exposure control”).

10.169 “Physical science” means, for the purpose of this regulation, physics, chemistry, radiologic science (including medical physics and health physics), and engineering.

10.170 “PID” (See “Position indicating device”).

10.171 “Planned special exposure” means an infrequent exposure to radiation, separate from and in addition to the annual occupational dose limits.

10.172 “Portable x-ray equipment” (See “X-ray equipment”).

10.173 “Position indicating device (PID)” means a device on dental x-ray equipment used to indicate the beam position and to establish a definite source-surface (skin) distance. It may or may not incorporate or serve as a beam-limiting device.

10.174 “Positive beam limitation” means the automatic or semiautomatic adjustment of an x-ray beam to the selected image receptor size, whereby exposures cannot be made without such adjustments.

10.175 “Positive mammogram” means a mammogram that has an overall assessment of findings that are either “suspicious” or “highly suggestive of malignancy.”

10.176 “Primary beam” means ionizing radiation which passes through an aperture of the source housing by a direct path from the x-ray tube located in the radiation source housing.

10.177 “Primary dose monitoring system” means a system which will monitor the useful beam during irradiation and which will terminate irradiation when a preselected number of dose monitor units have been acquired.

10.178 “Primary protective barrier” (See “Protective barrier”).

10.179 “Protective apron” means an apron made of radiation absorbing material used to reduce radiation exposure.

10.180 “Protective barrier” means a barrier of radiation absorbing material(s) used to reduce radiation exposure. The types of protective barriers are as follows:

1) “Primary protective barrier” means the material, excluding filters, placed in the useful beam, to protect anyone other than the patient from radiation exposure.

2) “Secondary protective barrier” means a barrier sufficient to attenuate the stray radiation to the required degree.

10.181 “Provisional certificate” means the provisional certificate described in RHB 5.3.3.

10.182 “Public dose” means the dose received by a member of the public from exposure to radiation by a registrant, or to another source of radiation either within a registrant’s controlled area or in unrestricted areas. It does not include occupational dose or doses received from background radiation, as a patient from medical practices, or from voluntary participation in medical research programs.

10.183 “Qualified expert” means an individual who has demonstrated to the satisfaction of the Department that such individual possesses the knowledge, training, and experience to measure ionizing radiation, to evaluate safety techniques, and to advise regarding radiation protection needs.

10.184 “Qualified instructor” means an individual whose training and experience adequately prepares him or her to carry out specified training assignments. Interpreting physicians, radiologic technologists, or medical physicists who meet the requirements of RHB 5.9 and 5.25.1 of this Part would be considered qualified instructors in their respective areas of mammography. Other examples of individuals who may be qualified

instructors for the purpose of providing training to meet the requirements of this Part include, but are not limited to, instructors in a post-high school training institution and manufacturer's representatives.

10.185 "Quality assurance" is a program designed to produce high quality radiographs at minimal cost and minimal patient exposure.

10.186 "Quality control" is the routine measurement of image quality and the performance of the diagnostic x-ray imaging system, from x-ray beam output to the viewing of radiographs, and the continual adjustment of that performance to an optimal and consistent level.

10.187 "Quality control technologist" means an individual meeting the requirements of RHB 5.7.2 who is responsible for those quality assurance responsibilities not assigned to the lead interpreting physician or to the medical physicist.

10.188 "Quality factor (Q)" means the modifying factor that is used to derive dose equivalent from absorbed dose. Quality factors are provided in the definition of rem.

10.189 The "rad" is a measure of the absorbed dose of any radiation to body tissue in terms of the energy absorbed per unit mass of the tissue. One rad is the absorbed dose corresponding to one hundred (100) ergs per gram of tissue. (One millirad {mrad} = 0.001 rad.)

10.190 "Radiation" means ionizing radiation, including gamma rays, x-rays, alpha particles, beta particles, high speed electrons, neutrons, high speed protons, and other atomic particles capable of producing ions, but not sound or radio waves, or visible, infrared, or ultraviolet light.

10.191 "Radiation area" means any area accessible to individuals in which there exists radiation at such levels that the whole body could receive in any one (1) hour, a dose in excess of five millirem (5 mrem) (.05 mSv) at thirty centimeters (30 cm) from the radiation source or from any surface that the radiation penetrates.

10.192 "Radiation detector" means a device which in the presence of radiation provides a signal or other indication suitable for use in measuring one (1) or more quantities of incident radiation.

10.193 "Radiation dose" means dose.

10.194 "Radiation Safety Officer" means one who has the knowledge and responsibility to apply appropriate radiation protection regulations, and has been assigned such responsibility, in writing, by the registrant.

10.195 "Radiation therapy simulation system" means a radiographic or fluoroscopic x-ray system intended for localizing the volume to be exposed during radiation therapy and confirming the position and size of the therapeutic irradiation field.

10.196 "Radiograph" means an image receptor on which the image is created directly or indirectly by an x-ray pattern and results in a permanent record.

10.197 "Radiographer" means any individual who performs or who, in attendance at the site where sources of radiation are being used, personally supervises field radiography operations, and who is responsible to the registrant for assuring compliance with the requirements of this regulation.

10.198 "Radiological physicist" means an individual who is certified by the American Board of Radiology in therapeutic radiological physics, radiological physics, or x- and gamma ray physics; or certified by the American Board of Medical Physicists in radiation oncology physics, or have the equivalent training experience as approved, or have the following minimum training and experience:

1) A Master's or a Doctoral degree in Physics, Biophysics, Radiological Physics, or Health Physics or Medical Physics; one (1) year full-time training in therapeutic radiological physics;

2) One (1) year full-time experience in a therapeutic facility where the individual's duties involve calibration and spot checks of a medical accelerator, and includes personal calibration and spot check of at least one (1) machine.

10.199 "Radiologic technologist," in Part V, means an individual specifically trained in the use of radiographic equipment and the positioning of patients for radiographic examinations and, when performing mammography without direct supervision, also meets the requirements set forth in RHB 5.9.2.

10.200 "Rating" means the operating limits as specified by the component manufacturer.

10.201 "Recording" means producing a permanent form of an image resulting from x-ray photons.

10.202 "Registrant" means any person who is registered with the Department or is legally obligated to register with the Department pursuant to the Act and this regulation.

10.203 "Registration" means registering with the Department in accordance with this regulation and the Act.

10.204 "Rem" is the special unit of any of the quantities expressed as dose equivalent. The dose equivalent in rems is equal to the absorbed dose in rads multiplied by the quality factor (1 rem = 0.01 sievert). The quality factors for converting absorbed dose to dose equivalent are as follows:

QUALITY FACTORS AND ABSORBED DOSE EQUIVALENCIES

TYPE OF RADIATION	Quality Factor (Q)	Absorbed Dose Equal to a Unit Dose Equivalent*
X-, gamma, or beta radiation	1	1

		a Unit Dose Equivalent*
Alpha particles, multiple-charged particles, fission fragments and heavy particles of unknown charge	20	0.05
Neutrons of unknown energy	10	0.1
High-energy protons	10	0.1

*Absorbed dose in rad equal to 1 rem or the absorbed dose in gray equal to 1 sievert.

10.205 "Response time" means the time required for an instrument system to reach ninety percent (90%) of its final reading when the radiation sensitive volume of the instrument system is exposed to a step change in radiation flux from zero (0) sufficient to provide a steady step midscale reading.

10.206 "Restricted area or controlled area" means any area, access to which is controlled by the registrant for purposes of protection of individuals from exposure to radiation. A "restricted area" shall not include any areas used for residential quarters, although a separate room or rooms in a residential building may be set apart as a restricted area.

10.207 "Roentgen (R)" is the special unit of exposure. One (1) Roentgen equals 2.58×10^{-4} Coulombs/kilogram of air. (See "exposure.")

10.208 "Safety device" means a device which prevents the entry of any portion of an individual's body into the primary x-ray beam path or which causes the beam to be shut off upon entry into its path.

10.209 “Scan” means the complete process of collecting x-ray transmission data for the production of a tomogram. Data can be collected simultaneously during a single scan for the production of one (1) or more tomograms.

10.210 “Scan increment” means the amount of relative displacement of the patient with respect to the CT x-ray system or between successive scans measured along the direction of such displacement.

10.211 “Scan sequence” means a preselected set of two (2) or more scans performed consecutively under preselected CT conditions of operation.

10.212 “Scan time” means the period of time between the beginning and end of x-ray transmission data accumulation for a single scan.

10.213 “Scattered radiation” means radiation that, during passage through matter, has been deviated in direction (See “Direct scattered radiation”).

10.214 “Screening mammography” means mammography performed on an asymptomatic patient to detect the presence of breast cancer at an early stage.

10.215 “Secondary dose monitoring system” means a system which will terminate irradiation in the event of failure of the primary system.

10.216 “Secondary protective barrier” (See “Protective barrier”).

10.217 “Serious adverse event” means an adverse event that may significantly compromise clinical outcomes, or an adverse event for which a facility fails to take appropriate corrective action in a timely manner.

10.218 “Serious complaint” means a report of a serious adverse event.

10.219 “Shadow tray” means a device attached to the radiation head to support auxiliary beam blocking material.

10.220 “Shallow dose equivalent (H_S)”, which applies to the external exposure of the skin or an extremity, is taken as the dose equivalent at a tissue depth of 0.007 centimeter (7 mg/cm^2) averaged over an area of one square centimeter (1 cm^2).

10.221 “Shielded room radiography” means industrial radiography using radiation machines, which is conducted in an enclosed room, the interior of which is not occupied during radiographic operations, which is so shielded that every location on the exterior meets conditions for an unrestricted area and the only access to which is through openings which are interlocked so that the radiation machine will not operate unless all openings are securely closed.

10.222 “Shutter” means a device attached to the tube housing assembly which can totally intercept the entire cross sectional area of the useful beam and which has a lead equivalency not less than that of the tube housing assembly.

10.223 “SID” (see Source to Image Receptor Distance).

10.224 “Sievert (Sv)” is the unit of dose equivalent. The dose equivalent in Sieverts is equal to the absorbed dose in grays multiplied by the quality factor. (1 Sv = 100 rems). Submultiples included in this regulation are the milliSievert (mSv) and the microSievert (uSv).

10.225 “Site boundary” means that line beyond which the land or property is not owned, leased, or otherwise controlled by the registrant.

10.226 “Source” means the focal spot of the x-ray tube.

10.227 “Source of radiation” means any device or equipment emitting or capable of producing x-ray radiation.

10.228 “Source-to-image receptor distance (SID)” means the distance from the source to the center of the input surface of the image receptor.

10.229 “Source-to-skin distance (SSD)” means the distance between the source and the skin entrance plane of the patient.

10.230 “Special purpose x-ray system” means any radiographic x-ray system which is limited, by design, to radiographic examinations of specified anatomical regions. Special purpose x-ray systems include, but are not limited to, mammography units, dedicated chest units, cystography units, and head and skull units.

10.231 “Spot check” means a procedure which is performed to assure that a previous calibration continues to be valid.

10.232 “Spot film” means a radiograph which is made during a fluoroscopic examination to permanently record conditions which exist during that fluoroscopic procedure.

10.233 “Spot film device” means a device intended to transport or position a radiographic image receptor between the x-ray source and fluoroscopic image receptor. It includes a device intended to hold a cassette over the input end of an image intensifier for the purpose of making a radiograph.

10.234 “Standard breast” means a 4.2 centimeter (cm) thick compressed breast consisting of fifty percent (50%) glandular and fifty percent (50%) adipose tissue.

10.235 “Stray radiation” means the sum of leakage and scattered radiation.

10.236 “Supervision” means the delegating of the task of applying radiation pursuant to this regulation by persons, not licensed in the healing arts or veterinary medicine, who provide services under the practitioner’s control. The licensed practitioner assumes full responsibility for these tasks and must assure that the tasks will be administered correctly.

10.237 “Survey” means:

1) an evaluation of the use, of sources of radiation under a specific set of conditions to determine actual or potential radiation hazards. When appropriate, such evaluation includes, but is not limited to, tests, physical examinations, and measurements of levels of radiation.

2) in Part V, an onsite physics consultation and evaluation of a facility’s quality assurance program performed by a medical physicist.

10.238 “Target” means that part of a radiation head which by design intercepts a beam of accelerated particles with subsequent emission of other radiation.

10.239 “Technique factors” means the following conditions of operations:

1) For capacitor energy storage equipment, peak tube potential in kV and quantity of charge in mAs;

2) For field emission equipment rated for pulsed operation, peak tube potential in kV and number of x-ray pulses;

3) For CT x-ray systems designed for pulsed operation, peak tube potential in kV, scan time in seconds, and either tube current in mA, x-ray pulse width in seconds, and the number of x-ray pulses per scan, or the product of tube current, x-ray pulse width, and the number of x-ray pulses in mAs;

4) For CT x-ray systems not designed for pulsed operation, peak tube potential in kV, scan time in seconds, and either tube current in mA and scan time in seconds, or the product of tube current and exposure time in mAs and the scan time when the scan time and exposure time are equivalent; and

5) For all other equipment, peak tube potential in kV, and either tube current in mA and exposure time in seconds, or the product of tube current and exposure time in mAs.

10.240 "Termination of irradiation" means the stopping of irradiation in a fashion which will not permit continuance of irradiation without the resetting of operating conditions at the control panel.

10.241 "Test" means a method for determining the characteristics or condition of sources of radiation or components thereof.

10.242 "Tomogram" means the depiction of the x-ray attenuation properties of a section through the body.

10.243 "Total Effective Dose Equivalent (TEDE)" means the sum of the deep-dose equivalent (for external exposures) and the committed effective dose equivalent (for internal exposures).

10.244 "Traceable to a national standard" means an instrument is calibrated at either the National Institute of Standards and Technology (NIST) or at a calibration laboratory that participates in a proficiency program with NIST at least once every two (2) years and the results of the proficiency test conducted within twenty-four (24) months of calibration show agreement within plus or minus three percent (3%) of the national standard in the mammography energy range.

10.245 "Tube" means an x-ray tube, unless otherwise specified.

10.246 "Tube housing assembly" means the tube housing with tube installed. It includes high voltage or filament transformers and other appropriate elements when such are contained within the tube housing.

10.247 "Unrestricted area or uncontrolled area" means any area to which access is not controlled by the registrant for purposes of protection of individuals from exposure to radiation, and any area used for residential quarters.

10.248 "Vendor" means a person who is engaged in the business of selling, leasing, installing, or offering to sell, lease, or install x-ray machines or machine components or is engaged in the business of furnishing or offering to furnish x-ray machine services, which includes, but is not limited to, reinstalling, reassembling, leasing, servicing, maintenance, calibration, and repair of x-ray equipment, facility and shielding design, radiation surveys, instrument calibration, personnel dosimetry, processor cleaning and maintenance, and health physics consultations.

10.249 "Very high radiation area" means an area, accessible to individuals, in which radiation levels could result in an individual receiving an absorbed dose in excess of five hundred (500) rads (5 grays) in one (1) hour at one meter (1 m) from a radiation source or from any surface that the radiation penetrates. At very high doses received at high dose rates, units of absorbed dose (e.g., rads and grays) are appropriate, rather than units of dose equivalent (e.g., rems and sieverts).

10.250 "Virtual source" means a point from which radiation appears to originate.

10.251 "Whole body" means, for purposes of external exposure, head, trunk (including male gonads), arms above the elbow, or legs above the knee.

10.252 “Worker” means an individual engaged in work under a license or registration issued by the Department and controlled by a licensee or registrant, but does not include the licensee or registrant.

10.253 “X-ray control” means a device which controls input power to the x-ray high-voltage generator and/or the x-ray tube. It includes equipment such as timers, phototimers, automatic brightness stabilizers, and similar devices, which control the technique factors of an x-ray exposure.

10.254 “X-ray equipment” means an x-ray system, subsystem, or component thereof. Types of x-ray equipment are as follows:

1) Mobile means x-ray equipment mounted on a permanent base with wheels or casters for moving while completely assembled.

2) Portable means x-ray equipment designed to be hand carried to the location of use, but not operated while being held by an individual.

3) Stationary means x-ray equipment which is installed in a fixed location.

4) Transportable means x-ray equipment installed in a vehicle or trailer.

5) Hand-held means x-ray equipment that is designed to be hand-held during operation.

10.255 “X-ray system” means an assemblage of components for the controlled production of x-rays. It includes, minimally, an x-ray high voltage generator, an x-ray control, a tube housing assembly, a beam-limiting device, and the necessary supporting structures. Additional components which function with the system are considered integral parts of the system.

10.256 “X-ray subsystem” means any combination of two (2) or more components of an x-ray system.

10.257 “X-ray tube” means any electron tube which is designed to be used primarily for the production of x-rays.

10.258 “Year” means the period of time beginning in January used to determine compliance with the provisions of this regulation. The registrant may change the starting date of the year used to determine compliance by the registrant provided that the change is made at the beginning of the year and that no day is omitted or duplicated in consecutive years.

PART XI
NOTICES, INSTRUCTIONS, AND REPORTS TO WORKERS: INSPECTIONS

RHB 11.1. Scope.

This Part establishes requirements for notices, instructions, and reports by registrants to individuals employed by them, and options available to such individuals in connection with Department inspections of registrants to ascertain compliance with the provisions of the Act and regulations issued thereunder regarding radiological working conditions. The regulations in this Part apply to all persons who receive, possess, use, own, or transfer radiation producing equipment registered by the Department pursuant to the regulation in Part II.

RHB 11.2. Posting of Notices to Workers.

11.2.1 Each registrant shall post current copies of the following documents: 1) the regulations in this Part and in Part III; and 2) any notice of violation involving radiological working conditions; or order issued pursuant to Part I and any response from the registrant.

11.2.2 If posting of a document required by RHB 11.2.1 is not practicable, the registrant shall make documents electronically available or post a notice which describes the document and states where it may be examined.

11.2.3 Each Registrant shall post "Notice to Employees" Form 3A-17 as required by this regulation.

11.2.4 Documents, notices, or forms posted pursuant to this section shall appear in a sufficient number of places to permit individuals engaged in work associated with the x-ray equipment to observe them on the way to or from any equipment location to which the document applies, shall be conspicuous, and shall be replaced if defaced or altered.

11.2.5 Documents posted pursuant to RHB 11.2.4 of this section shall be posted within five (5) working days after receipt of the documents from the Department; the registrant's response, if any, shall be posted within five (5) working days after dispatch from the registrant. Such document shall remain posted for a minimum of five (5) working days or until action correcting the violation has been completed, whichever is later.

RHB 11.3. Instructions to Workers.

All individuals working in or frequenting any portion of a restricted area shall: be kept informed of the use of x-ray equipment or of radiation in portions of the restricted area; be instructed in the health protection problems associated with exposure to x-ray equipment or radiation and in precautions or procedures to minimize exposure, and in the purposes and functions of protective devices employed; be instructed in, and instructed to observe, to the extent within the worker's control, the applicable provisions of Department regulations for the protection of personnel from radiation occurring in such areas; be instructed of their responsibility to report promptly to the registrant any conditions which may lead to or cause a violation of Department regulations or unnecessary exposure to radiation; be instructed in the appropriate response to warnings made in the event of an unusual occurrence or malfunction that may involve exposure to radiation; and be advised as to the radiation exposure reports which workers may request pursuant to RHB 11.4. The extent of these instructions shall be commensurate with potential radiological health protection problems in the restricted area.

RHB 11.4. Notification and Reports to Individuals.

11.4.1 The Registrant shall report to the individual, radiation exposure data and the results of any measurements, analyses, and calculations of radiation exposure to the body as specified in this section. The information reported shall include data and results obtained pursuant to Department regulations, orders, or inspections. Each notification and report shall: be in writing, include appropriate identifying data such as the name of the registrant, the name of the individual, an additional personal identifier for the individual, the individual's exposure information, and contain the following statement: "This report is furnished to you under the provisions of the South Carolina Department of Health and Environmental Control's Radiation Control Regulations. You should preserve this report for future reference."

11.4.2 At the request of any worker, each registrant shall advise such worker annually of the worker's exposure to radiation as shown in records maintained by the registrant pursuant to RHB 3.27.

11.4.3 At the request of the worker formerly engaged in work controlled by the registrant, each registrant shall furnish to the worker a report of the workers' exposure to radiation. Such report shall be furnished within thirty (30) calendar days from the time the request is made, or within thirty (30) calendar days after the exposure of the individual has been determined by the registrant, whichever is later and shall cover the period of time specified in the request, each calendar quarter in which the workers' activities involved exposure to radiation from x-ray producing equipment registered by the Department; and shall include the dates and locations of work under the registrant in which the worker participated during this period.

11.4.4 When a registrant is required pursuant to RHB 3.24, 3.25, or 3.26 to report to the Department any exposure of an individual to radiation, the registrant shall also provide the individual a report on his or her exposure data included therein. Such reports shall be submitted to the individual at a time not later than the date of notification to the Department.

RHB 11.5. Presence of Registrants and Workers During Inspections.

11.5.1 Each registrant shall afford to the Department, at all reasonable times, opportunity to inspect machines, activities, facilities, premises, and records pursuant to this regulation.

11.5.2 During an inspection, the registrant shall permit Department inspectors to consult privately with workers as specified in RHB 11.6. The registrant may accompany Department inspectors during other phases of an inspection.

11.5.3 If, at any time of inspection, an individual has been authorized by the workers to represent them during Department inspections, the registrant shall notify the inspectors of such authorization and shall give the workers' representative an opportunity to accompany the inspectors during the inspection of the physical working conditions.

11.5.4 Each workers' representative shall be routinely engaged in work under control of the registrant and shall have received instructions as specified in RHB 11.3. With written approval from the registrant, the workers' representative may be an individual who is not routinely engaged in work under control of the registrant, for example, a consultant to the registrant or to the workers' representative shall be afforded the opportunity to accompany Department inspectors during the inspection of physical working conditions.

11.5.5 Different representatives of registrants and workers may accompany the inspectors during different phases of an inspection if there is no resulting interference with the conduct of the inspection.

11.5.6 Notwithstanding the other provisions of this section, Department inspectors are authorized to refuse to permit accompaniment by any individual who deliberately interferes with a fair and orderly inspection. With regard to any area containing proprietary information, the workers' representative for the area shall be an individual previously authorized by the registrant to enter that area.

RHB 11.6. Consultation with Workers During Inspections.

11.6.1 The Registrant shall permit Department inspectors to consult privately with workers concerning matters of occupational radiation protection and other matters related to the extent of an effective and thorough inspection.

11.6.2 During the course of an inspection, the registrant shall allow any worker to bring privately to the attention of the inspectors, either orally or in writing, any past or present condition which the worker has reason to believe may have contributed to or caused any violation of the Act, or this regulation, or any unnecessary exposure of an individual to radiation from x-ray producing equipment under the registrant's control. Any such notice in writing shall comply with the requirements of RHB 11.7.1.

11.6.3 The provisions of RHB 11.6.2 of this section shall not be interpreted as authorization to disregard instructions pursuant to RHB 11.3.

RHB 11.7. Request by Workers for Inspections.

11.7.1 Any worker or representative of workers who believes that a violation of the Act, or this regulation exists or has occurred in work under a registrant regarding radiological working conditions in which the worker is engaged, may request an inspection by giving notice of the alleged violation to the Department. Notification

shall be made on the current version of the form provided by the Department and shall set forth the specific grounds for the notice.

11.7.2 If, upon receipt of such notice, the Department determines that the complaint meets the requirements set forth in RHB 11.7.1 of this section, and that there are reasonable grounds to believe that the alleged violation exists or has occurred, an inspection may be conducted as soon as practicable, to determine if such alleged violation exists or has occurred. Inspections pursuant to this section need not be limited to matters referred to in this complaint.

11.7.3 No registrant shall discharge or in any manner discriminate against any worker because such worker has filed any complaint or instituted or caused to be instituted any proceeding under this regulation or has testified or is about to testify in any such proceeding or because of the exercise by such worker on behalf of the worker or others of any option afforded by this Part.

RHB 11.8. Inspections not Warranted.

The Department may determine, with respect to a complaint under RHB 11.7 that an inspection is not warranted because there are no reasonable grounds to believe that a violation exists or has occurred.

RHB 11.9. Right to Inspect and Investigate.

The Department of Health and Environmental Control is the state agency responsible for the control and regulation of radiation sources. Section 13-7-40(A), S.C. Code of Laws (1976, as amended). By statute, the Department is authorized to enter, at all reasonable times, private or public property for the purpose of determining whether or not there is compliance with or violation of the provisions of its regulations. Section 13-7-40(A), S.C. Code of Laws (1976, as amended). Because the Department is authorized by law to enter and inspect property in order to determine compliance with Department regulations, such entry and inspection falls under the health oversight activities exception of Health Insurance Portability and Accountability Act (HIPAA). Therefore, where protected health information is necessary for determining compliance with Department regulations, protected health information may be used and disclosed to the Department without the subject's authorization under HIPAA.

Fiscal Impact Statement:

Implementation of this regulation will not require additional resources. There is no anticipated additional cost by the Department or state government due to any requirements of this regulation.

Statement of Need and Reasonableness:

The following presents an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: R.61-64, X-Rays (Title B).

Purpose: The Department amends R.61-64, X-Rays (Title B) to include, but not limited to, clarifying, and simplifying the regulation, adding new definitions as required, deleting requirements that are no longer applicable, and ensuring the regulation is in alignment with the current statute. The Department amends requirements regarding registration, inspections, violations, enforcement, equipment, patient shielding, and mammography. The amendments will also update vendor classes, allow for the use of and add requirements for personnel security screening systems using x-ray, and clarify, organize, and update the radiation safety officer requirements. The revisions also include changes such as corrections for readability, grammar, punctuation, codification, and other such regulatory text improvements.

Legal Authority: 1976 Code Sections 13-7-40 et seq.

Plan for Implementation: Upon taking legal effect, Department personnel will take appropriate steps to inform the regulated community of the amendments and any associated information. The DHEC Regulation Development Update (accessible at http://www.scdhec.gov/Agency/RegulationsAndUpdates/RegulationDevelopmentUpdate/) provides a summary of and link to these amendments. The revisions related to the new NCRP recommendations are a substantial change to the longstanding, traditional practice of gonadal shielding, therefore, the Department will provide the regulated community and the public with weblinks to information resources including implementation guidance and frequently asked questions. Additionally, printed copies are available for a fee from the Department's Freedom of Information Office.

DETERMINATION OF NEED AND REASONABLENESS OF THE REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The amendments are necessary to update provisions with current practices and standards and to improve the overall effectiveness of the regulation.

The revisions allow and set forth requirements for the use of x-rays on humans for the purposes of security screening. This is a result of the increasing interest in the use of security screening using x-rays in prisons, correctional facilities, detention centers, and jails to improve safety. Such use is currently prohibited by regulation and is being approved through the exemption process. It is reasonable to apply radiation to humans for purposes other than healing arts and research if there is determined to be a greater benefit to the public. The amended requirements for such use are derived from the American National Standards Institute (ANSI) publication ANSI/HPS N43.17-2009, "Radiation Safety for Personnel Security Screening Systems Using X-Ray or Gamma Radiation." Proposed requirements for establishing a radiation safety program, appointing a Radiation Safety Officer (RSO), and providing RSO and operator training will help to assure safe operation. Radiation dose limits for screened individuals are substantially lower than the established standards for members of the public.

The regulation will no longer implicitly or explicitly require the use of patient gonadal shielding (GS) during x-ray examinations based on the National Council on Radiation Protection and Measurement's (NCRP) January 12, 2021, Statement No. 13 - NCRP Recommendations for Ending Routine Gonadal Shielding During Abdominal and Pelvic Radiography concluding "that in most circumstances GS use does not contribute significantly to reducing risks from exposure and may have the unintended consequences of increased exposure and loss of valuable diagnostic information." The NCRP is a trusted source among radiation protection professionals.

The revision will also require the use of thyroid shielding for patients when it will not interfere with the diagnostic image based on the 2019 NCRP Report No. 177 - Radiation Protection in Dentistry and Oral & Maxillofacial Imaging.

DETERMINATION OF COSTS AND BENEFITS:

Implementation of these amendments will not require additional resources. There is no anticipated additional cost to the Department or state government due to any requirements of these amendments.

The installation and use of personnel security screening equipment will no longer require an application requesting exemption saving significant time and effort for registrants. Equipment registration fees for personnel security screening equipment will be added to the list of annual registration fees equal to the amount that is currently being assessed under the fee category of "Other."

Equipment registration fees for x-ray gauge equipment will be added to the list of annual registration fees equal to the amount that is currently being assessed under the fee category of "Diffraction."

Some members of the regulated community may incur minimal costs. Registrants who perform dental x-rays and do not possess thyroid shields for patients may need to obtain one or more shields depending on patient load and patient flow. A thyroid shield can be purchased for approximately $35.00, based on unit pricing. Patients will be better protected from the harmful effects of radiation and will benefit from updated requirements based on current science.

UNCERTAINTIES OF ESTIMATES:

The cost of obtaining thyroid shields will vary among registrants. The cost savings related to ending routine gonadal shielding for patients will vary among registrants.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

The amendments to R.61-64 seek to support the Department's goals of protecting workers and the public from the harmful effects of ionizing radiation from x-rays while continuing to allow for their beneficial use. Revisions related to routine gonadal shielding may result in an increase in the disposition of protective aprons by many registrants. The Department encourages the proper disposal or recycling of protective aprons constructed with lead to reduce any potential negative impact on the environment. The use of thyroid shields during certain x-ray examinations will limit unnecessary radiation exposure to the radiosensitive thyroid gland.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

There is no anticipated detrimental effect on the environment. If the amendments are not implemented, the regulation will be maintained in its current form without realizing the benefits of the amendments herein.

Statement of Rationale:

Here below is the Statement of Rationale pursuant to S.C. Code Section 1-23-110(A)(3)(h):

A thorough review of regulatory requirements and language, recent statements and publications by the National Council on Radiation Protection and Measurements, increasing interest in the use of security screening using x-rays, and comments from the regulated community led staff to revise R.61-64.

The following statements and reports were relied upon in developing the amendments:

National Council on Radiation Protection and Measurement (NCRP) "Statement No. 13 - NCRP Recommendations for Ending Routine Gonadal Shielding During Abdominal and Pelvic Radiography" dated January 12, 2021;

National Council on Radiation Protection and Measurement (NCRP) "Report No. 177 - Radiation Protection in Dentistry and Oral & Maxillofacial Imaging" dated 2019;

American Dental Association's Council on Scientific Affairs and the U.S. Food and Drug Association co-publication "Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure" dated 2012;

American National Standards Institute (ANSI) publication "ANSI/HPS N43.17-2009, Radiation Safety for Personnel Security Screening Systems Using X-Ray or Gamma Radiation" dated 2009; and

Conference of Radiation Control Program Directors, Inc. Suggested State Regulations dates vary based on last amendment.

Document No. 5170
DEPARTMENT OF LABOR, LICENSING AND REGULATION
CHAPTER 10
Statutory Authority: 1976 Code Sections 40-1-50 and 40-1-70

10-2. Board of Accountancy.

Synopsis:

The South Carolina Department of Labor, Licensing and Regulation proposes to add to, amend or repeal fees within the fee schedules for certain boards and commissions whose fees appear in Chapter 10 of the South Carolina Code of Regulations.

The Notice of Drafting was published in the *State Register* on September 23, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

10-2. Board of Accountancy.

The Board shall charge the following fees:

	1.	Individual Application Fee:		$50
	2.	Individual License:		
		a.	CPA	$95
		b.	Accounting Practitioner:	$95
	3.	Annual Renewal of Individual License:		
		a.	CPA/PA:	$95
		b.	Accounting Practitioner:	$95
	4.	Individual Licensing Certificate:		$20
	5.	Firm Registration:		
		a.	Out-of-State Firm:	$60
		b.	In-State Firm:	$60
	6.	Annual Renewal of Firm Registration:		
		a.	Out-of-State Firm:	$60
		b.	In-State Firm:	$60
	7.	Reinstatement of Certificate/License:		$500
	8.	Miscellaneous Fees:		
		a.	Verification/License’s History:	$5
		b.	Wall Certificate Replacement:	$20

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for the promulgation of these regulations.

Statement of Rationale:

The updated regulation will comport with the statutory requirement that the Agency director assess and adjust fees of the professional and occupational licensing boards to ensure that fees are sufficient but not excessive to cover the expenses, including the total of the direct and indirect costs to the State, for the operations of each respective board.

Document No. 5152
DEPARTMENT OF LABOR, LICENSING AND REGULATION
CHAPTER 10
Statutory Authority: 1976 Code Section 40-1-50

10-50. Representation before Department Boards and Commissions. (New)

Synopsis:

The South Carolina Department of Labor, Licensing and Regulation proposes to add a regulation for corporate self-representation at hearings before the Department's professional and occupational licensing boards.

The Notice of Drafting was published in the *State Register* on September 23, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

10-50. Representation before Department Boards and Commissions.

A. Parties who appear in administrative hearings in contested cases as defined under S.C. Code Ann. § 1-23-310 before a licensing board administered by the Department may appear and represent themselves, or may appear and be represented by an attorney admitted to practice in this State, either permanently or pro hac vice. Contested cases include, but are not limited to, disciplinary action proceedings pursuant to S.C. Code Ann. § 40-1-90 and licensure application hearings.

B. A party who is not a natural person, such as a business defined in S. C. Code Ann. §33-1-103, may be represented in a hearing before a licensing board without an attorney admitted to practice in this State only through an officer or employee, including in-house attorneys possessing Limited Certificates of Admission ("Limited Certificate") pursuant to Rule 405, SCACR who:

1. in the case of a person possessing a Limited Certificate, has provided a copy of the Limited Certificate prior to appearance at the Hearing; or

2. in the case of a non-lawyer officer or employee, has provided to a board a written authorization to represent that entity signed by the president, chairperson, general partner, or chief executive officer prior to appearance at the Hearing.

C. A party proceeding without legal representation by an attorney admitted to practice in this State shall remain fully responsible for compliance with the South Carolina Rules of Evidence, the South Carolina Administrative Procedures Act and any statutes or regulations applicable to a licensing board's proceedings.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for the promulgation of this regulation.

Statement of Rationale:

The regulation will provide the required legal authority to permit a party who is not a natural person, such as a business, to represent itself in a hearing before a licensing board without an attorney admitted to practice in the state by way of an officer or employee, including in-house attorneys possessing Limited Certificates of Admission pursuant to Rule 405, SCACR.

Document No. 5157
DEPARTMENT OF LABOR, LICENSING AND REGULATION
CHAPTER 10
Statutory Authority: 1976 Code Sections 40-1-50 and 40-1-70

10-3. Board of Architectural Examiners.
10-14. Board of Registration for Professional Engineers and Surveyors.
10-30. Board of Physical Therapy Examiners.
10-33. Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors, and Psycho-Educational Specialists.
10-40. Soil Classifiers Advisory Council.
10-41. Board of Examiners in Speech-Language Pathology and Audiology.

Synopsis:

The South Carolina Department of Labor, Licensing and Regulation proposes to add to, amend or repeal fees within the fee schedules for certain boards and commissions whose fees appear in Chapter 10 of the South Carolina Code of Regulations. The affected sections will be Regulations 10-3, 10-14, 10-30, 10-33, 10-40, and 10-41.

The Notice of Drafting was published in the *State Register* on August 26, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

10-3. Board of Architectural Examiners.

The Board shall charge the following fees:

	(1)	Individual Fees		
		(a)	Application fee	$90
		(b)	Initial licensure fee	$75
		(c)	Biennial renewal fee	$100
		(d)	Penalty late fees	$50
		(e)	Reinstatement application fee	$105
		(f)	Reinstatement licensure fee	$85
	(2)	Firm Fees		
		(a)	Application and licensure fee	$100
		(b)	Biennial renewal fee	$185
		(c)	Penalty late fees	$50
		(d)	Reinstatement application and licensure fee	$100
	(3)	Other Fees		
		(a)	File transfer fee	$50

		(b)	Electronic list of licensees	$10

Note: The penalty for late fees is $50 during first month after the expiration date with a cap of $150 being charged for the remainder of the year after expiration. Late penalty fees are assessed in addition to the renewal fee.

10-14. Board of Registration for Professional Engineers and Surveyors.

The Board shall charge the following fees:

	(1)	Application Fee, Individual License:			
		(a)	Engineer-in-Training:		NO FEE
		(b)	Professional Engineer by Comity:		$60
		(c)	Professional Engineer by Exam:		$55
		(d)	Temporary License:		$80
		(e)	Surveyor-in-Training:		NO FEE
		(f)	Tier A Professional Surveyor by examination:		$55
		(g)	Tier A Professional Surveyor by Comity:		$60
		(h)	Tier B Surveyor:-		$60
			education evaluation fees may be assessed by independent evaluators when required for licensure.		
	(2)	Application Fee, Firms			
		(a)	Firm (Certificate of Authorization):		$115
		(b)	Temporary Certificate of Authorization:		$150
	(3)	Biennial Renewal Fee, Individual:			$70
		(a)	Biennial Renewal Fee, Individuals dually licensed:		$135
	(4)	Biennial Renewal Fee, Firm:			$75
	(5)	Temporary Permits			
		(a)	Individuals:		$100
		(b)	Firms:		$150
	(6)	Reinstatements Individuals:		Governed by Section 40-22-240	
	(7)	Reinstatements Firms:		$115 Governed by Regulation 49-106 (B), authorized by Section 40-22-240	

10-30. Board of Physical Therapy Examiners.

The Board shall charge the following fees:

	(1)	Application fee:			$110
	(2)	Biennial license renewal:			
		(a)	physical therapist:		$80
		(b)	physical therapist assistant:		$70
	(3)	Late Renewal Processing Fee:			$150
	(4)	Deactivation:			$50
	(5)	Reactivation (inactive to active):		$150 + renewal fee	
	(6)	Reinstatement (lapsed to active):		$300 + renewal fee	
	(7)	Miscellaneous Fees			
		(a) Name Change and New License		$10	
		(b) Duplicate License		$10	
		(c) Duplicate Certificate		$10	

10-33. Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors, and Psycho-Educational Specialists.

The Board shall charge the following fees:

	A.	Application Fee - Application and fee go to Center for Credentialing Education (CCE) to be reviewed and approved.			
	B.	Initial License Fee:			
		1.	Associate:		$150
		2.	Professional Counselors:		$150
		3.	Marriage and Family Therapists:		$150
		4.	Psycho-educational Specialists:		$150
		5.	Addiction Counselors:		$150
		6.	Professional Counselor Supervisors:		$100
		7.	Marriage and Family Therapy Supervisors:		$100
		8.	Addiction Counselor Supervisors:		$100
	C.	Biennial license renewal			
		1.	Professional Counselors:		$150
		2.	Marriage and Family Therapists:		$150
		3.	Addiction Counselors:		$150
		4.	Psycho-educational Specialists:		$150
		5.	Professional Counselor Supervisors:		$100
		6.	Marriage and Family Therapy Supervisors:		$100
		7.	Addiction Counselor Supervisors:		$100
	D.	Reinstatement Fee:		$300 + renewal fee	
	E.	Examination Fee:			
		1.	Professional Counselors: paid to provider		
		2.	Marriage and Family Therapists: paid to provider		
	F.	License Verification:			$5
	G.	License verification to another state:			$5
	H.	Name change and new license card:			$10
	I.	Copy of file:			$10
	J.	Duplicate license:			
		1.	Wall certificate:		$25
		2.	License card:		$10
	K.	Returned check charge:		$30 (or as otherwise established by law as administrative costs for returned checks)	

10-40. Soil Classifiers Advisory Council.

The Board shall charge the following fees:

	A.	Initial Application Fee:		$40
	B.	License:		
		1.	Soil Classifier-in-Training:	$40
		2.	Professional Soil Classifier:	$300
	C.	Biennial License Renewal - Certificate of Licensure:		$300
	D.	Late Payment Penalty:		$60
	E.	Reinstatement Fee:		$375

10-41. Board of Examiners in Speech-Language Pathology and Audiology.

The Board shall charge the following fees:

A. Initial License Fees:

	1.	Audiologist and Speech-Language Pathologist License Fee:	$200
	2.	Audiologist and Speech-Language Pathologist Intern Fee:	$100
	3.	Audiologist and Speech-Language Pathologist Inactive License Status	$90
	4.	Speech-Language Pathologist Assistant:	$40

B. Renewal Fees:

	1.	Audiologist and Speech-Language Pathologist Biennial License Fee:	$140
	2.	Annual Intern License Fee:	$100
	3.	Audiologist and Speech-Language Pathologist Biennial Inactive	
		License Status:	$90
	4.	Biennial Speech-Language Pathologist Assistant:	$30

C. Reinstatement Fee: $50 for renewals received after 3/31 but before 5/1

	1.	Audiologist and Speech-Language Pathologist Licensee:	$210
	2.	Speech-Language Pathology Assistant:	$90
D. Reactivation of Inactive License:			$120

E. Fee for change in supervising Speech-Language Pathologist or Audiologist

	Intern during internship while completing the Supervised Professional	
	Employment program:	$25

F. Miscellaneous Fees:

	1.	Replacement Fee:	$10 for replacing a license or wallet card	
	2.	Roster or List Fee:		$10
	3.	Returned check fee:	$30 or amount provided by statute	

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for the promulgation of these regulations.

Statement of Rationale:

The updated regulation will comport with the statutory requirement that the Agency director assess and adjust fees of the professional and occupational licensing boards to ensure that fees are sufficient but not excessive to cover the expenses, including the total of the direct and indirect costs to the State, for the operations of each respective board. Agency fees are also consolidated and scrivener’s errors are corrected.

Document No. 5160
DEPARTMENT OF LABOR, LICENSING AND REGULATION
CHAPTER 10
Statutory Authority: 1976 Code Sections 40-1-50 and 40-1-70

10-20. Liquefied Petroleum Gas Board.
10-24. Board of Medical Examiners.
10-27. Board of Examiners in Opticianry.
10-32. Board of Podiatry Examiners.
10-34. Board of Examiners in Psychology.
10-42. Board of Veterinary Medical Examiners.

Synopsis:

The South Carolina Department of Labor, Licensing and Regulation proposes to add to, amend or repeal fees within the fee schedules for certain boards and commissions whose fees appear in Chapter 10 of the South Carolina Code of Regulations. The affected sections will be Regulations 10-20, 10-24, 10-27, 10-32, 10-34, and 10-42.

The Notice of Drafting was published in the *State Register* on August 26, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

10-20. Liquefied Petroleum Gas Board.

The Board shall charge the following fees:

1. LP-Gas Dealer (License)			$400 biennially
2. LP-Gas Installer (License)			$200 biennially
3. LP-Gas Reseller (License)			$150 biennially
4. LP-Gas Transporter (License)			$500 biennially
5. LP-Gas Utility Plant (License)			$500 biennially
6. LP-Gas Cylinder Exchange Company (1-25 Racks) (License)			$200 biennially
7. LP-Gas Cylinder Exchange Company (26-100 Racks) (License)			$400 biennially
8. LP-Gas Cylinder Exchange Company (101-499 Racks) (License)			$600 biennially
9. LP-Gas Cylinder Exchange Company (500-999 Racks) (License)			$800 biennially
10. LP-Gas Cylinder Exchange Company (1000 or more Racks) (License)			$1,000 biennially
11. LP-Gas Employee (Permit)			$50 biennially
12. Testing Fee for Employee (Initial Permit Only)			$25 (each attempt)
13. Renewal Late Fees (July 1 through August 31)			$100
14. Reseller Equipment and/or Dealer Change Inspection Fee			$100
15. Repeat Site Inspections Due to Outstanding Violations			
	A.	Third Inspection	$100
	B.	Fourth Inspection and Subsequent Inspections	$200

10-24. Board of Medical Examiners.

The Board shall charge the following fees:

(A)	Physicians:				
	(1)	Academic License—			$150
		(a)	Renewal—		$150
	(2)	Limited License—		$75 (6 mo.), $150 (1 year)	
		(a)	Renewal—	$75 (6 mo.), $150 (1 year)	
		(b)	14 days—		$75
	(3)	Permanent License—			$580
		(a)	Biennial Renewal—		$155
		(b)	Reactivation—		$460
	(4)	Special Volunteer Limited License—			no fee
		(a)	Renewal—		no fee
	(5)	Temporary License Extension—			$75
(B)	Acupuncture—				$111
	(1)	Biennial Renewal—			$145
(C)	Anesthesiologist's Assistant—				$300
	(1)	Biennial Renewal—			$295
(D)	Physician Assistant—				$120
	(1)	Biennial Renewal—			$45
	(2)	Limited License Application—			$25
	(3)	Prescriptive Authority—			$40
		(No fee for expanded prescriptive authority, Schedule III-V drugs)			
	(4)	Reactivation Application			$160
(E)	Respiratory Care Practitioner				
	(1)	Application - Permanent License—			$120
	(2)	Biennial Renewal—Permanent License—			$75
	(3)	Limited License—			$40
	(4)	Limited License Renewal—			$40
	(5)	Update License Application—			$80
	(6)	Reactivation—Permanent License—			$160
	(7)	Exemption for Ventilation by Non-RCP			$50
(F)	Registered Cardiovascular Invasive Specialist				
	(1)	Initial Application			$160
	(2)	Biennial Renewal			$80
(G)	Other fees				
	(1)	Verification of License—			$5
	(2)	Wall Certificate—Duplicate—			$25
	(3)	Duplicate wallet cards			$10
	(4)	Name change—			no fee
	(5)	Licensure Listing—			$10

10-27. Board of Examiners in Opticianry.

The Board shall charge the following fees:

	A.	Applications:		
		1.	Optician:	$100
		2.	Contact Lens Dispenser:	$100
		3.	Apprentice Application:	$20
	B.	Certificate of Licensure:		$25
	C.	Biennial Renewal:		

		1.	Active Optician:	$200
		2.	Inactive Optician:	$120
		3.	Active Contact Lens Dispenser:	$100
		4.	Inactive Contact Lens Dispenser:	$60
		5.	Apprentice Renewal Fee (Annual only):	$50
	D.	Late Renewal Fee:		$25
	E.	Reinstatement Fee:		$50

10-32. Board of Podiatry Examiners.

The Board shall charge the following fees:

	A.	Initial Application	$500
	B.	Biennial License Renewal:	$200
	C.	Late License Renewal:	$200
	D.	License Reinstatement Fee:	$75
	E.	Duplicate Wallet Card	$10
	F.	Duplicate Wall Certificate	$25

10-34. Board of Examiners in Psychology.

The Board shall charge the following fees:

A.	Preliminary and Formal Applications:		Not to exceed $500
B.	Written Examination (Examination for the Professional Practice of Psychology):		Paid to the Examination Provider
C.	Biennial Renewal:		Not to exceed $395
D.	Temporary Permit:		Not to exceed $250
E.	Miscellaneous Fees:		
	1.	Replacement of lost/stolen license:	Not to exceed $50
	2.	Late Fee:	Not to exceed $75
	3.	Fee for returned checks:	Not to exceed $30
	4.	Fee for name change and new pocket license:	Not to exceed $50
	5.	Fee for supervised employee annual registration:	Not to exceed $150

10-42. Board of Veterinary Medical Examiners.

	(A)	Fees for Veterinarians:			
		(1)	Application for License		$175
		(2)	Temporary Veterinary License		$100
		(3)	Biennial Renewal		$300
		(4)	Biennial Renewal late fee	$100 + renewal fee	
		(5)	Reinstatement fee	$250 + renewal fee	
	(B)	Fees for Veterinary Technicians:			
		(1)	Application for License		$50
		(2)	Temporary Veterinary Technician License		$10
		(3)	Biennial Renewal		$60
		(4)	Biennial Renewal late fee	$10 + renewal fee	
		(5)	Reinstatement fee	$20 + renewal fee	
	(C)	Miscellaneous Fees:			
		(1)	License Verification Fee		$5

		(2)	Wall Certificate Replacement		$10
		(3)	Pocket Card Certificate Replacement		$10
		(4)	Licensee List Request		$10
		(5)	Returned Check Fee		$30
		(6)	Walk-in Service Fee		$25

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for the promulgation of these regulations.

Statement of Rationale:

The updated regulation will correct errors in the boards' and commissions' fee schedules that were discovered during a comprehensive review of all fee schedules during the 2022 legislative session. Specifically, it will eliminate fees that are no longer charged, correct errors in the fee schedules, and add fees that have been traditionally charged and appear on the website, but were missing from the fee schedules.

Document No. 5149
DEPARTMENT OF LABOR, LICENSING AND REGULATION
BOARD OF ACCOUNTANCY
CHAPTER 1
Statutory Authority: 1976 Code Sections 40-1-70 and 40-2-70

1-01. General Requirements for Licensure as a CPA.
1-02. Examinations.
1-05. Firm registration, resident managers, firm names.
1-06. Reinstatement.
1-07. Return of Certificate.
1-08. Continuing Professional Education.
1-09. Peer Review.
1-10. Professional Standards.
1-11. Application for Licensure as an Accounting Practitioner.
1-12. Safeguarding Client Records When a Licensee is Incapacitated, Disappears, or Dies.
1-13. CPA Retired. (New)

Synopsis:

The South Carolina Board of Accountancy proposes to amend Chapter 1 of the Code of Regulations following the enactment of S.812, Act No. 174 of the 2022 legislative session, and in accordance with the review of regulations as required by S.C. Code Section 1-23-120(J).

The Notice of Drafting was published in the *State Register* on May 27, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

1-01. General Requirements for Licensure as a CPA.

A. Completed application for licensure shall be submitted on forms provided by the Board. All fees must accompany the application.

B. In order for an application to be considered, it must be complete, and all questions must be answered.

C. A candidate who applies for a license more than three (3) years after the date upon which the candidate passed the last section of the Uniform CPA Examination must complete the required 120 hours of CPE within the previous three years.

D. The licensee verifying the qualifying experience must have been actively licensed in some state or territory of the United States or the District of Columbia for the duration of the qualifying experience.

1-02. Examinations.

A. An applicant for examination may apply to the Board for accommodation(s) to complete the Uniform CPA Examination. The applicant bears the burden of proving that the accommodation is required as a result of a verifiable hardship, which prevents compliance with the conditions of the administration of the examination.

1-03. Deleted by State Register Volume 36, Issue No. 5, eff May 25, 2012.

1-04. Deleted.

1-05. Firm registration, resident managers, firm names.

A. Firm registration requirements.

A firm with an office in this State, providing attest or compilation services, or using in its business name the title, “Certified Public Accountants”, “Public Accountants”, “Accounting Practitioners”, or the abbreviation “CPAs”, “PAs”, or “APs”, or using any other title, designation, words, letters, abbreviation, sign, card, electronic file, metadata tag, or other device indicating the firm is a CPA firm or an Accounting Practitioner firm, must be registered with the Board.

B. There must be a designated resident manager in charge of each firm office in this State. The designated resident manager must be licensed by this Board and is responsible for office compliance with established professional standards including standards set by federal or state law or regulation.

C. A firm must not use a misleading firm name.

Former partners’ names may be included in a firm name only if the former partner continues practicing public accounting with that firm, no longer practices public accounting, or is deceased.

1-06. Reinstatement.

For reinstatement of a license that has been inactive or lapsed for 3 years or more:

The required 120 hours of CPE must be completed within the previous 3 years.

1-07. Display of Certificate.

Any licensee whose license is not active for any reason must not publicly display their certificate.

1-08. Continuing Professional Education.

A. General Standards

1. Each licensee shall complete Continuing Professional Education (CPE) that contributes directly to the licensee's professional competence.

a. When a licensee earns more than the required number of CPE credit hours in any calendar year, the excess credit hours, not exceeding twenty (20) credit hours, may be carried forward and treated as credit hours earned in the following year ("Carry-Over Credit"). Certain types of CPE as defined in this regulation may be limited or may not qualify for Carry-Over Credit.

2. General Mechanics for CPE - unless otherwise specified in this regulation:

a. One (1) hour of credit shall be granted for each fifty (50) minutes of actual instruction time ("CPE credit hours"). One-fifth (1/5) credit hour shall be granted for each ten (10) minutes of actual instruction time after the first CPE credit hour has been earned in the same activity. Partial hours will be rounded down to the nearest one-fifth (1/5) credit hour.

b. CPE credit hours can only be earned for one CPE course during a given time and earning simultaneous CPE credit hours is prohibited.

c. Only class hours, actual hours of attendance, and not hours devoted to preparation, shall be eligible for computing CPE credit hours. Licensees participating in only part of a CPE program must claim CPE credit hours only for the portion they attend or complete and only if the credit hours claimed are greater than the minimum required credit hours for that CPE course.

d. As evidence of earning qualifying CPE credit hours, a licensee must obtain a certificate of completion, supplied by the program sponsor, after completion of the CPE course. At a minimum, the certificate of completion must include the following information:

(1) Name and address of sponsor;

(2) Participant's name;

(3) Course title;

(4) Course field of study;

(5) Date of completion; and

(6) Amount of CPE credit hours recommended.

e. No more than twelve (12) credit hours of CPE can be earned in a single calendar day.

3. Compliance and Reporting

a. Licensees are responsible for compliance with all applicable CPE requirements and accurate reporting of CPE credit hours.

b. Licensees should claim CPE credit hours only when the CPE program sponsors have complied with the requirements set out in these regulations.

c. Licensees must retain evidence to support reported CPE credit hours for at least five (5) years from the due date of the CPE report or the date filed, whichever is later.

d. A licensee or the resident manager of a firm on behalf of a non-licensed owner may apply to the Board for accommodations to complete the required CPE and must show that the accommodation is required as a result of a verifiable hardship which prevents compliance with the CPE requirements.

e. The Board will accept another jurisdiction's CPE credit hours from a licensee to the extent that jurisdiction's requirements for those CPE credit hours are substantially equivalent to South Carolina requirements.

B. Program Delivery Methods

1. Sponsored Program Delivery Methods

a. Live Instruction

(1) Live Instruction is a program in which participants engage simultaneously through interaction of a real-time instructor or discussion leader and includes the required elements of attendance monitoring. Live Instruction CPE Programs meeting the requirements contained in this regulation qualify for CPE credit.

(2) On-Site Live Instruction Program consists of Live Instruction at a specific location.

(3) Online Live Instruction Program consists of Live Instruction using technology and/or remote access, whether or not broadcast at the same time the program is created, but offered at a scheduled date and time.

(4) Online Live Instruction Programs must include adequate participation markers.

(5) CPE Instructors or Discussion Leaders

(a) CPE for instructing or leading discussions includes only those instructors or discussion leaders of qualified CPE programs.

(b) CPE credit hours will be granted equal to twice the number of CPE participation hours in the course. For repeat presentations, CPE credit hours can be claimed only if the licensee can demonstrate the learning activity content was substantially changed and such change required additional study or research.

b. Self-Study

(1) A Self-Study program is a program in which the participant has control over time, place and/or pace of learning and is completed without the assistance or interaction of a real-time instructor or discussion leader.

(2) Only Self-Study courses registered under Quality Assurance Services (QAS) of NASBA will qualify for CPE credit hours.

(3) As evidence of completing qualifying Self-Study course, the sponsor provided certificate of completion must include the information required in Regulation 1-08(A)(2)(d) and the registration QAS sponsor number.

c. Nano-Learning

(1) A Nano-Learning program is a program designed to permit a participant having control over time, place and/or pace of learning to learn a given subject in a minimum of 10 minutes through the use of electronic

media (including technology applications and processes and computer-based or web-based technology) and without interaction with a real-time instructor.

(2) One-fifth (1/5) hour of credit shall be granted for ten (10) minutes of a single Nano-Learning program, exclusive of the qualified assessment.

(3) Not more than ten (10%) percent (4 hours) of the Required CPE Credit Hours may be in Nano-Learning programs.

(4) In order for a Nano-Learning program to qualify as a CPE course, it must include the following:

(a) The learning objective(s) of the program;

(b) Any instructions that participants need to navigate through the program;

(c) A qualified assessment; and

(d) A certificate of completion supplied by the Nano-Learning program sponsor containing the required information in Regulation 1-08(A)(2)(d), after satisfactory completion of a qualified assessment.

2. Non-Sponsored Delivery Methods

a. Higher Education

(1) Participant

(a) Course for Credit

(i) Courses for Credit include only accredited university or college courses that have been successfully completed by the licensee for credit.

(ii) Each semester hour university or college credit completed shall equal fifteen (15) CPE credit hours. In the case of universities or colleges on the quarter system, each quarter hour university or college credit completed shall equal ten (10) CPE credit hours.

(2) Professors and Instructors

(a) For purposes of this section, Professors and Instructors are those that teach university and college undergraduate and graduate level courses.

(b) Professors and Instructors shall be granted CPE credit hours at the rate of ten (10) credit hours for each three (3) semester hour (or prorated equivalent) course taught.

(c) CPE credit hours for teaching university, college, and graduate level courses shall be limited to twenty-five (25%) percent, ten (10 hours) of the Required CPE Credit Hours.

(d) CPE credit hours shall not be granted for teaching accounting principles, basic financial accounting, basic managerial accounting, or any other introductory accounting course, either undergraduate or graduate level.

(e) CPE credit hours shall be granted only for the first presentation within a two (2) year period. Repeated presentations during the two (2) year period do not qualify for CPE credit hours.

b. Authoring Published Works or CPE Programs

(1) General Standards

(a) Authoring published articles/books or authoring CPE programs ("Authored Works") includes only those that contribute to the professional competence of the licensee.

(b) CPE credit hours for preparation of Authored Works may be given on a self-declaration basis up to twenty-five (25%) percent (10 hours) of the Required CPE Credit Hours. The Board has the final determination of the amount of CPE credit hours so awarded.

c. Service on a Peer Review acceptance body

(1) Service on a peer review acceptance body which qualifies under Reg. 1-09, qualifies for CPE hours at the rate of one CPE hour for each hour spent performing these duties.

(2) No more than 16 hours of CPE credit may be claimed per year for performing these duties.

d. Employer Provided in-house CPE

(1) Employer provided in-house CPE must comply with the requirements in this regulation to qualify for CPE credit hours.

e. Participation in technical sessions at meetings of recognized national and state accounting organizations.

(1) No more than 16 hours of CPE credit may be claimed per year for performing these duties.

f. Programs offered by other recognized professional organizations, industrial or commercial firms, proprietary schools, or governmental entities may qualify for CPE credit hours, provided all other requirements of this regulation are met.

C. Standards for CPE Program Sponsors

1. General Standards for CPE Program Sponsors

a. CPE sponsors are expected to present learning activities that comply with course descriptions and objectives.

b. CPE sponsors must employ an effective means for evaluating learning activity quality with respect to content and presentation, as well as provide a mechanism for participants to assess whether learning objectives were met.

c. The Board shall accept only Other Qualifying Programs that provide written documentation showing that the work in the attended program has actually been accomplished by the licensee.

2. Live Instruction Sponsors

a. General Standards for Live Instruction Sponsors

(1) Live Instruction must be conducted by persons whose background training, education and experience qualify them in the subject matter of the particular CPE program (a "subject matter expert").

(2) An outline of the Live Instruction program presented must be prepared in advance and shall be maintained by the sponsor.

(3) A certificate of attendance as described in these regulations must be given to each participant at the end of the Live Instruction program.

(4) Records showing compliance with this section must be preserved and maintained by the sponsor for a period of at least five (5) years from the presentation date of the Live Instruction program.

(5) At the beginning of the Live Instruction program, the sponsor should remind participants that it is their responsibility to be accountable for hours earned during the CPE course and that they should not engage in any other activities that would denigrate the learning objective of the course to themselves or others. If the other activity is unavailable, then the applicable time should be subtracted from the overall CPE credit.

3. Self-Study Sponsors

a. Self-Study courses shall qualify for CPE credit hours, provided the course has been approved by QAS.

b. The sponsor of Self-Study courses must provide the licensee with a certificate of completion that includes the information state in Reg. 1-08(B)(1)(b)(3).

1-09. Peer Review.

A. As a condition of firm registration and/or renewal (including those firms registered in other jurisdictions operating in this state under practice privilege), a licensed firm providing any of the following services to the public shall enroll in a qualified peer review program.

1. Audits;

2. Reviews of financial statements;

3. Compilations of financial statements;

4. Examinations of prospective financial statements;

5. Compilations of prospective financial statements;

6. Agreed-upon procedures of prospective financial statements;

7. Examination of written assertions; and

8. Agreed-upon procedures of written assertions.

B. A licensed firm not providing any of the services listed in Paragraph (A) of this regulation is exempt from peer review. Upon the issuance of the first report provided to a client, the firm must enroll in a qualified peer review program. As long as these services are provided, continued participation in a qualified peer review program is required.

C. Acceptable peer review programs are:

1. AICPA Peer Review Program;

2. Any other peer review program found to be substantially equivalent to the "Standards for Performing and Reporting on Peer Reviews" promulgated by the American Institute of Certified Public Accountants(AICPA) and published on that organization's website (www.aicpa.org).

D. An authorized peer review program may charge a fee to firms required to participate in the peer review program.

E. Firms shall not rearrange their structure or act in any manner with the intent to avoid participation in peer review.

F. Compliance

1. A registered firm enrolled for peer review shall provide to the Board upon request the following:

a. Peer review due date;

b. Peer review year end date;

c. Peer review acceptance letter from peer review program.

2. A peer review is not complete until the peer review acceptance letter is issued by the peer review program.

3. If a firm fails to complete peer review in a timely fashion, the Board may refuse to renew the firm registration and/or take disciplinary action as appropriate.

G. Ethical duties of reviewer

1. A reviewer shall be independent with respect to the reviewed registered firm and comply with the AICPA Standards for Performing and Reporting on Peer Reviews.

2. Information concerning the participating CPA firm or its clients or personnel that is obtained as a consequence of the review is confidential and shall not be disclosed to anyone not involved in the peer review process.

1-10. Professional Standards.

In addition to the requirements and prohibitions found in S.C. Code 40-2-5 et seq.,:

A. Licensees shall comply with all federal or state laws governing their business and personal affairs and shall not engage in any acts discreditable to the profession as defined by the Ethical Standards of the AICPA. In general, a licensee may rely upon the interpretations of those standards published by the Professional Ethics Executive Committee of the AICPA.

B. Complying with professional standards includes timely filing all applicable tax/information and all other regulatory returns for himself/herself or any entity for which the licensee is responsible.

C. A licensee or registered firm shall not knowingly employ within South Carolina, directly or indirectly in the practice of accounting, a person whose license is revoked or suspended by this Board or by the board of accountancy in any other jurisdiction. Employing such a person in South Carolina as an accountant, investigator, tax preparer or in any other capacity connected with the practice of accounting subjects the licensee or registered firm to discipline by the Board.

1-11. Application for Licensure as an Accounting Practitioner.

A. To meet the educational qualifications for licensure as an accounting practitioner,

1. the applicant shall submit an official transcript signed by the college or university registrar and bearing the college or university seal to prove education and degree requirements; photocopies of transcripts will not be accepted; and

2. a major in accounting shall include at least twenty-four (24) semester hours, or equivalent in quarter hours, of credit in accounting courses. No more than three (3) semester hours in business law courses and three (3) semester hours in taxation courses may be counted as accounting courses.

B. To meet the examination requirement for licensure as an accounting practitioner, the applicant shall take sections of the Uniform Certified Public Accountant Examination prepared by the AICPA and receive a passing grade on the following subjects:

1. Financial Accounting and Reporting (FAR);

2. Taxation and Regulation (REG) formerly known as Regulations (REG).

1-12. Safeguarding Client Records When a Licensee is Incapacitated, Disappears, or Dies.

A. Each licensee or firm that has custody or ownership of client records, CPA-prepared records, CPA workpapers, and CPA work products shall designate a partner, personal representative, or other responsible party to assume responsibility for them in the case of incapacity or death of the licensee or dissolution of the firm.

B. Where the licensee is incapacitated, disappears, or dies, and no responsible party is known to exist, the Administrator of the Board may petition the Board for an order appointing another licensee or licensees to inventory the records and to take actions as appropriate to protect the interests of the clients. The order of appointment shall be public.

C. The licensee appointed pursuant to Reg. 1-12(B) shall:

1. Take custody of the client records, CPA-prepared records, CPA workpapers, and CPA work products and trust or escrow accounts of the licensee whose practice has been discontinued or interrupted.

2. Notify each client in a pending matter and, in the discretion of the appointed licensee, in any other matter, at the client's address shown in the records, by first class mail, of the client's right to obtain any papers, money or other property to which the client is entitled and the time and place at which the papers, money or other property may be obtained, calling attention to any urgency in obtaining the papers, money or other property;

3. Publish, on the appointed licensee's website for thirty (30) days and in a newspaper of general circulation in the county or counties in which the licensee whose practice has been discontinued or interrupted last resided or engaged in any substantial practice of accounting, once a week for three consecutive weeks, notice of the discontinuance or interruption of the accountant's practice. The notice shall include the name and address of the licensee whose practice has been discontinued or interrupted; the time, date and location where clients may pick up their records; and the name, address and telephone number of the appointed licensee. The notice shall also be mailed, by first class mail, to any errors and omissions insurer or other entity having reason to be informed of the discontinuance or interruption of the accounting practice;

4. Release to each client the papers, money or other property to which the client is entitled. Before releasing the property, the appointed licensee shall obtain a receipt from the client for the property;

5. With the consent of the client, file notices or petitions on behalf of the client in tax or probate matters where jurisdictional time limits are involved and other representation has not yet been obtained; and

6. Perform any other acts directed in the order of appointment.

1-13. CPA Retired.

A. A CPA Retired pursuant to the act who wishes to remove the suffix "retired" from their license must demonstrate the completion of 120 hours of Continuing Professional Education in the last three years.

B. To meet the requirements of Section 40-2-250(C)(6), a CPA Retired must complete two hours of Continuing Professional Education in ethics each calendar year.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

The updated regulations will conform the existing regulations to the requirements of S.812, Act No. 174 of the 2022 legislative session, and will amend and repeal existing regulations as required by S.C. Code Section 1-23-120(J) following the Board's five-year regulatory review.

Document No. 5153
DEPARTMENT OF LABOR, LICENSING AND REGULATION
STATE ATHLETIC COMMISSION
CHAPTER 20
Statutory Authority: 1976 Code Section 40-81-70(A)(3), (6)

20-28.01. Code of Ethics.

Synopsis:

The South Carolina Athletic Commission proposes to amend R.20-28.01, the code of ethics, to clarify the guidance provided to officials regarding the allowable value of gifts received or solicited from promoters.

The Notice of Drafting was published in the *State Register* on August 26, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

SUBCHAPTER 28

Code of Professional Ethics

20-28.01. Code of Ethics.

A. Contestants in Combative Sports.

1. Contestants will conduct themselves in accordance with commonly accepted standards of decency and social convention.

2. Contestants will strive toward the ideals of ethics and sportsmanship.

3. Contestants will conduct themselves guided by the principles of integrity, honesty, and reliability.

4. Athletes will safeguard health by refraining from illegal substances (recreational or sports enhancement) and ensuring lifestyle and training is conducive toward passing a required physical examination. Athletes shall not be under the influence of alcohol or drugs while participating in any competitions, including all related meetings and weigh-ins.

5. Contestants will not commit any act or become involved in any situation or occurrence that will reflect negatively or bring disrepute, contempt, scandal or disdain to any other participant or the SC State Athletic Commission.

6. The contestant, in all professional relationships, will act with respect for the inherent dignity and worth of all other participants, unrestricted by considerations of social or economic status, gender, ethnicity, religion, or other personal attributes.

7. The contestant owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence and training within the field, and to comply with statutes and regulations.

8. All contestants must maintain competence and skill in their respective sport and strive to give a satisfactory performance in every event or exhibition in which they compete. If a contestant, in the judgment of a Commission Representative or Ring Official, fails to give a satisfactory performance or demonstrates insufficient skills to safely compete as a contestant in any event or exhibition regulated by the Commission, the contestant may be administratively suspended. A contestant suspended for failure to give a satisfactory performance or insufficient skills may petition to the Commission for reinstatement.

9. The contestant will refrain inappropriate physical, verbal, and online behavior that undermines another participant, a promotion, or the SC State Athletic Commission.

B. Official.

1. No official shall in any manner hint directly or indirectly, or solicit any promoter, manager, trainer, fighter, to be appointed as a ring official in any fight.

2. No official shall hint directly or indirectly, solicit any Commission, Commissioners or member of any boxing organization to be appointed as a ring official in any fight.

3. No official shall accept any gift of significant monetary value from any promoter, manager, trainer, or fighter or solicit from any promoter, manager, trainer or fighter, anything of significant monetary value. “Significant monetary value is defined as $10 or more.”

4. No official shall in any manner publicly criticize the performance of any other official.

5. No official shall in any manner publicly criticize the performance of any combatant.

6. No official shall in any manner publicly criticize the appointment of any other official.

7. No official shall represent or attempt to represent the Commission in any manner other than as an official.

8. After receiving an assignment to work at an event as an official, no official shall, prior to the fight, have any contact, social or otherwise, with any promoter, manager, trainer or fighter involved in the title fight other than contacts made with the promoter or promoter’s employees relating to travel and hotel accommodations,

except when accompanied by a Commission member. Also, an official shall not communicate via ANY form of media, including and not limited to social media, (Facebook, Twitter, Instagram, etc.) prior to, during or after the event, without Commission approval.

9. No official shall engage in any conduct that will discredit the sport of unarmed combat.

10. Officials must never place wagers of any type on any event or sport involving boxing or combative sports. Officials should advise the local Commission if they are making bets on "other" sporting events.

11. If an official has any reason to feel or believe that he or she cannot be fair and impartial to both fighters, the official shall decline the appointment.

12. At no time should an official ask a contestant or applicant for an autograph or photograph, or any other type of memorabilia, or engage in any other instance of "fandom" at or near any Commission event, including weigh-ins and press conferences.

13. An official, whether they are working or not, shall not ask any contestant, applicant, or venue for anything of value, including tickets, programs, meals, drinks, gloves, or banners.

14. An official shall not be under the influence of alcohol or drugs while officiating or participating in any competitions, including all related meetings and weigh-ins.

15. Any official violating the terms and provisions of this Code of Ethics may be subject to discipline including removal from the list of certified Officials and could receive no further recommendations for assignments to serve as an official.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

The updated regulations will clarify the guidance provided to officials regarding the allowable value of gifts received or solicited from promoters. "Significant monetary value" will be defined as $10 or more, which is the threshold amount state employees are allowed to receive from promotional, informational or education items given to them as a result of their state employment. Scrivener's errors will also be corrected.

Document No. 5154
DEPARTMENT OF LABOR, LICENSING AND REGULATION
BOARD OF BARBER EXAMINERS
CHAPTER 17
Statutory Authority: 1976 Code Sections 40-7-50 and 40-7-60

17-3. Barber Schools, Teachers and Instructors; Teachers and Instructors to Devote Full Time.

Synopsis:

The South Carolina Board of Barber Examiners proposes to amend R.17-3 to clarify that teachers and instructors in barber schools or colleges may not provide professional services to clients during the time they are working in school settings.

The Notice of Drafting was published in the *State Register* on August 26, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

17-3. Barber Schools, Teachers and Instructors; Teachers and Instructors to Devote Full Time.

All teachers and instructors in barber schools or colleges are required to give full time to the students during the time they are on the school or college premises and engaged in providing instruction. Professional or barbering work performed by a teacher or instructor at a barber school or college must be for student barber instructional purposes only.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

The updated regulations will clarify that teachers and instructors in barber schools or colleges may not provide professional services to clients during the time they are working in school settings.

Document No. 5155
DEPARTMENT OF LABOR, LICENSING AND REGULATION
PANEL FOR DIETETICS
CHAPTER 40
Statutory Authority: 1976 Code Sections 40-1-50, 40-1-70, and 40-20-50

40-1. Definitions.
40-5. Licensing Provisions.
40-5.1. Licensure by Examination.
40-5.2. Licensure by Registration.
40-5.3. Licensure by Endorsement.
40-5.4. Foreign Educated Applicants.
40-5.5. Change of Address or Name.
40-5.6. Applications Property of Panel.
40-6. Requirements for Renewal.
40-7. Reinstatement/Reactivation of Expired, Lapsed Licenses.
40-8. Continuing Competency; Continuing Education Credits.
40-9. Fees.
40-10. Misconduct Defined.
40-16. Licensure Timeframes.

Synopsis:

The Panel for Dietetics proposes to amend sections in Chapter 40 related to continuing education as well as requirements for initial licensing, renewal, and reinstatement.

The Notice of Drafting was published in the *State Register* on March 25, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

40-1. Definitions.

Definitions found in Section 40-20-20, et seq., apply to this chapter.

(A) "Applicant" means any person who has made application for licensure in this state to engage in the practice of dietetics. Applicants may include those exempt from the licensing requirements pursuant to Section 40-20-110.

(B) "Continuing education" means an organized educational program designed to expand a licensee's knowledge base beyond the basic entry-level educational requirements for the practice of dietetics. Course content must relate to the practice of dietetics whether the subject is research, treatment, documentation, education, or management.

(C) For purposes of continuing education as defined in this chapter, "One Continuing Education Unit (CEU)" is sixty (60) minutes of instruction or organized learning for all purposes including continuing competency.

(D) "Nutritional assessment" means the integrative evaluation of nutritionally relevant data to develop an individualized nutritional care plan. These data may include:

(1) Nutrient intake;

(2) Anthropometric measurements;

(3) Biochemical values;

(4) Physical and metabolic parameters;

(5) Socio-economic factors;

(6) Current medical diagnosis and medications; and

(7) Pathophysiological processes.

The mere collection of these data for use in assessment is not nutritional assessment and does not require a dietitian licensed under this section.

(E) "Nutritional counseling" means the advising of individuals or groups regarding nutritional intake by integrating information from the nutritional assessment with information on food and other sources of nutrients and meal preparation consistent with cultural background and socioeconomic status. The distribution by an individual of written information prepared by a licensee is not nutritional counseling, and any person distributing the written information need not be licensed under this section.

(F) "Nutritional education" means a planned program based on learning objectives with expected outcomes designed to modify nutrition-related behaviors. This does not prohibit an individual from providing general non-medical nutrition information if the person does not violate this section.

(G) "Nutritional care standards" means policies and procedures pertaining to the provision of nutritional care in institutional and community settings.

(H) "Nutritional care" means the application of the science of nutrition in the health and disease of people.

(I) "Commission" means "The Commission on Dietetic Registration" of the Academy of Nutrition and Dietetics.

(J) "The Academy" means "The Academy of Nutrition and Dietetics."

(K) "Medical nutrition therapy" means the use of specific nutrition services to treat, or rehabilitate an illness, injury, or condition. Medical nutrition therapy includes nutrition assessment, intervention, education, and counseling.

(L) "Council on postsecondary accreditation" is synonymous with "Commission on recognition of post-secondary accreditation."

(M) For purposes of this section, the terms "Nutritionist", "Nutrition counselor" and like terms may indicate the person is practicing dietetics.

(N) "General nutrition information" means information on the following:

(1) Principles of good nutrition and food preparation;

(2) Food to be included in the normal daily diet;

(3) The essential nutrients needed by the body;

(4) Recommended amounts of the essential nutrients;

(5) The actions of nutrients on the body;

(6) The effects of deficiencies or excesses of nutrients; or

(7) Food and supplements that are good sources of essential nutrients.

40-5. Licensing Provisions.

Applicant for initial licensure as a licensed dietitian may apply by examination or registration.

40-5.1. Licensure by Examination.

As a prerequisite to the issuance of an initial license, the applicant shall provide evidence of passing an examination for dietitians offered by or as approved by the Panel. An applicant for licensure by examination shall submit to the Panel:

(1) The completed application on the forms approved by the Panel along with required fees. Electronic submission is acceptable.

(2) Proof of passage of examination from a Panel-approved examination provider.

(3) Transcripts from all degree-granting institutions of higher education sent directly to the Panel office.

(4) License verifications from all jurisdictions in which the applicant holds or has held a license. Verification must be sent directly to the Panel office from the issuing jurisdiction.

(5) The Panel may request additional verification of any requirements or credentials as it may deem necessary.

40-5.2. Licensure by Registration.

An applicant for licensure based on registration by the Commission on Dietetic Registration shall submit to the Panel:

(1) The completed application on the forms approved by the Panel along with required fees. Electronic submission is acceptable.

(2) A copy of the valid current registration card from the Commission on Dietetic Registration.

(3) License verifications from all jurisdictions in which the applicant holds or has held a license. Verification must be sent directly to the Panel office from the issuing jurisdiction.

(4) The Panel may request additional verification of any requirements or credentials as it may deem necessary.

40-5.3. Repealed.

40-5.4. Foreign-Educated Applicants.

For the purpose of proving accreditation of a course of study at a foreign institution, an applicant shall have the applicant's academic credentials independently validated as equivalent by an accreditation agency that is recognized by "the commission on recognition of post-secondary accreditation," or its predecessor, or have the applicant's academic credentials independently validated by an agency specializing in education evaluations which is acceptable to the panel. A copy of the validation shall be attached to the application as part of the application.

40-5.5. Change of Address or Name.

A licensee shall notify the panel of a change of address providing at least a new address, telephone number, and signed request for the change within thirty (30) days of the change occurring. A licensee shall notify the panel of a change of name by providing legal evidence of the name change and a signed request for the change within thirty (30) days of the change occurring.

40-5.6. Repealed.

40-6. Requirements for Renewal.

All renewals shall be filed with the panel prior to May 31 of the renewal year.

(1) Renewal applications must be accompanied by the appropriate fee and a statement attesting to the required number of continuing education units (CEUs) per biennium.

(2) Renewals received after May 31 will be late. A licensee may renew their license by submitting the renewal applications along with the appropriate renewal fee and late fee by June 30 of the renewal year.

(3) If a licensee fails to timely renew his/her license, the license is deemed inactive and the licensee may not practice as a dietitian in this State until the license is reinstated to practice.

40-7. Reinstatement of Inactive Licenses.

(A) A license that has not been timely renewed shall be placed in inactive status after June 30 of the renewal year.

(B) An individual seeking to reinstate an inactive license shall complete the application for reinstatement, provide evidence of compliance with cumulative continuing education requirements and pay the current renewal fee, late fee, and payment of a reinstatement fee.

(C) An individual seeking to reinstate a license which has been inactive for more than four years must reapply for licensure and must meet the current licensure requirements including but not limited to complying with S.C. Code Section 40-20-60's requirements.

(D) The panel may deny reinstatement based on evidence of misconduct.

40-8. Continuing Competency; Continuing Education Units.

(A) Persons licensed to practice dietetics are required to demonstrate continuing professional competency. Licensee shall submit proof of continuing education units as a condition of renewal by:

(1) Active CDR registration; or

(2) Completion of thirty (30) hours of continuing education units from CDR-accredited providers.

(B) Evidence of continuing education units shall include a certificate of attendance signed by program provider or designee; the number of continuing education units requested; titles of presentations; speakers' or instructors' qualifications; timing outlines; application of learning; and other documentation as the panel may require.

40-9. Fees.

Fees must be assessed, collected, and adjusted on behalf of the panel by the Department. The Panel may charge fees as shown in South Carolina Code of Regulations Chapter 10-13.

40-10. Misconduct Defined.

Misconduct means any one or more of the following:

(1) violation of any of the provisions of Section 40-20-30, Section 40-20-100, or Section 40-20-130(A), or Section 40-1-110 Code of Laws of South Carolina, 1976, as amended; and

(2) violation of any of the Code of Ethics as adopted by the Panel.

40-16. Repealed.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

The Panel for Dietetics proposes to amend sections in Chapter 40 related to continuing education as well as requirements for initial licensing, renewal, and reinstatement.

Document No. 5161
DEPARTMENT OF LABOR, LICENSING AND REGULATION
OFFICE OF STATE FIRE MARSHAL
CHAPTER 71
Statutory Authority: 1976 Code Section 23-9-20

71-8300. Fire Prevention and Life Safety.
71-8301. Fire Prevention and Life Safety for Special Occupancies.
71-8302. Explosives.
71-8303. Portable Fire Extinguishers and Fixed Fire Extinguishing Systems.
71-8304. Liquefied Petroleum (LP) Gas.
71-8305. Fireworks and Pyrotechnics.
71-8306. Hydrogen Facilities.

Synopsis:

The South Carolina Department of Labor, Licensing and Regulation, Office of the State Fire Marshal, proposes to add to, amend and repeal certain regulations appearing in R.71-8300 through R.71-8306.

The Notice of Drafting was published in the *State Register* on June 24, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

ARTICLE 8
OFFICE OF STATE FIRE MARSHAL

SUBARTICLE 1
FIRE PREVENTION AND LIFE SAFETY

71-8300. Fire Prevention and Life Safety.

(Statutory Authority: 1976 Code Sections 23-9-20, 23-9-30, 39-41-260, 40-82-70)

71-8300.1. General.

A. Title. These regulations shall be known as the State Fire Marshal’s Rules and Regulations.

B. Intent.

1. The purpose of these regulations is:

a. to safeguard to a reasonable degree, life and property from fire, explosion, dangerous conditions, natural disasters, acts of terrorism, and other hazards associated with the construction, alteration, repair, use, and occupancy of buildings, structures, or premises, and

b. to provide safety to fire fighters and emergency responders during emergency situations.

2. These regulations shall be the minimum standards required for fire prevention and life safety in South Carolina for all buildings and structures and shall not be waived.

C. Applicability.

1. These regulations shall apply to state, county, municipal, and private buildings, structures, or premises unless excluded by these regulations or state statute.

2. All buildings, structures, or premises, and all equipment or systems therein, shall be constructed, altered, or repaired in conformance with the latest adopted codes promulgated by the South Carolina Building Code Council and these regulations.

3. These regulations become effective immediately upon the publication as final regulations in the South Carolina State Register.

4. These regulations shall not conflict with any state statute, code, or ordinance adopted pursuant to S.C. Code Ann. Section 6-9-5 et seq., 1976, as amended, by any municipality or political subdivision. In the event of a conflict, such statute, code, or ordinance shall apply.

5. These regulations shall not apply to:

a. Buildings constructed and occupied exclusively as one and two-family dwellings, unless amended by these or other state regulations. Conversion of such buildings to another use that is not regulated under the IRC but is regulated under the IBC is considered a change of occupancy, and such buildings must comply with the applicable provisions of the IBC for such a change of use.

D. Existing Buildings.

1. Unless addressed by requirements in these regulations, adopted codes, or state statutes that are indicated to be applicable to them, existing buildings, structures, or premises shall be permitted to continue in operation under the code applicable at the time when the buildings, structures, or premises were constructed.

2. Alterations, repairs, additions, and rehabilitation to an existing building, structure, or premise shall fully comply with the current codes.

3. Change of use or occupancy of an existing building shall comply with the current code requirements for change of occupancy classification.

E. Acronyms and Definitions: The following references apply throughout these regulations. Words not defined in these regulations shall have the meaning stated in the referenced codes and standards adopted by these regulations.

1. “AHJ” means Authority Having Jurisdiction, which is the SFM, or his agents, or any local fire official covered by S.C. Code Ann. Section 23-9-30, 1976, as amended.

2. “ATF” means the United States Department of Justice, Bureau of Alcohol, Tobacco, Firearms and Explosives.

3. “Bulk hydrogen compressed gas system” means an assembly of equipment that consists of, but is not limited to, storage containers, pressure regulators, pressure relief devices, compressors, manifolds, and piping with a storage capacity of more than 400 cubic feet (approximately 3000 gal.) of compressed hydrogen gas (or 5000 scf), including unconnected reserves on hand at the site, and terminates at the source valve.

4. “Bulk liquefied hydrogen gas system” means an assembly of equipment that consists of, but is not limited to, storage containers, pressure regulators, pressure relief devices, vaporizers, liquid pumps, compressors

manifolds, and piping, with a storage capacity of more than 39.7 gal. of liquidized hydrogen, including unconnected reserves on hand at the site, and terminates at the source valve.

5. "Community Fireworks Display" means a display of consumer fireworks before a gathering where the individual discharging the consumer fireworks is not the responsible owner or lessee of the private property from where the display is being discharged. Public property or property not owned by an individual who is responsible for the discharging of consumer fireworks constitutes a community fireworks display. Consumer fireworks purchased by an association, organization, or business for the purpose of a display before a gathering of any number of people constitutes a community fireworks display.

6. "Consumer Fireworks" means any small device designed to produce visible effects by combustion and which must comply with the construction, chemical composition, and labeling regulations of the U.S. Consumer Product Safety Commission, as set forth in Title 16, Code of Federal Regulations, parts 1500 and 1507. Some small devices designed to produce audible effects are included, such as whistling devices, ground devices containing fifty (50) mg or less of explosive materials, and aerial devices containing 130 mg or less of explosive materials. Consumer fireworks are classified as fireworks UN0336 and UN0337 by the USDOT at 49 CFR 172.101. This term does not include fused setpieces containing components which together exceed 50 mg of salute powder. Consumer fireworks are further defined as those classified by the USDOT hazard classification 1.4g. These fireworks were formerly known as "Class C Fireworks."

7. "Container" means all vessels including, but not limited to tanks, cylinders, or pressure vessels used for the storage of hydrogen.

8. "Display Fireworks" means large fireworks designed primarily to produce visible or audible effects by combustion, deflagration, or detonation. This term includes, but is not limited to, salutes containing more than two (2) grains (130 mg) of explosive materials, aerial shells containing more than 40 grams of pyrotechnic compositions, and other display pieces which exceed the limits of explosive materials for classification as "Consumer Fireworks." Display fireworks are classified as fireworks UN0333, UN0334, or UN0335 by the USDOT at 49 CFR 172.101. This term also includes fused setpieces containing components which together exceed fifty (50) mg of salute powder. Display fireworks are further defined as those classified by the USDOT as hazard classification 1.3g. These fireworks were formerly known as "Class B Fireworks."

9. "DOI" means the Department of Insurance.

10. "Engineered Special Hazard Fire Suppression Systems" means systems or equipment that is custom designed to be permanently installed and for use on the specific fire hazards that they are expected to control or extinguish. For the purpose of this regulation, water based fire suppression systems regulate d by NFPA 13, NFPA 13D, NFPA 13R, and SCRC P2904 are not considered Fixed-Fire Extinguishing Systems.

11. "Engineered hydrogen systems" means systems or equipment that is custom designed for a particular application.

12. "Existing Building" means a building, structure, or premise for which preliminary or final drawings have been approved by the appropriate agency as provided in these regulations, in buildings where construction has begun, or those occupied on or before the date of adoption of these regulations.

13. "Fire Prevention" means any activity to prevent fire before fire occurs.

14. "Fireworks" means any composition or device designed to produce a visible or an audible effect by combustion, deflagration, or detonation, and which meets the definition of "consumer fireworks" or "display fireworks" as defined by this section.

15. “Fixed Fire Extinguishing System” means a pre-engineered fire extinguishing system that is permanently installed and designed for use on the specific fire hazards they are expected to control or extinguish. For the purpose of this regulation, water based fire suppression systems regulate d by NFPA 13, NFPA 13D, NFPA 13R, and SCRC P2904 are not considered Fixed-Fire Extinguishing Systems.

16. “Flame Effects” means the combustion of solids, liquids, or gases utilizing atmospheric oxygen to produce thermal, physical, visual, or audible phenomena before an audience.

17. “Hydrogen” is an element of the periodic table which, at room temperature and pressure, but can be compressed and/or refrigerated into a liquefied state.

18. “Hydrogen facility” is a fueling station or a fuel cell site that will store or dispense hydrogen for use as a transportation fuel, motor fuel, or in a fuel cell.

19. “Hydrogen generation system” means a packaged, factory matched, or site constructed hydrogen gas generation appliance or system such as (a) an electrolyzer that uses electrochemical reactions to electrolyze water to produce hydrogen gas; (b) a reformer that converts hydrocarbon fuel to a hydrogen-rich stream of composition and condition suitable for a type of device using the hydrogen. It does not include hydrogen generated as a byproduct of a waste treatment process.

20. “ICC” means the International Code Council.

21. “LP-Gas” means Liquefied Petroleum Gas as defined in S.C. Code Ann. Section 40-82-20.

22. “Motion Picture” means, for the purposes of this item, any audiovisual work with a series of related images either on film, tape, or other embodiment, where the images shown in succession impart an impression of motion together with accompanying sound, if any, which is produced, adapted, or altered for exploitation as entertainment, advertising, promotional, industrial, or educational media.

23. “SDS(s)” means Safety Data Sheet(s).

24. “NFPA” means the National Fire Protection Association.

25. “OSFM” means the Office of State Fire Marshal, Division of Fire and Life Safety, Department of Labor, Licensing and Regulation, also known as SC State Fire.

26. “Person” means an individual, partnership, or corporation;

27. “Portable Fire Extinguisher” means a portable device containing extinguishing agent that can be expelled under pressure for the purpose of suppressing or extinguishing a fire.

28. “Pre-engineered hydrogen system” means a system or device that has been designed with the intention of mass production and sales to the public, which uses or produces hydrogen in its function.

29. “Primary Qualifying Party” means a qualifying party who has been designated by a licensee as the principal individual responsible for directing or reviewing work performed by the licensee in a particular license classification or subclassification.

30. “Proximate Audience” means any indoor use of pyrotechnics and the use of pyrotechnics before an audience located closer than the distances allowed by NFPA 1123.

31. “Public Firework Display” means a presentation of Display or Consumer Fireworks for a public gathering, where the individual discharging the fireworks is not the responsible owner or lessee of the private

property from where the display is being discharged. Public property or property not owned by an individual who is responsible for the discharging of fireworks constitutes a public fireworks display. Any public or private gathering utilizing display fireworks constitutes a public fireworks display.

32. "Pyrotechnics" means any composition or device designed to produce visible or audible effects for entertainment purposes by combustion, deflagration, or detonation.

33. "Qualifying Party" means an individual who has been issued a permit or certification to qualify an entity for a license by way of examination in a license classification or subclassification.

34. "S.C." means South Carolina.

35. "SCBC" means South Carolina Building Code, which is the latest edition of the International Building Code (IBC) with South Carolina modifications, as adopted and promulgated by the South Carolina Building Codes Council, except where South Carolina modifications do not apply.

36. "SCFC" means South Carolina Fire Code, which is the latest edition of the International Fire Code (IFC) with South Carolina modifications, as adopted and promulgated by the South Carolina Building Codes Council, except where South Carolina modifications do not apply.

37. "SCFGC" means South Carolina Fuel Gas Code, which is the latest edition of the International Fuel Gas Code (IFGC) with South Carolina modifications, as adopted and promulgated by the South Carolina Building Codes Council, except where South Carolina modifications do not apply.

38. "SCRC" means South Carolina Residential Code, which is the latest edition of the International Residential Code (IRC) with South Carolina modifications, as adopted and promulgated by the South Carolina Building Codes Council, except where South Carolina modifications do not apply.

39. "Servicing" includes maintenance, recharging, or hydrostatic testing of a Portable Fire Extinguisher or a Fixed Fire Extinguishing System.

40. "SFM" means the State Fire Marshal or his agent.

41. "Theatrical Pyrotechnics" means pyrotechnic devices for professional use in the entertainment industry similar to consumer fireworks in chemical composition and construction but not intended for consumer use.

42. "USDOT" means U.S. Department of Transportation.

71-8300.2. Codes and Standards.

A. All references to codes and standards found in these regulations refer to the editions specified in the SCFC unless otherwise stated in these regulations or adopted by state statutes.

B. In accordance with S.C. Code Ann. Section 1-34-30(A), the Office of the State Fire Marshal hereby adopts the latest edition of the nationally-recognized codes with referenced standards adopted and promulgated by the South Carolina Building Codes Council. The requirements of the IFC, International Fire Code, (as adopted pursuant to S.C. Code Ann. Section 6-9-5, et seq., 1976, as amended) shall constitute the minimum standards for fire prevention and life safety protection for construction, occupancy, and use of all buildings, structures, and premises within the scope of these regulations except as modified by these regulations. In addition, to the extent to which they can be applied without conflicting with other state regulations or state statutes, the following sections of Chapter 1 of the 2021 edition of the IFC shall apply:

1. Scope and General Requirements (Section 101). “The State of South Carolina” shall be used for the Name of Jurisdiction.

2. Applicability (Section 102)

3. Liability (Section 104.7)

4. Maintenance (Section 109)

5. Service Utilities (Section 110)

6. Stop Work Orders (Section 113)

7. Unsafe Structures or Equipment (Section 114)

C. The codes and standards referenced in the codes adopted pursuant to S.C. Code Ann. Section 6-9-5 et seq., 1976, as amended shall be enforced as applicable.

D. The requirements of NFPA 1123, Code for Fireworks Display, including Annex A and E, shall be used for all firework displays in South Carolina except as modified by these regulations.

E. The requirements of NFPA 1126, Standard for the Use of Pyrotechnics Before a Proximate Audience, including Annexes A, B, and D, shall be used for all proximate audience displays in South Carolina except as modified by these regulations.

71-8300.3. Alternate Materials and Alternate Methods of Construction.

A. The requirements of these regulations are not intended to prevent the use of any material or method of construction not specifically prescribed by the regulations, adopted codes, or standards enforced by the OSFM. The SFM has the authority to accept alternative methods of compliance within the intent of these regulations, after finding that the materials and method of work offered is for the purpose intended, at least the equivalent of that prescribed in these regulations in quality, strength, effectiveness, fire resistance, durability, and safety. The SFM shall require submission of sufficient evidence or proof to substantiate any claim made regarding use of alternative materials and methods.

B. Compliance with applicable standards of the National Fire Protection Association, or other nationally recognized fire safety standards, may be used for consideration of alternative methods if found suitable by the SFM.

71-8300.4. Submittals for Plan Review.

A. Construction documents and/or shop drawings, as appropriate, must be submitted to the OSFM for the following:

1. Fire sprinkler systems per S.C. Code Ann. Section 40-10-260.

2. LP-Gas systems per R.71-8304.

3. Hydrogen facilities per S.C. Code Ann. Section 23-9-510 et seq.

4. Facilities that the OSFM is contractually obligated to review.

B. Construction documents, shop drawings, and supporting documentation for plan review shall be in accordance with this section.

1. Documents and supporting data shall be submitted in one complete set with each application for a review and in such form and detail as required by the OSFM reviewer to be able to determine compliance.

2. The construction documents and shop drawings shall be prepared by the appropriate registered design professional(s) or other LLR licensee as required by statute or regulation.

3. The OSFM is authorized to not require the submission of construction documents and supporting data if:

a. they are not required to be prepared by a registered design professional, and

b. it is found that the nature of the work applied for is such that review of construction documents is not necessary to obtain compliance with this code.

4. OSFM shall examine or cause to be examined the submitted construction documents and shall ascertain by such examinations whether the work indicated and described is in accordance with the applicable requirements.

5. Drawings shall be drawn to scale. Documents submitted for review shall be in electronic media .DWF or .PDF format. Non-electronic media documents are allowed to be submitted when approved by the OSFM. Documents shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show in detail that it will conform to the provisions of these regulations and other relevant laws, rules and regulations as determined by the OSFM.

a. Drawings and other documents reviewed by OSFM shall be submitted to indicate compliance with applicable statutes, these regulations and the referenced codes and standards, and shall be approved prior to the start of installation. If the permitting authority authorizes the installation prior to the written approval of OSFM, it is automatically considered a revocation of the AHJ's request for OSFM review. Shop drawings shall contain all information as required by the applicable statutes, regulations, adopted codes and referenced installation standards.

b. Information on construction documents and shop drawings shall be specific, and the technical codes shall not be cited in whole or in part, nor shall the term "legal" or its equivalent to be used as a substitute for specific information.

c. All drawings shall bear a title block with complete, legible information indicating at a minimum where applicable: project name, project address, drawing author, drawing title, drawing number, original drawing date, all subsequent drawing revision dates, sequential drawing revision numbers, company name, and company mailing address.

6. It shall be the responsibility of the applicant to ensure that the submitted documents include all of the fire protection requirements and the shop drawings are complete and in compliance with the applicable statutes, regulations, codes and standards.

7. Submitted documents approved by the OSFM are approved with the intent that such construction documents comply in all respects with this code. Review and approval by the OSFM shall not relieve the applicant of the responsibility of compliance with this code.

a. The OSFM is authorized to issue approval for the construction of part of a structure, system or operation before the construction documents for the whole structure, system or operation have been submitted, provided that adequate information and detailed statements have been filed complying with pertinent

requirements of this code. The holder of such approval for parts of a structure, system or operation shall proceed at the holder's own risk with the building operation and without assurance that approval for the entire structure, system or operation will be granted.

b. The issuance or granting of an approval shall not be construed to be an approval of any violation of any of the provisions of these regulations. Approvals presuming to give authority to violate or cancel the provisions of these regulations shall not be valid. The issuance of approval based on construction documents and other data shall not prevent an AHJ from requiring the correction of errors in the construction documents and other data. Any addition to or alteration of approved construction documents shall be approved in advance by the AHJ, as evidenced by the issuance of a new or amended approval.

8. Where field conditions necessitate any substantial change from the approved construction documents, the AHJ shall have the authority to require the corrected construction documents to be submitted for approval.

9. The OSFM is authorized to revoke approval issued under the provisions of these regulations when it is found by inspection or otherwise that there has been a false statement or misrepresentation as to the material facts in the application or construction documents, drawings, or other submitted documentation on which the permit or approval was based including, but not limited to, any one of the following:

a. The permit or approval is used for a location or establishment other than that for which it was issued.

b. The permit or approval is used for a condition or activity other than that listed in the permit.

c. Conditions and limitations set forth in the permit or approval have been violated.

d. There have been any false statements or misrepresentations as to the material fact in the application for permit or submitted plans and other documents, or a condition of the permit.

e. The permit or approval is used by a different person or firm than the name for which it was issued.

f. Failure, refusal, or neglect to comply with orders or notices duly served in accordance with the provisions of this regulation within the time provided therein.

g. The permit or approval was issued in error or in violation of a statute, regulation, code, or standard.

71-8300.5. Repealed.

71-8300.6. Repealed.

SUBARTICLE 2
FIRE PREVENTION AND LIFE SAFETY FOR SPECIAL OCCUPANCIES

71-8301. Fire Prevention and Life Safety for Special Occupancies.

(Statutory Authority: 1976 Code Section 23-9-20(A)(5))

71-8301.1. General.

A. The purpose of this Subarticle is to provide specific requirements for certain occupancies.

B. This regulation shall apply to new and existing foster homes.

71-8301.2. Codes and Standards.

A. All references to codes and standards found in these regulations refer to the editions adopted in R.71-8300.2 and are modified by the following regulations as shown below.

B. The building code shall define occupancy classifications referenced in these regulations.

71-8301.3. Requirements for Special Occupancies.

A. All Foster Home Facilities

1. Foster homes providing care, maintenance, and supervision for no more than six (6) children, including the natural or adopted children of the foster parent; shall comply with the following:

a. Must be a facility designed and constructed with the intent to be used as a dwelling per applicable statutes and regulations.

b. At least one (1) portable fire extinguisher with a minimum classification of 2A:10BC shall be installed near cooking areas. The fire extinguishers shall be installed and maintained in accordance with the manufacturer's instructions.

c. Each facility housing foster children shall maintain means of egress as required by original construction.

d. All heating devices must be selected, used, and installed per the manufacturer's recommendations and the listing conditions set by an approved testing laboratory.

e. Unvented gas heaters shall have an operating oxygen depletion device, an operating safety shutoff device, and shall be located or guarded to prevent burn injuries.

f. Fireplaces shall be equipped with fire screens, partitions, or other means to protect clients from burns.

g. A fire escape plan describing what actions are to be taken by the family in the event of a fire must be developed and posted.

h. A fire escape drill shall be conducted every three (3) months.

i. Records of the drills shall be maintained on the premises for three (3) years. The records shall give the date, time, and weather conditions during the drill, number evacuated, description, and evaluation of the fire drill. Fire drills shall include complete evacuation of all persons from the building.

j. A fire escape drill shall be conducted within twenty-four (24) hours of the arrival of each new foster child.

k. Portable unvented fuel-fired heating equipment shall be prohibited in all foster homes.

l. An approved carbon monoxide alarm shall be installed and maintained outside of each separate sleeping area in the immediate vicinity of the bedroom in dwelling units within which fuel fired appliances are installed and in dwelling units that have attached garages.

m. Each sleeping room must have an operable door that closes and latches to provide compartmentation that protects occupants in case of a fire event.

n. The dwelling shall be free of dangers that constitute an obvious fire hazard, such as faulty electrical cords, overloaded electrical sockets, or an accumulation of papers, paint, or other flammable material stored in the dwelling.

o. Facilities serving as a foster home shall have approved address numbers placed in a position that is plainly legible and visible from the street. Address number shall be a minimum of 4 inches high with a minimum stroke width of 0.5 inch and shall contrast with their background.

p. Listed smoke alarms shall be installed in accordance with the manufacturer's installation instructions and in the following locations:

(i) On the ceiling or wall outside of each separate sleeping area in the immediate vicinity of bedrooms; and

(ii) In each room used for sleeping purposes; and

(iii) In each habitable story within a dwelling.

q. Listed smoke alarms shall be powered from:

(i) the electrical system of the dwelling as the primary power source and a battery as a secondary power source;

(ii) a battery rated for a 10-year life, provided the smoke alarm is listed for use with a 10-year battery; or

(iii) battery power that is part of a listed wireless interconnected smoke alarm unit.

r. All sleeping rooms below the fourth story shall have emergency escape and rescue openings that open from the inside.

s. Such emergency escape and rescue openings shall be sized and configured in accordance with the applicable code requirements.

2. Foster homes that do not comply with Section A.1.s. above, shall have one of the following:

a. Listed smoke alarms required to be installed by Section A.1.p. above shall be interconnected in such a manner that the activation of one alarm will activate all of the alarms in the dwelling unit. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm; or

b. A residential fire sprinkler system in accordance with the applicable statutes, regulations, and adopted codes.

SUBARTICLE 3
EXPLOSIVES

71-8302. Explosives.

(Statutory Authority: 1976 Code Sections 23-9-20, 23-9-50, 23-36-10 et seq.)

71-8302.1. General.

A. The purpose of this regulation is to provide reasonable safety and protection to the public, public property, private property, and operators from the manufacture, transportation, handling, use, and storage of explosives in South Carolina.

B. This regulation shall apply to the manufacture, transportation, handling, use, and storage of explosives in South Carolina.

C. This regulation does not apply to the sale or storage of fireworks as regulated by the Board of Pyrotechnic Safety.

71-8302.2. Definitions, Codes and Standards.

A. All definitions and references to codes and standards found in these regulations are promulgated in R.71-8300.2 unless modified by the following regulations as shown below.

71-8302.3. Licensing and Permitting Fees.

A. All applications for licenses and permits shall be accompanied by the appropriate fees as established per S.C. Code Ann. Section 23-36-40:

1. Class I Dealer License - $1,000.00

2. Class II Dealer License - $250.00

3. Explosive Magazine Permit - $50.00

4. Blaster License - $250.00

5. Blasting Permits – 30 days - $50.00

6. Blasting Permits – 90 days - $100.00

7. Blasting Permits – 180 days - $250.00

8. Blasting Permits – 365 days - $500.00

B. Submission requirements for Blasting Permit application

1. Applications for Blasting Permits shall be submitted to the OSFM for approval at least 48 hours before the start of blasting operations.

C. All fees paid to the OSFM are nonrefundable.

71-8302.4. Licenses and Permits.

A. Classification of Licenses and Permits

	Class	Category	Blasting Permitted
1.	A	Unlimited	All types of blasting
2.	B	General	All phases of blasting operations in quarries, aboveground open pit mines, and aboveground construction

3.	C	General	All phases of blasting operations in underground mines, shafts, tunnels, and drifts
4.	D	Demolition	All phases of blasting in demolition projects
5.	E	Seismic	All phases of blasting in seismic prospecting
6.	G	Special	Special blasting as described on the permit

B. Licenses

1. No person shall be granted a license who has not successfully completed a written examination administered or accepted by the OSFM covering the applicable codes, state laws and regulations for the license classification for which they are applying.

2. Licenses are not transferable.

3. The OSFM may accept determination of relief from disability incurred by reason of a criminal conviction that has been granted by the Director of the Bureau of Alcohol, Tobacco, Firearm and Explosives, U. S. Department of Justice, Washington, D.C., pursuant to Section 555.142, Subpart H, Title 27, Code of Federal Regulations and Title 18 United States Code, Chapter 40, Section 845(b).

4. All applicants for licensing shall:

a. Submit an application for licensure as prescribed by OSFM.

b. Provide copies of all appropriate Federal licenses to handle and use explosives or explosive materials.

c. Provide proof of public liability insurance for an amount not less than five hundred thousand dollars ($500,000). The coverage company must be an insurer which is either licensed by the DOI in this State or approved by the DOI as a nonadmitted surplus lines carrier for risks located in this State. In the event the liability insurance is canceled, suspended, or nonrenewed, the insurer shall give immediate notice to the OSFM.

d. Each applicant renewing a license shall attend at least four (4) hours of continuing education acceptable to the OSFM. Certificates of training or other proof of training attendance must be provided when requested by the OSFM.

C. Blasting Permits

1. Blasting Permit shall be requested online through the OSFM Information Management System (IMS) and shall contain the information deemed appropriate by the OSFM. At a minimum, the application form shall include:

a. Applicant name and contact information;

b. Blaster name, license, and contact information;

c. Blast site information including location, purpose of blasting, and fire department responsible for responding to the site;

d. Anticipated date and time range of blasting operations;

e. The type(s) of explosive used;

f. Information on quantities of explosive used including the estimated amount of explosives for the duration of the permit, amount per shot, and amount per charge; and,

g. Information regarding whether a seismograph will be used.

h. Current certificate of insurance;

i. Site plan of the blast site showing measured distances to adjacent buildings, streets, utilities, wells, and other facilities that have been superimposed on officially published maps, electronic satellite imagery, or another means of showing the site area and its vicinity that OSFM determines to be acceptable;

j. Blasting plan that addresses proposed blasting procedures, quantity of material to be removed by blasting, number of blasts to be detonated, quantity and type of explosives to be used, maximum amount of explosives per delay, the maximum number of holes per delay, and the proposed placement of seismographs; and

k. Safety plan that addresses on-site storage, traffic control, barricading, signage plan, and adverse weather operation plan.

2. No permit will be granted without submission of a complete Blasting Permit application form and payment of application fee.

3. No variations from the terms of the blasting permit are allowed without authorization from the OSFM.

D. Magazine Permits

1. Magazine Permits shall be requested online through the OSFM Information Management System (IMS) and shall contain the information deemed appropriate by the OSFM.

2. Magazine permits shall be visible on the exterior of all magazines. Defaced or destroyed permits will be reported to the OSFM when discovered. The OSFM may, at their discretion, charge the administrative costs of replacing the magazine permit.

3. Each magazine shall be inspected and approved by the OSFM before use.

71-8302.5. Records.

A. Licensed blasters shall keep records of each blast. The Blaster's Log shall contain the following minimum data:

1. Name of company or contractor;

2. Location, date, and time of blast;

3. Name, signature, and license number of blaster in charge of blast;

4. Type of material blasted;

5. Number of holes, burden and spacing;

6. Diameter and depth of holes;

7. Types of explosives used;

8. Total amount of explosives used;

9. Maximum amount of explosives per delay period of 8 milliseconds or greater;

10. Method of firing and type of circuit;

11. Direction and distance in feet to nearest dwelling house, public building, school, church, commercial or institutional building neither owned nor leased by the person conducting the blasting;

12. Weather conditions;

13. Type and height or length of stemming;

14. Whether mats or other protections were used;

15. Type of delay electric blasting caps used and delay periods used;

16. Exact location of seismograph, if used, and the distance of seismograph from blast as indicated accurately by the person taking the seismograph reading;

17. Seismograph records, where required including:

a. Name of person and firm analyzing the seismograph record; and

b. Seismograph reading;

18. Maximum number of holes per delay period of eight milliseconds or greater.

B. Blasters will provide a blast report on forms approved by the OSFM and submit these forms within three working days of the blast when deemed necessary by the OSFM.

C. Blasting records shall be retained by the licensed blaster and available for inspection by OSFM during normal work hours at their place of business. These blast records shall include as a minimum for each blast:

1. Blasting Permit;

2. Seismograph reports when used;

3. Blaster’s Record/log;

4. Pre-Blast Survey (if applicable).

D. Magazine log shall be available for inspection by OSFM upon request during normal work hours or hours of operation of the magazine.

71-8302.6. Blasting Safety and Operations.

A. The contractor, operator, and the blaster are responsible for the conduct of blasting operations on any site.

B. These regulations do not relieve the contractor, operator, blaster or other persons of their responsibility and liability prescribed in other laws.

C. The OSFM may require the use of a seismograph on any blasting operation where damage to personal property has or may occur.

D. A Seismograph shall be used on all blasting operations: (1) within 1500 feet of a building, (2) where the scaled distances shown in NFPA 495 are not followed, or (3) when directed by the OSFM.

E. Operators shall notify the OSFM within 24 hours of any injuries, fires, thefts, property damage, or deaths caused by the use of explosive materials. The operators shall provide the OSFM with a copy of the report filed with the police department or the incident report from the fire department. Operators must also provide the OSFM Office with a copy of ATF Form 5400.5.

F. The operator shall have their license in their possession when handling, possessing or using explosive materials and shall show their license when asked by any AHJ.

G. A digital or hard copy of the blasting permit shall be made available at the firing station.

H. The following sequence shall be followed for each blast:

1. A warning signal shall be given before every blast. Warning signals shall comply with the following:

a. Warning signal is a one (1) minute series of long horn or siren blasts five (5) minutes before the blast signal.

b. Blast signal is a series of short horn or siren blasts one (1) minute before the shot.

c. All clear signal is a prolonged horn or siren blast following the inspection of the blast area.

2. The signal shall be made from an air horn, siren or other device, and must be loud enough to be clearly heard in all areas that could be affected by the blast or flyrock from the blast. The signal must be distinctive and unique so that it cannot be confused with any other signaling system that might occur on the site. A vehicle horn shall not be used as a signaling system.

71-8302.7. Repealed.

71-8302.8. Variances.

A. This section provides licensees the opportunity to request variances of the regulations under specific conditions.

1. The OSFM may grant variances when it can be demonstrated the variance improves safety or provides an equivalent level of safety as provided in the regulations and adopted codes.

2. Such a variance may be modified or revoked by the OSFM.

3. When applicable, these variances must also be approved by the U.S. Bureau of Alcohol, Tobacco, Firearms and Explosives.

SUBARTICLE 4
PORTABLE FIRE EXTINGUISHERS AND FIXED FIRE EXTINGUISHING SYSTEMS

71-8303. Portable Fire Extinguishers and Fixed Fire Extinguishing Systems.

(Statutory Authority: 1976 Code Sections 23-9-20, 23-9-45)

71-8303.1. General.

A. The purpose of this subarticle is to regulate the inspection, testing and maintenance of portable fire extinguishers and the installation, testing, and maintenance of fixed fire extinguishing systems in the interest of protecting lives and property.

B. This regulation shall apply to:

1. The filling, charging, and recharging of all portable fire extinguishers other than the initial filling by the manufacturer.

2. The testing and maintenance of all types of portable fire extinguishers.

3. The installation, testing, and maintenance of all types of fixed fire extinguishing systems.

4. The installation, testing and maintenance of all Engineered Special Hazard Fire Suppression Systems.

71-8303.2. Definitions, Codes and Standards.

A. All definitions and references to codes and standards found in these regulations are promulgated in R.71-8300 unless modified by the following regulations as shown below.

71-8303.3. Fees for Licensing and Permitting.

A. All licenses and permits in this subarticle are valid for three (3) years and must be renewed prior to expiration. Fees are established as follows:

1. Dealer License - $400.00

2. Employee Permit - $100.00

3. Employee Permit Transfer - $50.00

B. All fees are due at time of application for licenses, permits, or renewal.

C. All fees paid to the OSFM are nonrefundable.

71-8303.4. Licensing and Permitting Requirements.

A. General Licensing Requirements.

1. Each dealer testing and performing maintenance on portable fire extinguishers; installing, testing, and performing maintenance on fixed fire extinguishing systems or engineered special hazard fire suppression systems shall have a license issued by the OSFM.

2. Each dealer’s license shall be displayed in a conspicuous location at their place of business.

3. Each dealer shall apply as prescribed by the OSFM, for the license classification the dealer is seeking.

4. Each dealer shall employ a primary qualifying party permitted by OSFM and identify the primary qualifying party on the application for licensure.

5. Each dealer shall furnish a certificate of insurance with their application in the amount required for their license classification. The dealer shall list the Office of State Fire Marshal and its agents as a certificate holder. The coverage company must be an insurer which is either licensed by the DOI in this State or approved by the DOI as a nonadmitted surplus lines carrier for risks located in this State. In the event the liability insurance is canceled, suspended, or not renewed, the insurer shall give immediate notice to the OSFM.

6. Each dealer shall possess or have access to the equipment necessary for the class of license sought.

7. Licenses issued under this subarticle are not transferable.

8. All licenses expire when insurance coverage lapses or is cancelled and on the day of expiration shown on the license and shall be renewed every three (3) years.

9. All licenses are suspended upon no primary qualifying party being employed by the dealer for the systems contained in the dealer's licensure category.

10. Each dealer shall furnish a notarized affidavit as required in S.C. Code Ann. Section 23-9-45 on a form supplied by the OSFM.

B. General Permitting Requirements.

1. Each individual performing maintenance, recharging, repairing, installing, or testing portable fire extinguishers, fixed fire extinguishing systems, or engineered special hazard fire suppression systems shall possess a valid permit issued by the OSFM.

2. Each individual shall apply as prescribed by the OSFM, for the permit classification they are seeking.

3. Applicants must be at least eighteen (18) years old.

4. Applicants shall provide proof of a current National Association of Fire Equipment Dealers (NAFED) certification through ICC for the applicable permit classification.

a. ICC/NAFED Certified Portable Fire Extinguisher Technician.

b. ICC/NAFED Pre-Engineered Kitchen Fire Extinguishing Systems Technician.

c. ICC/NAFED Pre-Engineered Industrial Fire Extinguishing Systems Technician.

d. NAFED Engineered Fire Suppression Systems Exam.

(i) The National Institute of Certification in Engineering Technologies (NICET) Level III, Technician certification for Special Hazards will be accepted as applicable for Engineered Systems.

5. Each applicant shall furnish a notarized affidavit as required in S.C. Code Ann. Section 23-9-45 on a form supplied by the OSFM.

6. Permit holders shall have their permits in their possession while working on equipment or systems covered by their permit.

7. Permit holders shall display their permits at the request of any AHJ.

8. Permit holders shall be limited to specific type of work allowed by the class of permit they hold and the specific systems covered by their permit and shall not perform maintenance or repair on systems not covered by the permit for which they are trained.

9. Permits issued under this subarticle are transferable to another licensed affiliated company. Upon leaving the employment of the specifically identified company, the permit immediately becomes invalid until transferred to another licensed dealer.

10. Permits shall expire on the day of expiration shown on the permit and shall be renewed every three (3) years.

C. License and Permit Classifications.

1. Class "A" - may service, perform maintenance, recharge, or repair, all types of portable fire extinguishers, including recharging carbon dioxide units; and as applicable, to conduct hydrostatic tests on all types of fire extinguishers with a current retester identification number (RIN) issued by DOT or its designated agency.

2. Class "B" - Reserved.

3. Class "C" - Reserved.

4. Class "D" - may install, inspect, repair, recharge, service, maintain or test all types of pre-engineered fire extinguishing systems.

5. Class "E" - may install, inspect, repair, recharge, service, maintain or test engineered special hazard fire suppression systems.

D. Dealers applying for a Class "A" License shall meet all of the general requirements for licensing and provide proof of public liability insurance for an amount not less than one million ($1,000,000) dollars.

E. Dealers applying for a Class "D" License shall:

1. Designate on their application for licensing each type of pre-engineered fire extinguishing system for which they want to be licensed;

2. Employ a minimum of one (1) full time employee permitted by the OSFM.

3. Provide proof of public liability insurance for an amount not less than one million ($1,000,000) dollars; and

4. Provide proof of manufacturer's certification for at least one type of pre-engineered fire extinguishing system.

5. For each additional type of pre-engineered fire extinguishing system, the applicant may submit proof of a manufacturer's certification or an affidavit which shall attest to the ability to obtain the proper manufacturer's installation, maintenance and service manuals and manufacturer's parts or alternative components that are listed for use with the specific extinguishing system and provide testament that all installations and maintenance shall be performed in complete compliance with the manufacturer's installation, maintenance and service manuals and NFPA standards.

F. Individuals applying for a Class "A" Permit shall meet all of the general requirements.

G. Individuals applying for a Class "D" Permit must:

1. Designate on their application for licensing each type of pre-engineered fire extinguishing system for which they want to be permitted.

2. Provide proof of manufacturer's certification for at least one type of pre-engineered fire extinguishing system.

3. For each additional type of pre-engineered fire extinguishing system, the applicant may submit proof of a manufacturer's certification or an affidavit which shall attest to the ability to obtain the proper manufacturer's installation, maintenance and service manuals and manufacturer's parts or alternative components that are listed for use with the specific extinguishing system and provide testament that all installations and maintenance shall be performed in complete compliance with the manufacturer's installation, maintenance and service manuals and NFPA standards.

71-8303.5. Repealed.

71-8303.6. Restrictions for Fire Equipment Licenses and Permits.

A. A dealer or person shall not willfully engage in the business of installing, inspecting, repairing, recharging, testing or performing maintenance on fire equipment or use in any advertisement or on a business card or letterhead, or make any other verbal or written communication that the person is a Fire Equipment Dealer or acquiesce in such a representation, unless that person is licensed as a Fire Equipment Dealer by the OSFM.

B. No person shall install, inspect, repair, recharge, perform maintenance or test any type of fire equipment not covered on their permit or for which they do not have manufacturer training or certification to install, inspect, repair, recharge, perform maintenance or test.

71-8303.7. Dealers Performing Hydrostatic Testing.

A. Each dealer performing hydrostatic testing of fire extinguishers manufactured according to the specifications of the USDOT shall be required to possess a valid license issued by the USDOT. All hydrostatic testing of fire extinguishers shall be performed per the appropriate USDOT standards and NFPA standards.

B. Each employee certified to conduct hydrostatic testing shall maintain USDOT certification and provide a copy of the current certification to the OSFM upon request.

71-8303.8. Installation and Maintenance Procedures.

A. All Portable Fire Extinguishers and Fixed Fire Extinguishing Systems covered by these regulations shall be installed, inspected, tested and serviced per the applicable NFPA standards and the manufacturer's installation, service and maintenance manuals.

B. Any portable fire extinguisher or fixed fire extinguishing system that cannot be maintained per the manufacturer's installation, service, and maintenance manuals or the applicable NFPA standards shall be removed from service and replaced.

C. Tamper seals on all portable fire extinguishers and fixed fire extinguishing systems shall be imprinted with the year. Handwritten dates are not acceptable. The year imprinted on the tamper seal shall match the date on the maintenance tag affixed to the portable fire extinguisher or fixed fire extinguishing system.

71-8303.9. Repealed.

71-8303.10. Powers and Duties of the Office of State Fire Marshal.

A. Powers and duties of the OSFM are:

1. To evaluate the applications of dealers or individuals for a license and permits to engage in the business of maintaining portable fire extinguishers or installing, testing and maintaining fixed fire extinguishing systems, and installing, testing and maintaining engineered special hazard fire suppression systems;

2. To issue licenses and permits required by this subarticle;

3. To issue administrative citations in accordance with S.C. Code Ann. Section 23-9-20;

4. To revoke licenses and permits in accordance with S.C. Code Ann. Section 23-9-45; and

5. To administer these regulations and supervise personnel in carrying out the requirements of this regulation.

B. The OSFM may suspend, revoke, refuse to renew, or refuse to issue licenses or permits in accordance with the Administrative Procedures Act.

71-8303.11. Fitness to Practice; Investigation of Complaints.

If the OSFM has reason to believe that a person licensed under this chapter has become unfit to practice as a Fire Equipment Dealer or permit holder based on a complaint filed with the OSFM alleging a violation of a provision of this chapter by a license or permit holder or if a complaint is filed with the OSFM alleging that a licensed person is fraudulently representing themselves as qualified to engage in business as a Fire Equipment Dealer or permit holder, the OSFM may initiate an investigation to determine if violations of these provisions exist.

71-8303.12. Administrative Sanctions.

A. If after an investigation it appears that the license or permit holder under this regulation has become unfit to practice or if a person is practicing without a license or permit, the OSFM may file a Petition with the Administrative Law Court stating the facts and the particular statutes and regulations at issue.

B. If, after an investigation, it appears that the license or permit holder under this regulation has committed a violation of the affidavit referenced in S.C. Code Ann. Section 23-9-45(B), the OSFM may revoke the fire equipment dealer license or the fire equipment permit, or both, in accordance with S.C. Code Ann. Section 23-9-45 or issue an administrative citation in accordance with S.C. Code Ann. Section 23-9-20.

71-8303.13. Repealed.

71-8303.14. Repealed.

71-8303.15. Stop Work Orders; Notice to Correct Hazardous Conditions.

When the OSFM shall have reason to believe that any person or dealer is practicing without a license or permit, the OSFM may issue and deliver to such person or dealer an order to stop work, pursuant to Subarticle 1.

71-8303.16. Repealed.

71-8303.17. Repealed.

71-8303.18. Penalties.

The OSFM may issue a citation for each offense to any person or dealer licensed or permitted under these regulations who has violated any provision of this subarticle or failed to install, inspect, repair, recharge, maintain or test Fire Equipment to applicable codes and standards. The OSFM may assess fines for each charge to both the fire equipment company and the permit holder. Citations may be assessed by the OSFM per S.C. Code Ann. Section 23-9-20 et seq.

SUBARTICLE 5
LIQUEFIED PETROLEUM GAS

71-8304. Liquefied Petroleum (LP) Gas.

(Statutory Authority: 1976 Code Sections 23-9-20, 40-82-70)

71-8304.1. General.

A. The purpose of this regulation is to provide reasonable protection of the health, welfare, and safety of the public and LP-Gas operators from the hazards associated with the handling, use, transportation, and storage of LP-Gas.

B. These regulations apply to:

1. LP-Gas Dealers, Installers, Gas Plants, Wholesalers, Resellers, or Cylinder Exchange operators and;

2. Any person handling, dispensing, transporting, or storing LP-Gas.

C. These regulations shall not apply to:

1. LP-Gas pipeline transmission.

2. Gas plants after the point where LP-Gas or LP-Gas and air mixture enters a utility distribution system.

3. Natural gas systems covered by the IFGC.

71-8304.2. Codes and Standards.

A. All references to codes and standards found in these regulations refer to the editions adopted in R.71-8300.2 and are modified by the following regulations as shown below.

B. The building code shall define occupancy classifications referenced in these regulations.

71-8304.3. Licensing and Permitting Fees.

A. The OSFM is responsible for all administrative activities of the licensing program. The SFM shall employ and supervise personnel necessary to effectuate the provisions of this article and shall establish fees sufficient but not excessive to cover expenses, including direct and indirect costs to the State for the operation of this licensing program. Fees may be adjusted not more than once each two years, using the method set out in S.C. Code Ann. Section 40-1-50(D), 1976, as amended.

B. Fees shall be established for the following:

1. Application

2. Testing

3. Permitting

4. Licensing

5. Inspection

6. Renewal

C. All fees are due at time of application for licenses, testing, permits, inspection, or renewal.

D. All fees paid to the OSFM are nonrefundable.

71-8304.4. Licensing Requirements.

A. Licenses

1. Each company shall possess a license issued by the OSFM.

2. Licenses shall be displayed in a conspicuous location at the place of business for the LP-Gas Dealer, Installer, Gas Plant, Wholesaler, Reseller, or Cylinder Exchange operator.

B. Permits

1. Each site shall have a designated person that has a permit issued by the OSFM to supervise people handling, dispensing, installing, transporting, repairing, or exchanging LP-Gas.

2. Any applicant who fails the written examination is allowed one (1) re-test after a minimum seven (7) day waiting period. Any applicant who fails the re-test shall wait at least thirty (30) days before reapplying.

3. Permits shall bear the name, photograph, and any other identifying information deemed necessary by the OSFM.

4. Permit holders shall have their permit in their possession when supervising the handling, dispensing, installing, manufacturing, transporting, repairing, or exchanging LP-Gas.

5. Permit holders shall exhibit their permits on request of any AHJ.

6. Permits shall expire on the day of expiration shown on the permit and shall be renewed biennially.

7. Permits issued under this subarticle are not transferable.

8. Expired permits shall not be renewed. A new permit shall be obtained by complying with all requirements and procedures for an original permit.

71-8304.5. Plan Submittal Requirements.

Licensees that are required to obtain a site approval per S.C. Code Ann. Section 40-82-220, 1976, as amended, shall comply with the plan submittal requirements of the applicable codes and standards referenced in R.71-8304.2.

SUBARTICLE 6
USE OF PYROTECHNICS AND SPECIAL EFFECTS

71-8305. Pyrotechnics and Special Effects.

(Statutory Authority: 1976 Code Sections 23-9-20(4) and 23-35-45 et seq.)

71-8305.1. General.

A. The purpose of this regulation is to provide reasonable safety and protection to the public, public property, private property, performers, display operators, and emergency responders from the hazards associated with the handling, and use of pyrotechnics, flame effects, pyrotechnic simulation equipment/special effects and public fireworks displays.

B. This regulation shall apply to:

1. The handling and use of pyrotechnics and fireworks intended for a public fireworks display;

2. The construction, handling and use of fireworks equipment intended for public fireworks display;

3. The general conduct and operation of public firework displays;

4. The construction, handling, and use of pyrotechnics intended for proximate audience displays; special effects for motion picture, theatrical, and television productions;

5. The construction, handling, and use of flame effects intended for proximate audience displays, or special effects for motion picture, theatrical, and television productions;

6. The construction, handling, and use of rockets intended for proximate audience displays, or special effects for motion picture, theatrical, and television productions; and

7. The general conduct and operation of proximate audience displays.

C. This regulation shall not apply to:

1. The manufacture, sale, or storage of fireworks as governed by the SC Department of Labor Licensing and Regulation, State Board of Pyrotechnic Safety;

2. The transportation, handling, and/or use of fireworks by the SFM, his employees, or any commissioned law enforcement officers acting within their official capacities;

3. Fireworks deregulated by the USDOT;

4. Weapons used in enactments, when there is no projectile;

5. Artillery field pieces used as salutes with no projectile; and

6. The outdoor use of model rockets within the scope of NFPA 1122.

7. A person who purchases consumer fireworks and discharges them on their own property, either owned or leased, does not constitute a public fireworks display, regardless of the number of persons gathered.

71-8305.2. Definitions, Codes and Standards.

A. All definitions and references to codes and standards found in these regulations are promulgated in R.71-8300 unless modified by the following regulations as shown below.

71-8305.3. Licensing and Permitting Fees.

A. All fees are due at time of application for licenses, tests, or permitting.

B. Permit applications are due in the OSFM fifteen business days before the performance date. Fees may be doubled for an application received less than fifteen days before the performance date.

C. Licensure Fees are established as follows:

1. Pyrotechnic Operator – Unrestricted - $300.00

2. Pyrotechnic Operator – Restricted Outdoor - $200.00

3. Pyrotechnic Operator – Restricted Outdoor (Consumer ONLY) - $100.00

4. Pyrotechnic Operator – Special Effects (SFX) - $300.00

5. Pyrotechnic Operator – Flame Effects ONLY - $100.00

D. Permit Fees are established as follows:

1. 30 Day Outdoor Display - $100.00

2. 30 Day Proximate Audience Display - $250.00

3. 180 Day Outdoor Display or Proximate Audience Display - $500.00

4. 365 Day Outdoor Display or Proximate Audience Display - $1,000.00

5. 30 Day Special Effects (SFX) - $500.00

6. 30 Day Flame Effects Display - $100.00

7. 180 Day Flame Effects Display - $500.00

8. 365 Day Flame Effects Display - $1,000.00

9. Permit Modification Fee (for 180 or 365 Day Permits) - $250.00

E. All fees paid to the OSFM are nonrefundable.

71-8305.4. Qualifications of Operators.

A. Operator Classifications

1. “Pyrotechnic Operator – Unrestricted” may conduct and take charge of all activity in connection with the use of rockets, flame effects, Display Fireworks, binary system pyrotechnics, consumer fireworks, theatrical pyrotechnics, novelties, and other special effects permitted by the OSFM for a proximate audience display, commercial entertainment, or special effects in motion picture, theatrical, and television productions in accordance with NFPA 1123, NFPA 1126, and NFPA 160. The use of explosives or explosive materials not covered under this regulation requires licensure in compliance with S.C. Code Ann. §23-36-10 et seq. and regulation promulgated by OSFM.

2. "Pyrotechnic Operator – Restricted Outdoor" may conduct and take charge of all activity in connection with the use of flame effects, Display Fireworks, binary system pyrotechnics, consumer fireworks, theatrical pyrotechnics and novelties permitted by the OSFM for an outdoor public fireworks display in accordance with NFPA 1123. This classification DOES NOT include displays before a proximate audience.

3. "Pyrotechnic Operator – Restricted Outdoor (Consumer ONLY)" may conduct and take charge of all activity in connection with the use of consumer fireworks for an outdoor public fireworks display. This classification DOES NOT include displays before a proximate audience.

4. "Pyrotechnic Operator – Special Effects (SFX)" may conduct and take charge of all activity in connection with the use of flame effects, display fireworks, binary system pyrotechnics, consumer fireworks, theatrical pyrotechnics, novelties, and other special effects permitted by the OSFM for the sole purpose of motion picture, television, theatrical or operatic productions. The use of explosives or explosive materials not covered under this regulation requires licensure in compliance with S.C. Code Ann. §23-36-10 et seq. and regulations promulgated by OSFM.

5. "Pyrotechnic Operator – Flame Effects" may conduct and take charge of all activity in connection with the use of flame effects intended for proximate audience displays, or special effects for motion picture, theatrical, and television productions before an audience in Group A and E occupancies per SCFC and NFPA 160.

B. All Operators.

1. No person shall be granted a license who has not successfully completed a written examination administered by the OSFM. The exam will cover the applicable codes, state laws, and regulations and the additional requirements listed below for the specific class of license for which they are applying.

2. Operators using explosives or explosive materials must have the appropriate Federal licenses. Operators shall provide a copy of applicable Federal licenses.

3. Licenses must be renewed every three (3) years prior to the day of expiration shown on the license.

4. Every two years, each licensed operator shall be required to attend training offered by the OSFM or attend pre-approved training providing a total of eight (8) hours of continuing education during the licensing cycle.

5. In accordance with the Administrative Procedures Act, the OSFM may petition an Administrative Law Judge to revoke or suspend a license because of, but not limited to:

a. Failure to comply with any order written by the OSFM;

b. Conviction of (1) a felony, (2) a crime of violence, or (3) any crime punishable by a term of imprisonment exceeding two years; or

c. Advocating or knowingly belonging to any organization or group which advocates violent overthrow of or violent action against the federal, state, local government, or its citizens; or

d. Having or contracting physical or mental illness or conditions that in the judgment of the OSFM would make use or possession of fireworks, pyrotechnics, or explosive materials hazardous to the licensee or the public; or

e. Violating the terms of the license or essential changes in the conditions under which the license was issued without prior approval of the OSFM;

f. Violating the state laws or regulations governing Public Fireworks Displays or Proximate Audience Pyrotechnics; or

g. Giving false information or making a misrepresentation to obtain a license.

6. Applications for Pyrotechnic Operator – Restricted Outdoor licensing shall provide a notarized statement from a licensed display operator that the applicant has actively participated in the set-up and operation of at least six (6) fireworks displays and is adequately trained to NFPA 1123, and referenced standards as applicable, and the statement must indicate for each display the date, the site, and the name and license number of the supervising operator.

7. The person in charge of the Public Fireworks Display shall be licensed by the OSFM.

8. Applications for Pyrotechnic Operator – Unrestricted licensing shall additionally provide a notarized statement from a licensed display operator or company that the applicant has actively participated and trained in the set-up and operation of at least six (6) proximate audience performances in accordance with NFPA 1126 and referenced standards, and using the types of pyrotechnics for the license classification the applicant is seeking. The statement must indicate for each display the date, the site, and the name and license number of the supervising operator.

9. Licenses for pyrotechnic operators authorize and place the responsibility for the handling, supervision, and discharge of the fireworks or pyrotechnic device permitted by their license classification. The operator is responsible for training of assistants in the safe handling, supervision, and discharge of the fireworks or pyrotechnic devices permitted by their license classification. Assistants that handle and discharge fireworks shall possess proper ATF clearance, where required.

71-8305.5. Display Permits.

A. All Displays.

1. Any person who desires to hold a Public Fireworks Display, Proximate Audience Display, Special Effects Display, or Flame Effects Display in front of an audience shall obtain a permit from the OSFM before the display.

2. The OSFM may revoke, suspend, or deny a permit because of, but not limited to:

a. The display operator does not possess the correct license classification for the display;

b. Not complying with any order written by the OSFM;

c. Violating the terms of the permit or essential changes in the conditions under which the permit was issued without prior approval of the OSFM;

d. Giving false information or making a misrepresentation to obtain a permit;

e. Failure to follow applicable codes and standards;

f. Incident causing injury or death.

3. A "Request to Modify an Existing Pyrotechnic Display Permit" form must be submitted for approval of requested changes in the conditions or terms under which a permit was previously issued.

4. Permits shall be requested through the OSFM IMS.

5. All pyrotechnics shall be purchased from a pyrotechnic manufacturer or distributor licensed by the South Carolina Board of Pyrotechnic Safety. A licensed South Carolina Pyrotechnic Operator shall be present and supervise the firing of all public fireworks displays.

6. The fireworks supplier shall carry a minimum of $1,000,000 of Public Liability Insurance. The policy must list as an additional insured the display sponsor as well as the State of South Carolina, and its agents. The coverage company must be an insurer which is either licensed by the DOI in this State or approved by the DOI as a nonadmitted surplus lines carrier for risks located in this State. In the event the liability insurance is canceled, suspended, or nonrenewed, the insurer shall give immediate notice to the OSFM.

7. Public Liability Insurance in the amount of $1,000,000 shall be provided by the permittee. The permittee shall furnish a certificate of insurance (COI) in this amount with their application. The permittee shall list the State of South Carolina and its agents as additional insured. The COI shall contain the display dates or period.

8. The coverage company must be an insurer which is either licensed by the DOI in this State or approved by the DOI as a nonadmitted surplus lines carrier for risks located in this State. In the event the liability insurance is canceled, suspended, or nonrenewed, the insurer shall give immediate notice to the OSFM.

71-8305.6. Operational Requirements of Displays.

A. All Displays.

1. The operator shall have their license in their possession when conducting a display and shall exhibit their license on request of any AHJ.

2. All displays must have a person in charge that holds the proper license issued by the OSFM for the type of display being conducted.

3. Magazine log shall be available for inspection during normal work hours, 1 hour before, and 1 hour after each performance.

4. Operators must notify the OSFM within 24 hours of any fires, thefts, injuries or deaths involving fireworks. The operators shall provide the OSFM with a copy of the report filed with the police department or the incident report from the fire department. Operators must also provide the OSFM with a copy of ATF Form 5400.5.

5. Any person who violates any provision of these laws and regulations will be subject to the following penalty provisions:

a. S.C. Code Ann. Section 23-9-20,

b. S.C. Code Ann. Section 23-35-150.

6. Storage of special effects pyrotechnics and other materials at the display site.

a. All classes of explosives shall be stored in accordance with the South Carolina Explosives Control Act (S.C. Code Ann. Section 23-36-10, et seq., NFPA 495, and Title 27 Code of Federal Regulations, Chapter II, Subchapter C, Part 555, Subpart K.

b. All other fireworks or pyrotechnic materials shall be stored per the appropriate NFPA standard when at the display site.

7. The AHJ may require the permittee to furnish fire support personnel other than local firefighters.

B. Outdoor Displays.

1. Where unusual conditions exist, the AHJ may increase the minimum clearances as necessary before granting approval of the display site. The AHJ may not reduce clearances specified in NFPA 1123 without written approval of the OSFM.

2. A copy of the display permit shall be accessible on site.

3. Operators shall never use damaged fireworks, fireworks that are wet, or fireworks damaged by moisture. Operators shall not dry wet pyrotechnics for reuse. Operators shall handle and dispose of wet or damaged pyrotechnics per the manufacturer's instructions.

4. The operator of the display shall keep a record of all shells that fail to ignite or function. The form shall be completed and returned to the supplier within fifteen days of the display and the operator shall retain a copy for their records. The operator and supplier shall retain Malfunction Reports for three years from the date of the display. The operator and supplier must produce these reports upon request of the OSFM.

5. Moorings or anchors shall secure floating vessels or platforms used for firing of a Public Fireworks Display.

6. Operators shall not reload mortars during a display.

7. It shall be the responsibility of the permittee to arrange with the AHJ for the detailing of firefighters and equipment as required.

C. Proximate Audience Display.

1. The licensed pyrotechnic operator is responsible for the storing, handling, supervision, discharge, and removal of all pyrotechnic devices and materials based on their license classification and the terms of their permit. The licensed pyrotechnic operator is responsible for supervising and training of their assistants in the safe handling and discharge of all pyrotechnic devices.

2. The permit package shall contain a copy of the permit, Certificate of Insurance, and the MSDS(s) for material used.

3. A copy of the permit package shall be kept at the control site used to initiate the display. An audible announcement shall be made not more than 10 minutes before the display to notify personnel of the use of proximate audience pyrotechnics.

4. Motion Picture productions shall display one permit package at the production office, and maintain the second permit package on the film site through the First Assistant Director. Before the start of any effect, verbal notification of Proximate Audience Pyrotechnic use shall be required before each camera roll.

5. The AHJ may inspect the proximate audience display. As a minimum, the inspection shall cover the requirements in Annex B of NFPA 1126.

6. The permittee shall furnish a fire watch during the times the special effects materials have been removed from storage and/or magazines and the conclusion of the performance. This person shall be identified by an orange shirt or vest (or other color approved by the AHJ) with three-inch white letters on the front and back stating FIRE WATCH. For motion picture productions, the method for identifying the FIRE WATCH shall be a mutually agreed means of designation between the OSFM, the permittee, and the First Assistant Director.

7. Indoor facilities used for Proximate Audience Displays must be equipped with an automatic fire alarm system and a public address system.

a. The fire alarm system shall be zoned so that the areas affected by special effects smoke can be overridden during the event.

b. An override switch shall be provided at the firing point and a second switch in the control room to shut off stage sound and make the public address system available for evacuation instructions. These switches must be labeled and visible throughout the show.

c. The fire alarm system must be returned to normal operation before the fire watch and the display operator may leave the facility.

71-8305.7. Community Fireworks Displays.

A. This regulation shall not apply to a person who purchases consumer fireworks and discharges them on their own property, either owned or leased. These conditions do not constitute a public display regardless of the number of persons gathered.

B. It shall be deemed a violation of these regulations to:

1. Hold a Community Fireworks Display using consumer fireworks, without an approved permit from the OSFM;

2. Explode or ignite fireworks within 300 ft. of where fireworks are stored, sold or offered for sale;

3. Explode or ignite fireworks for a community fireworks display less than 200 ft. from spectators, occupied buildings, and parking;

4. Ignite, discharge, and/or throw fireworks from any motor vehicle or to place, ignite, discharge, and/or throw fireworks into or at any motor vehicle; and

5. Ignite or discharge fireworks in a wanton or reckless manner to constitute a threat to the personal safety or property of another.

71-8305.8. Repealed.

SUBARTICLE 7
HYDROGEN FACILITIES

71-8306. Hydrogen Facilities.

(Statutory Authority: 1976 Code Section 23-9-550)

71-8306.1. General.

A. The purpose of these regulations are to provide reasonable safety and protection to the public, public property, private property from the hazards associated with Hydrogen fuel facilities intended for retail purchase by the general public to power motor vehicles.

B. Permitting of such hydrogen facilities in this State must be by the State Fire Marshal, or he may delegate this permitting authority to a qualifying county or municipal official in accordance with S.C. Code Ann. Section 23-9-540.

71-8306.2. Repealed.

71-8306.3. Repealed.

71-8306.4. Repealed.

71-8306.5. OSFM Licensing and permitting fees.

A. All fees are due at time of application for licenses, tests, or permitting.

B. Permit applications are due in the OSFM prior to construction or installation.

C. Approval of plans for hydrogen facilities are to be obtained prior to start of construction or installation.

D. The OSFM is responsible for all administrative activities of the licensing program. The OSFM shall employ and supervise personnel necessary to effectuate the provisions of this article and shall establish fees sufficient but not excessive to cover expenses, including direct and indirect costs to the State for the operation of this licensing program.

E. Fees shall be established for the following:

1. Application fee - $10.00

2. Permitting fee (includes plan review and initial site inspection) - $250.00

3. Inspection fee (semi-annual) - $100.00

4. Renewal of permits (annual - includes inspection) - $100.00

F. The application fee is due at time of application for license.

G. All fees paid to the OSFM are nonrefundable.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

The Office of State Fire Marshal proposes to amend sections in Chapter 71, Article 8 related for the implementation of licensing, permitting and certification programs and for fire prevention and protection of the life and property of the residents of the State based on nationally-recognized codes and standards.

Document No. 5133
DEPARTMENT OF LABOR, LICENSING AND REGULATION
BOARD OF LANDSCAPE ARCHITECTURAL EXAMINERS
CHAPTER 76
Statutory Authority: 1976 Code Sections 40-1-70, 40-28-30, 40-28-80(a), 40-28-120, and 40-28-140

76-2. Registration.
76-4. Seals.
76-5. License Expiration, Renewals and Reinstatement.
76-6. Continuing Education.
76-7. Examination.

Synopsis:

The Board of Landscape Architectural Examiners proposes to amend various sections in Chapter 76.

A Notice of Drafting was published in the *State Register* on June 24, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

76-2. Registration.

A. The application must be submitted on forms approved by the Department and must document education, experience and examination as set out below.

B. It shall be the responsibility of the applicant to ensure that the Department receives all information and documents necessary for the board to consider the application. No application can be approved until it is complete and all fees are paid.

C. Experience must be documented by statement of employers or supervisors. It is the applicant's responsibility to provide names and current contact information of those employers and supervisors and assure that work experience forms are promptly returned to the Department. If the applicant establishes that it is impossible to contact employers or supervisors, the board may consider additional evidence of experience.

D. Education must be documented by official transcripts showing subjects and grades of all scholastic work which the applicant wishes to claim, degree issued, and date of issuance. It is the responsibility of the applicant to ensure that such a record is sent from the institution directly to the Department.

E. Successful completion of the examination must be documented by CLARB.

F. It is the responsibility of Applicants who are currently licensed in other states to provide verification from any state boards by which they are licensed.

76-4. Seals.

A. Landscape Architect shall not affix, or permit to be affixed, his/her name or seal to any drawing, specification, or other document which was not prepared by him/her or under his/her personal supervision. No registrant shall affix his/her seal to any drawings, specification, or other document in physical or electronic

format unless the licensee has assumed the responsibility for the accuracy of the contract documents involved. Seals shall be signed by the responsible landscape architect.

B. Seals must meet the following specifications:

1. The seal shall be circular in shape and one and three quarter (1 3⁄4) inches in diameter.

2. Concentric with the outside of the seal there shall be a circle one and three sixteenths (1 3/16) inches in diameter.

3. For individual seals wording shall be as follows: In the annular space between the circle and the outside of the seal shall be the words “State of South Carolina” on the top and the name of only one (1) licensee on the bottom. The words “Licensed Landscape Architect” and the license number of only one (1) individual shall be placed within the inner circle.

4. For the certificate of authorization seals the wording shall be as follows: In the annular space between the circle and the outside of the seal shall be the words “State of South Carolina” on the top and “COA” on the bottom. The name and Certificate of Authorization number of only one (1) firm shall be placed within the inner circle.

76-5. License Expiration, Renewals and Reinstatement.

A. Licenses issued to individuals expire biennially on a date set by the Department. Licenses must be renewed for the following licensure period by payment of the renewal fee and by reporting completion of the required continuing education hours. Licenses shall lapse unless renewed.

B. Certificates of authorization issued to firms expire biennially on a date set by the Department. Certificates of authorization must be renewed for the following licensure period by payment of the renewal fee and shall lapse unless renewed.

C. Applicants for reinstatement must certify that they have not practiced in South Carolina after the date that the license expired, must demonstrate continuing education for the time that the license is lapsed as required by statute, and must pay a reinstatement fee in the amount of $250.00.

76-6. Continuing Education.

A. Basic Requirements

1. Continuing Education Hours

a. A continuing education (CE) hour is defined as one continuous instructional hour (50 to 60 minutes of contact) spent in educational activities intended to increase or update the landscape architect’s knowledge and competence. Continuing education shall be earned in the categories as described below.

b. Each licensee shall complete twenty (20) contact hours of continuing education activities during the two (2) year period immediately preceding each biennial renewal date as a condition for license renewal.

2. Continuing Education Topic Categories

a. Category 1 - A minimum of fifteen (15) hours of the required twenty (20) hours shall be earned by completing educational activities that directly address health, safety, and welfare. Health/Safety/Welfare (HSW) educational topics should address the performance of landscape architecture as defined in S.C. Code Section 40-28-20(6).

b. Category 2 - A maximum of five (5) hours of the required twenty (20) hours may be completed in practice related topics that enhance and expand the skills, knowledge, and abilities of practicing landscape architects to remain current and render competent professional service to clients and the public.

B. Approved Methods

1. Method 1 - Structured educational activities include but are not limited to technical presentations, workshops, or seminars on landscape architectural subjects which are provided by independent sponsors or held in conjunction with colleges, universities, conventions or seminars. Landscape architectural activities such as those organized, sponsored, or approved by ASLA, CLARB, and LA CES are acceptable to the board. Continuing education hours approved by national or state chapter ASLA, or approved by other Landscape Architect State Regulatory Authority shall be accepted by this Board. Structured educational activities can take place within a traditional classroom style setting, or in an online, interactive presentation. A minimum of fifteen (15) hours of the required twenty (20) hours shall be earned by completing structured educational activities.

2. Method 2 - Self directed study is defined as activities that include:

a. Public service activities that draw upon the Landscape Architect's expertise such as serving on design review boards, planning commissions, building code advisory boards, urban renewal boards, or code study committees. Licensees may not claim more than five (5) hours for public service activities.

b. Authoring papers, articles, or books. Licensees may not claim more than five (5) hours for authoring papers, articles, or books.

c. Individualized seminars, tutorials, or video courses.

d. Teaching landscape architectural courses or seminars. Licensees may not claim more than three (3) hours for teaching landscape architectural courses or seminars. Licensees may not claim credit for teaching the same course more than once per reporting period.

C. Records

1. Responsibility for documenting the fulfillment of the continuing education requirements rests with the licensee and the licensee must retain for a period of four (4) years evidence to support fulfillment of the requirements. Such evidence shall include certificates of completion, course materials, or sign-in sheets that provide verification of the number of hours of each course or program; or, for other activities which meet the requirements, such documentation as to ascertain their completion.

2. Each licensee shall submit, in a format requested by the board, an affidavit attesting to the fulfillment of continuing education requirements during the preceding period.

3. Each affidavit may be subject to audit for verification of compliance with requirements. Licensees must comply with audit deadlines and requirements.

4. The board has final authority with respect to approval of courses, credit, continuing education hour value of courses, and other value of credit.

5. The board may disallow claimed credit for continuing education hours. The licensee shall have forty-five (45) calendar days after notification of disallowance of credit to substantiate the original claim or earn other continuing education credit which fulfills minimum requirements. These hours will be credited to the delinquent renewal period.

6. Failure to fulfill the continuing education requirements, to file the required report or to comply with audit and verification requests shall be considered a violation of the Landscape Architectural Registration Law.

7. If a licensee exceeds the total continuing education required in any renewal period, the licensee may carry a maximum of ten (10) continuing education (CE) hours of Category 1 structured educational activities into the next renewal period.

D. Exemptions

Continuing education requirements may be waived for the following reasons:

1. New licensees shall be exempt for their initial licensure period.

2. A licensee serving on temporary active duty in the armed forces of the United States for a period of time exceeding one hundred twenty (120) consecutive days in a year shall be exempt from obtaining the continuing education hours required during that year.

3. Licensees experiencing physical disability, illness, or other extenuating circumstances as reviewed and approved by the board may be exempt. Supporting documentation must be furnished with any such exemption request made to the board thirty (30) days in advance of the renewal period.

4. Individuals who are at least sixty (60) years old and have thirty (30) years or more of licensed experience may request a waiver of the continuing education requirement by submitting a waiver form to the Board.

5. Licensees who are Board approved for Emeritus Status shall be exempt from requirements for continuing education hours.

76-7. Examination.

A. The Examination for Landscape Architecture shall be the LARE, or the examination offered by CLARB's successor.

B. The board may approve and administer all examinations or appoint qualified representatives to administer the examination.

C. The examination shall test the applicant's knowledge of landscape architecture as defined in Section 40-28-20(6).

D. To pass the examination an applicant must achieve a passing grade on each section.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

The updated regulations will provide clarification and guidance on continuing education and clarify scoring on the licensure exam. They will also broaden the description of information applicants should provide to the Board regarding their employers from "mailing addresses" to "contact information"; require that seals be signed by the responsible landscape architect; and specify that licenses that expire are lapsed as opposed to invalid.

Document No. 5171
DEPARTMENT OF LABOR, LICENSING AND REGULATION
SOUTH CAROLINA BOARD OF LONG TERM HEALTH CARE ADMINISTRATORS
CHAPTER 93
Statutory Authority: 1976 Code Sections 40-1-70, 40-35-40, 40-35-45, 40-35-50, and 40-35-60

93-50. General Definitions.
93-70. Additional combination of education and experience acceptable by the Board; Criminal Background Check; Completion of probation or parole.
93-80. Administrator-in-Training Program Requirements.
93-100. Fees [and Fee Schedule].
93-110. Examination; Scheduling and Grading.
93-120. Initial Licensees.
93-130. Provisional Licenses.
93-150. Inactive or Retired Status Licenses.
93-160. Registration of Licenses.
93-200. Continuing Education for Relicensure.
93-210. Reinstatement of Lapsed License.

Synopsis:

The South Carolina Board of Long Term Health Care Administrators proposes to amend Chapter 93, including but not limited to providing clarification and guidance regarding the operation of a facility, administrators in training, examinations, initial licenses, provisional licenses, retired and inactive licenses, continuing education, and reinstatement of licensees.

A Notice of Drafting was published in the *State Register* on August 26, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

93-50. General Definitions.

Whenever used in these regulations, unless expressly stated otherwise, or unless the context or subject matter requires a different meaning, the following terms shall have the respective meanings hereinafter set forth or indicated:

A. "Administrator-in-Training (AIT)" is a person participating in a Board-approved training program within a nursing home or a community residential care facility under the supervision of a Board-approved preceptor.

B. "Applicant" means a person who submits all materials necessary for evaluation of credentials including an application form, references, college or university transcripts, fees, and if applicable, a request for a provisional license.

C. "Continuing education credit" is defined as one contact hour of a planned program of teaching-learning that has been approved by an organization empowered by the Board to award credit for continuing education.

D. "Direct Resident Care Responsibilities" shall mean activities performed by a caregiver that are specific to a resident. Direct care activities are as follows:

(1) "Hands-on" care of physical assistance, including, but not limited to, assistance with activities of daily living (e.g. bathing, dressing, eating, range of motion, toileting, transferring and ambulation); assistance with medical treatments and/or medication administration;

(2) Assistance with physical or psychosocial assessments; and

(3) Documentation, if conducted for treatment or care purposes.

E. "Dual licensee" means a person who holds a license as a nursing home administrator and a community residential care facility administrator.

F. "Equitably distributed" means either:

(1) Four (4) hours may be scheduled each day, Monday through Friday, or

(2) Up to five (5) hours can be accumulated on Saturday and Sunday, and, if hours are accumulated on weekends, the hours worked Monday through Friday must be distributed over portions of at least three days.

G. "Full-time" means no fewer than thirty (30) hours per week.

H. "Health Services Executive" (HSE) is an individual who has completed the qualification requirements through the National Association of Long Term Care Administrator Boards (NAB). It is not a license and does not grant the holder of this qualification any additional privilege under the statute.

I. "Inactive license" means a license issued to an administrator who is not working as an administrator in a nursing home or as an administrator in a community residential care facility.

J. "Licensee" means an approved applicant who has passed the examination, as prescribed by the Board, has paid all the fees, and has been issued a current license by the Board.

K. "Normal Business Hours" means the hours between 0700 (7:00 a.m.) and 1900 (7:00 p.m.).

L. "On site or available" means accessible directly or by electronic means and able to respond immediately.

M. "Person" means an individual and does not include the following: a firm, a corporation, an association, a partnership, or any other group of individuals.

N. "Practice of nursing home administration" means the managing, supervising or general administration of a nursing home.

O. "Practice of community residential care facility administration" means the managing, supervising or general administration of a community residential care facility.

P. "Preceptor" is a person who is a licensed nursing home administrator or a licensed community residential care facility administrator and meets the requirements of the Board to supervise an administrator-in-training during the training period as delineated in 93-80.

Q. "Provisional license" means a temporary license that is issued when substantiated by need when an applicant who meets licensure qualifications has not passed the required examinations. A provisional license may only be issued to qualified applicants when a licensed facility is unexpectedly without a licensed administrator in charge.

93-70. Additional combination of education and experience acceptable by the Board; Criminal Background Check; Completion of probation or parole.

A. In addition to the requirements in South Carolina Code Ann. Section 40-35-40, the following combination of education and experience shall be acceptable for consideration:

(1) For a nursing home administrator, validation by the NAB as meeting the minimum education and experience requirements to be a qualified HSE.

(2) For a community residential care facility administrator:

(a) a South Carolina licensed nursing home administrator that has been a practicing nursing home administrator for two or more years shall not be required to have on-site work experience at a community residential care facility under the supervision of a licensed community residential care facility administrator; or

(b) validation by NAB as meeting the minimum education and experience requirements to be a qualified HSE.

B. A person applying to become an administrator of a facility licensed under this article including, but not limited to, nursing homes and community residential care facilities shall undergo a state fingerprint review to be conducted by the State Law Enforcement Division to determine state criminal history and a federal fingerprint review to be conducted by the Federal Bureau of Investigation to determine other criminal history. If a fee is charged by the Federal Bureau of Investigation for the fingerprint review, it must be paid by the person applying for administrator. Where facility licensees are governmental agencies, the criminal background check must be obtained on the individual who is the administrator of the governmental facility. The Board may deny an application for licensure where the results of the check meet the misconduct provisions of these regulations.

C. Any applicant who has been declared ineligible to take the examination shall be given written notification by the Board of the disqualification, the reasons for the disqualification, and written notification of the right to a hearing.

D. If an applicant has been convicted of a felony or misdemeanor involving moral turpitude by any state or federal court of competent jurisdiction thereof, the applicant may not be permitted to take the examination for licensure. If the applicant submits to the Board a copy of the certificate of pardon granted by the board of parole that indicates, among other things, that the applicant has completed all sentences including all periods of probation or parole, the Board may consider this document in its review of prior criminal convictions. In the case of a conviction in any jurisdiction wherein the laws do not provide for a certificate of pardon, an equivalent written statement or document may be submitted.

93-80. Administrator-in-Training Program Requirements.

A. A person shall be permitted to participate in the AIT program who submits sound evidence satisfactory to the board that the candidate meets the following criteria:

(1) Nursing home administrator AIT candidates must have earned a Baccalaureate degree or higher from an accredited college or university or must be enrolled in a course of study that will award such a degree on completion.

(a) For nursing home administrator AIT candidates with a Baccalaureate degree or higher in health care administration or a related health care degree, the duration of an AIT internship shall be six months.

(b) For nursing home administrator AIT candidates with a Baccalaureate degree other than a health care administration degree, the duration of an AIT internship shall be nine months.

(2) Community residential care facility administrator AIT candidates must have earned at least an Associate's degree from an accredited college or university or must be enrolled in a course of study that will award such a degree upon completion.

(a) For community residential care facility administrator AIT candidates with a Baccalaureate degree or higher, the duration of the AIT internship shall be three months.

(b) For community residential care facility administrator AIT candidates with a health-related Associate's degree, the duration of the AIT internship shall be six months.

(c) For community residential care facility administrator AIT candidates with a non-health-related Associate's degree or who are licensed practical nurses, the duration of the AIT internship shall be nine months.

B. An AIT candidate must register with the Board by completing a Board-approved form and submitting the registration fee. After approval the Board shall issue an AIT training permit to the applicant valid for up to one year. If the preceptor or AIT terminates the program, the Board will invalidate the permit immediately.

C. It shall be the responsibility of the candidate to contact a board-approved preceptor to determine if the preceptor will accept the AIT. Once a preceptor accepts an AIT, this must be reported to the Board. The preceptor shall not train an employer or supervisor.

D. The preceptor shall meet the following criteria:

(1) Currently licensed in this state;

(2) Have no disciplinary sanctions against the license;

(3)(a) The Nursing Home Administrator preceptor shall be licensed for three years preceding the date of application as a preceptor, be a licensed nursing home administrator and be employed by the facility licensed pursuant to the regulations promulgated by the Department of Health and Environmental Control.

(b) The Community Residential Care Facility Administrator preceptor shall be licensed for two years preceding the date of application as a preceptor, be a licensed community residential care administrator and be employed by a facility, with at least 24 beds, licensed pursuant to the regulations promulgated by the Department of Health and Environmental Control.

E. The preceptor must register on an approved form with the Board. The Board may, for good cause, refuse to approve or renew a preceptor.

F. A preceptor shall supervise up to two AIT candidates concurrently.

G. The preceptor will evaluate the background and experience of the AIT to determine specific areas of concentration. The preceptor and AIT will then design a course of study and present it to the Board for approval. The curriculum shall follow the guidelines set forth in a standards manual approved by the Board.

H. The preceptor shall maintain a current checklist in the facility tracking progress of the AIT. This checklist may be requested and reviewed at any time by the Board. On completion of the program, the checklist shall be submitted with the final report and evaluation.

I. At the end of the AIT program, the preceptor will submit a final report and evaluation of the AIT on Board approved forms stating whether the AIT has satisfactorily completed all requirements. The final report and evaluation will become part of the AIT's permanent record with the Board.

J. Any change in preceptor requires notice to and approval by the Board. An AIT program which has been discontinued by a period of military service shall be allowed to be completed within a year after the service. The Board must receive notice in the event of discontinuance of training for any other reason and the AIT must comply with section (B) upon recommencement of the program.

K. During the AIT program, the preceptor shall provide ongoing performance reviews to the AIT. If the performance is not acceptable, the preceptor will inform the AIT, and the AIT will be given the opportunity to correct the deficiencies.

L. Following the completion of the AIT program:

(1) the nursing home administrator AIT may apply for licensure as a nursing home administrator as delineated in Regulation 93-70 but is not required to complete any of the qualifying work experience set forth in Regulation 93-70(A)(1).

(2) the community residential care facility administrator AIT may apply for licensure as a community residential care facility administrator as delineated in Regulation 93-70 but is not required to complete any of the qualifying work experience set forth in Regulation 93-70(A)(2).

93-100. Fees [and Fee Schedule].

A. The Board shall set fees in amounts to be sufficient to provide for administering the Act.

B. The Board may charge fees as shown in South Carolina Code of Regulations Chapter 10-21 and on the South Carolina Board of Long Term Health Care Administrators website.

93-110. Examination; Scheduling and Grading.

A. The Board shall administer the examinations by a Board-approved testing provider.

(1) Nursing home administrator applicants will sit for an examination. The national portion is prepared by the National Association of the Boards of Examiners for Long Term Care Administrators (NAB). The South Carolina portion is prepared by the South Carolina Board and examines applicants on regulations promulgated by the Department of Health and Environmental Control as they relate to Nursing Homes.

(2) Community Residential Care Facility Administrator applicants will sit for an examination. The national portion is prepared by the National Association of the Boards of Examiners for Long Term Care Administrators (NAB). The South Carolina portion is prepared by the South Carolina Board relating to regulations promulgated by the Department of Health and Environmental Control as they relate to Community Residential Care Facilities.

B. Every nursing home applicant for licensure shall be required to pass the NAB examinations. In addition, each applicant must pass a State examination approved by the board at a raw score of seventy-five (75%) percent.

C. Every community residential care facility applicant shall be required to pass the NAB examination and must pass a State examination approved by the board with a raw score of seventy-five (75%) percent.

D. The Board shall not disclose the grade levels achieved by an applicant to anyone outside the Board except upon written authorization of the applicant.

E. A nursing home applicant who is sitting for the first time for both the national and South Carolina portions of the examination and who receives a passing score in either portion shall be entitled to receive credit for the portion passed and to be re-examined during the next scheduled examination only on the portion not passed. Credit for passing either portion of the examination may be extended upon the approval of the Board.

F. A community residential care facility applicant who is sitting for the first time for the national and the state examinations and who receives a passing score in any of the examinations shall be entitled to receive credit for the examination(s) passed and to be re-examined during the next scheduled examination only on the examination(s) not passed. Credit for passing any of the examination(s) may be extended upon the approval of the Board.

G. Applicants who fail to pass the examination three times must petition the Board if they desire to pursue licensure.

93-120. Initial Licenses.

A. An applicant who has successfully complied with the requirements of the licensing law and the standards provided for herein, passed the examination provided for herein, and paid the fees for the initial licensure period shall be issued a license as a Nursing Home Administrator or as a Community Residential Care Administrator or as a Dual licensee. Issuance of the license shall entitle the person to serve, act, practice or otherwise present themselves as a licensed Nursing Home Administrator, licensed Community Residential Care Facility Administrator, or Dual-license administrator.

B. A license cannot be transferred to another individual.

93-130. Provisional Licenses.

A. In the event of an unexpected vacancy caused by the death of an administrator, departure of an administrator, or similar event, the Board may issue a provisional license to an applicant who has met the requirements in South Carolina Code Ann. Section 40-35-40 and as provided in regulation and has paid the initial application fee, but who has not passed the examination.

B. An applicant for a provisional license shall submit a complete application. The application shall also include a letter from the owner of the facility or from an officer of the facility's board of directors, which states all of the following:

(1) Justification of the need for provisional licensure or explanation for the unexpected vacancy;

(2) The name of the desired appointed administrator;

(3) The facility name, physical address and anticipated date of administrator appointment;

C. An applicant shall remit the provisional license fee after receiving notice that the application has been approved. A letter of provisional licensure shall be issued after receipt of the fee.

D. The Department of Health and Environmental Control shall be notified of the issuance of each provisional license.

E. A provisional license will expire 90 days from issue or upon the issue of an initial license, whichever occurs first. A request for extension must be made in writing prior to the expiration date. Requests for extensions must be from the owner of the facility or from an officer of the facility's board of directors and state the following:

(1) Justification of the facility's continued absence of a non-provisional licensed administrator;

(2) Justification as to why the provisional licensed administrator has not taken the appropriate examinations or attested to additional study if the provisional licensed administrator has failed the examination; and

(3) Name and license number of the consultant administrator contracted by the facility.

F. In the event an extension is granted, the facility shall engage the services of a consultant administrator for a minimum of sixteen (16) hours per month. The consultant administrator must have a minimum of two years of experience operating a facility.

G. If the provisional licensee fails at the same required examination twice, the provisional license will be terminated at the end of the provisional license period.

H. A provisional license cannot be transferred to another individual. Once granted a provisional license, the licensee may not reapply for a provisional license for the same facility. Individual licensees are limited to two provisional license requests per licensure type. If an applicant has attained two provisional licenses for either Nursing Home Administrator or Community Residential Care Facility Administrator, they are not eligible to apply for a provisional Dual Administrator license.

I. If an applicant for provisional licensure has previously failed either the national or state examinations, the facility must engage the services of a consultant administrator for a minimum of sixteen (16) hours per month beginning the date of issuance of the provisional license.

93-150. Inactive or Retired Status Licenses.

A. The board may consider a request from a licensee to have his or her license placed in inactive or retired status.

B. To qualify for inactive or retired license status, the licensee must affirm that he or she is not employed as the administrator in a nursing home or a community residential care facility in the State.

C. An application for inactive or retired status shall be submitted to the board with the fee for inactive or retired status renewal on or before the expiration date of the license.

D. In order to qualify for retired status the applicant must have attained the age of sixty-five (65) years or at least twenty (20) years of licensure and must affirm that he or she is not employed as the administrator in a nursing home or a community residential care facility in the State.

E. In order to reactivate an inactive license, an applicant must submit an application on a form approved by the board, along with the required fee, and proof of the annual continuing educational requirements for each year that the license was inactive. In order to reactivate a retired license, an applicant for reactivation must submit an application on a form approved by the board, along with the required fee, and proof of six (6) hours of continuing education during the previous twelve (12) months. The applicant must provide proof of an additional fourteen (14) hours of continuing education within 90 days of the license being reactivated or the license will automatically be replaced in the retired status and the licensee must immediately cease and desist any work in a nursing home or community residential care facility in the State.

F. If the applicant has been retired for five (5) years or more, the board may require the applicant to pass an examination approved by the board in lieu of or in addition to completing the required continuing education.

93-160. Registration of Licenses.

A. Only a person who is licensed as a nursing home administrator or a community residential care facility administrator pursuant to the provisions of these regulations for the current licensure period shall have the right and privilege of using the title of “Nursing Home Administrator” or “Community Residential Care Facility Administrator.” No other person shall use or shall be designated by title or by abbreviation or any other words, letters, sign, card, or device tending to or intended to indicate that the person is a licensed Nursing Home Administrator or a Community Residential Care Facility Administrator.

B. All licensees must notify the Board in writing within fifteen (15) days of any change of address and employment in a nursing home or community residential care facility.

93-200. Continuing Education for Relicensure.

A. Each applicant for renewal of a license shall present evidence of having earned the required number of hours of continuing education as defined in 93-50(G).

B. Evidence of continued learning appropriate to facility administration shall consist of one (1) or more of the following:

(1) records of continuing education hours awarded by an accredited college or university or approved association or professional society; or

(2) official transcripts and course descriptions of courses taken at an accredited educational institution; or

(3) certificate of attendance received for attending other continuing education programs that have been registered with the board and approved by the board for credit.

C. The board shall establish methods, procedures, and criteria for approving programs of continuing education.

D. A nursing home administrator must have twenty (20) hours of continuing education for relicensure with five (5) hours in patient care. A Community Residential Care Facility Administrator must have eighteen (18) hours of continuing education. When an administrator serves both types of facilities, twenty-nine (29) hours of continuing education is required; five (5) hours of the twenty-nine (29) must be devoted to community residential care.

E. Carry-over: Continuing Education Hours for any board-approved program may be carried forward, in their entirety, if they are in excess of that required for any licensure period. Such carry-over hours must represent the total earned during the continuing education program and must be used during the following licensure period.

F. Program Delivery Methods.

(1) Live Instruction is a program in which participants engage simultaneously through interaction of a real-time instructor or discussion leader.

(a) On-site Live Instruction Program consists of Live Instruction at a specific location.

(b) Online Live Instruction Program consists of Live Instruction using technology and/or remote access offered at a scheduled date and time.

(c) A minimum of fifty (50%) percent of required continuing education hours must be obtained via Live Instruction.

(2) Online Pre-recorded Instruction: A program designed to permit a participant to have control over time, place and/or pace of learning a given subject through the use of electronic media (including technology applications and processes and computer-based or web-based technology) without interaction with a real-time instructor.

G. Hardship Waiver. A licensee experiencing extraordinary hardship or extenuating circumstances, disability or illness, may submit a written request to the Board to waive, modify or extend the continuing education

requirements. A licensee must demonstrate that they are unable to participate in a sufficient number of regular continuing educational programs required for licensure/registration.

93-210. Reinstatement of Lapsed License.

A. An administrator previously licensed in this State whose license shall not have been revoked or suspended but whose license has lapsed for failure to renew on or before the expiration date of the license may seek to reinstate the license within a one-year period after the expiration date by submitting an application with the annual renewal fee and a penalty fee, proof of meeting the continuing education requirements, and a statement of practice since the license's expiration.

B. If the lapsed license period is more than one year, the individual shall submit an initial application showing proof of meeting the current licensure requirements, submit a statement of practice since licensure expiration, and either submit the required continuing education hours for each year since the license expired or retake the national and state examinations.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

The South Carolina Board of Long Term Health Care Administrators proposes to amend Chapter 93, including but not limited to providing clarification and guidance regarding the operation of a facility, administrators in training, examinations, initial licenses, provisional licenses, retired and inactive licenses, continuing education, and reinstatement of licensees.

Document No. 5132
DEPARTMENT OF LABOR, LICENSING AND REGULATION
PANEL FOR MASSAGE/BODYWORK
CHAPTER 77
Statutory Authority: 1976 Code Sections 40-30-30, 40-30-50, 40-30-113, 40-30-120, 40-30-140, 40-30-150, 40-30-160, 40-30-180, and 40-30-190

77-100. Qualification for Licensure.
77-101. Minimum Massage Therapy Education Curriculum. (New)
77-103. Temporary Massage Therapy License for a Professional Event. (New)
77-104. Authority to Practice Massage Therapy in an Emergency. (New)
77-105. Reciprocity.
77-106. Endorsement. (New)
77-107. Reactivation of an Inactive License. (New)
77-115. Return of Licenses.
77-120. Continuing Education.
77-125. Change in Massage Practitioner's Address or Name.
77-130. Transfer of License.
77-135. Lost, Destroyed, or Damaged License.
77-140. Communicable Disease Control.
77-141. Massage Therapy Establishment and Sole Practitioner Establishment Operations. (New)
77-150. Sole Practitioner Establishment Licenses. (New)
77-151. Residential Licensed Establishments. (New)

Synopsis:

The South Carolina Panel for Massage/Bodywork proposes to amend its regulations in conformance with the enactment of S.227 to include but not be limited to updating the name of the Panel to Massage Therapy Board, establish regulations for massage establishments, and update regulations generally following a regulatory review in accordance with S.C. Code Section 1-23-120(J).

A Notice of Drafting was published in the *State Register* on May 27, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

77-100. Repeal.

77-101. Minimum Massage Therapy Education Curriculum.

1. A massage therapy education program must provide at least 650 hours of instruction in the following subjects:

(a) Anatomy, Physiology, and Kinesiology – 250 hours. This content shall include anatomy, physiology, kinesiology, and palpation techniques, as well as related pathology and medical terminology, and cautions and contraindications, with a minimum of 40 hours of instruction in pathologies.

(b) Massage Theory and Practice – 200 hours. This content shall include massage theory and principles, practical massage and bodywork applications, special populations and accommodations, allied modalities, and hands on practice in a classroom setting.

(c) Business and Ethics – 85 hours. This content shall include professional ethics, communications, boundaries, business practices and development, interpersonal skills, and career planning, with a minimum of 45 hours of instruction in professional ethics.

(d) Laws – 15 hours. This content shall include both State and Federal laws and regulations, HIPAA and privacy issues, with a minimum of 5 hours of instruction in State-specific laws and regulations.

(e) Student Clinics – 100 hours. A minimum of 75 hours of student clinical time must be spent on actual full-body massage for the public that takes place on-site and under the supervision of a licensed massage therapy supervisor. Student clinics must include instruction in massage, assessment and intake, documentation, room preparation, and clerical work relevant to the session.

(1) Students are not eligible to participate in Student Clinics until they have completed a minimum of at least 250 hours of coursework distributed across the subjects of anatomy, physiology, kinesiology, practical massage and bodywork applications, professional ethics, and boundaries.

Schools shall have up to one year from the effective date of this regulation to implement the hours and curriculum content changes. Students graduated from or enrolled in a massage therapy program prior to that date may qualify for licensure by meeting either the education licensing requirements in this regulation, or the education licensing requirements in effect prior to the regulation's effective date.

2. Documentation of Completion of a Massage Therapy Education Program School.

A license applicant must provide to the Board an affidavit from the school, on a Board-approved form, documenting the successful completion of the required subjects and hours of instruction in the Board-prescribed course of study in massage therapy. The Board may also request that an official transcript from the school be submitted to the Board, if necessary to determine whether the applicant has successfully completed a course of study in massage therapy which meets these minimum standards for training and curriculum.

77-103. Temporary Massage Therapy License for a Professional Event.

1. An applicant may obtain a temporary license to practice massage therapy in this State on a temporary basis during a professional event. To obtain this temporary license, the applicant must:

(a) have a current license in good standing to practice massage therapy in another state, District of Columbia, or any other United States territory; and

(b) submit a completed application on a Board-approved form at least two weeks prior to the professional event; and

(c) submit a copy of their current, out-of-state license.

2. A professional event is an engagement where a massage therapist who is licensed in another state, District of Columbia, or any other United States territory to provide massage therapy services, is employed to accompany and provide massage therapy services for a client who is in South Carolina on a temporary, short-term basis for a specific athletic, performing arts, or other similar event.

77-104. Authority to Practice Massage Therapy in an Emergency.

A massage therapist licensed in good standing in another state, District of Columbia, or any other United States territory may practice massage therapy in this State in response to a declaration of a disaster or of a state of emergency made by the Governor of this State, or other delegated federal or state official, provided that the licensed massage therapist submits the following to the Board prior to providing these services:

1. a completed Board-approved form providing notice of their intent to provide these services in this State; and

2. a copy of the individual's current out-of-state license.

77-105. Repeal.

77-106. Endorsement.

1. An applicant for an endorsement license must:

(a) submit proof of having a current, active and unrestricted massage therapy license in good standing issued by another state, District of Columbia, or any other United States territory, that had requirements, as of the date of initial licensure, at least substantially equivalent to the requirements in effect in South Carolina; and

(b) submit a completed application on a Board-approved form along with the required fees; and

(c) provide a state criminal history records check, supported by fingerprints, by the South Carolina Law Enforcement Division, and a national criminal records check, supported by fingerprints, by the Federal Bureau of Investigation. The results of the records checks shall be handled in accordance with the requirements for initial application criminal history records checks.

2. Substantially equivalent education may be shown by providing proof of having taken and passed a Board-approved national examination.

77-107. Reactivation of an Inactive License.

A licensee seeking to reactivate an inactive license must:

1. submit a complete application on a Board-approved form; and

2. submit proof of having completed six hours of continuing education for each year the license is inactive; and

3. provide an updated state criminal history records checks, supported by fingerprints, by the South Carolina Law Enforcement Division, and an updated national criminal record check, supported by fingerprints, by the Federal Bureau of Investigation. The results of the records checks shall be handled in accordance with the requirements for initial application criminal history records checks.

77-115. Return of Licenses.

Any license issued by the Board and subsequently suspended or revoked, in addition to the wall certificate, shall be promptly returned to the Board's Administrative offices within ten (10) working days of its imposition by order of the Board.

77-120. Continuing Education.

1. For the purpose of renewing or reactivating a license, credit will be approved for continuing education programs which are offered by providers approved by the Board. In order to receive Department approval as a continuing education provider, an entity shall:

(a) Apply for approval on forms provided by the Board.

(b) Provide a contact person to ensure that each program provider meets the requirements as established by the Board.

(c) Provide each participant with a certificate of attendance verifying the program has been completed.

(d) The certificate shall not be issued until completion of the program and shall contain the providers name and number, title of program, instructor, date, number of credit hours, the licensee's name and license number.

(e) Any changes to the program must be submitted and approved by the Board.

2. Each program presented by an approved provider shall:

(a) Meet the Board approved standards.

(b) Have a Board approved course outline with stated learning objectives.

(c) Be instructed by a person who meets at least one of the following criteria:

(1) Holds a minimum of a bachelor's degree from a college or university which is accredited by a regional accrediting body recognized by the U.S. Department of Education or a substantially equivalent accrediting body of a foreign sovereign state, with a major in a subject directly related to the content of the program to be offered, or

(2) Has graduated from a school of massage or an apprenticeship program which has a curriculum equivalent to requirements in this state and was approved by a state licensing authority, a nationally recognized massage therapy association, or a substantially equivalent accrediting body, or the Department and has completed three years of professional experience in the practice of massage.

(3) Is licensed as a massage therapist in another state or foreign sovereign state having standards of education or apprenticeship training substantially similar to or more stringent than those required for licensure in South Carolina, and

(4) Has taught at a school of massage which has a curriculum equivalent to requirements in this state and was approved by a state licensing authority, a nationally recognized massage therapy association, or a substantially equivalent accrediting body, or the Board for a minimum of two years.

3. Approved courses in areas other than massage theory, history, and techniques may be instructed by a person who holds a minimum of a bachelor's degree from a college or university which is accredited by a regional accrediting body recognized by the U.S. Department of Education or a substantially equivalent accrediting body of a foreign sovereign state, with a major in a subject directly related to the content of the program to be offered.

4. The Board may grant blanket approval to a provider although the provider must submit dates, times and locations of the program to the Board.

5. The Board retains the right to monitor programs given by any provider. The Department may suspend or revoke the status of a provider who fails to comply with this chapter.

6. One hour of continuing education is defined as 50 minutes of instruction.

7. Instructors of courses shall not receive CE credit for courses they instruct.

8. All Board approved providers shall renew their approved status on or before July 1 of each biennial year.

9. A Continuing Education program may be offered by the Board and shall be available through a self-study video program.

77-125. Change in Massage Therapist's Address or Name.

1. The massage therapist shall immediately notify the Board in writing, of any change in his mailing address.

2. Upon changing his name the massage therapist shall submit a written request for a new license, with proof of the name change such as a certified copy of a court document or marriage certificate.

3. Upon receipt of the notification, the Board shall issue a new license reflecting the new name. The license number and expiration date shall remain the same.

4. The license with the old name shall be returned within ten (10) working days upon receipt of the new license.

77-130. Transfer of License.

1. Any license issued shall be for the sole use and benefit of the licensee to whom it was issued.

2. Any license issued shall not be transferable.

77-135. Lost, Destroyed or Damaged License.

1. When a massage therapist or establishment license becomes lost, destroyed or damaged the licensee shall immediately notify the Board in writing that the license has been lost, destroyed or damaged.
2. Upon receipt of the information required, the Board shall issue a duplicate license.
3. The duplicate license number and expiration date shall remain the same.
4. The duplicate license shall be marked "duplicate."
5. A duplicate license may be obtained for a fee of five dollars ($5.00).

77-140. Repeal.

77-141. Massage Therapy Establishment and Sole Practitioner Establishment Operations.

1. Licensed massage therapy and sole practitioner establishments shall comply with the following requirements:

(a) The establishment license, and the licenses of all licensed massage therapists practicing in the establishment, shall be conspicuously displayed in public view.

(b) The establishment must comply with all applicable state and local building code requirements and fire safety codes.

(c) Each establishment shall have adequately-equipped restroom facilities accessible for use by the licensees, employees, and clients.

(d) The establishment shall have available either a sink with running water, soap, and sanitary towels for hand drying, or hand sanitizer or other sanitizing hand cleaning solution designed to clean without the use of running water.

(e) The establishment and equipment shall be kept clean and in good repair.

(f) Clean linens, such as gowns, towels, sheets, or drapes, shall be used on each client.

(g) Sheets towels, or other materials used as table coverings shall be changed after each client, and the massage table surfaces shall be disinfected after each use.

(h) Linens must be laundered before re-use.

(i) Massage oils, lubricants, and lotions shall be stored in enclosed containers and shall be dispensed from clean containers in such a manner as to prevent contamination. The outside of the containers shall be cleaned after each use to prevent cross-contamination.

(j) If client treatment records are kept, they shall be maintained in a manner to safeguard the confidentiality of the records, in accordance with applicable laws.

2. Regarding known infections or communicable diseases or conditions of either the client or the massage therapist, the therapist must employ appropriate Standard Universal Precautions.

71-150. Sole Practitioner Establishment Licenses.

A sole practitioner establishment license is required for the fixed place of business, including but not limited to, a rental space or residence, that is controlled by a licensed massage therapist, who is not an employee or contractor of the sole practitioner establishment, for providing massage therapy services to clients who come to that specific location to receive those services. A sole practitioner establishment must comply with the Board's establishment licensing, operation, and inspection requirements.

71-151. Residential Licensed Establishments.

A licensed establishment may be operated in the residence of a licensed massage therapist, if the massage therapy services are provided in an area of the residence that is not used for sleeping purposes, and that provides for the privacy of the client.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

The updated regulations will conform the Board's regulations to the newly-enacted law, which requires the Board to establish regulations for massage establishments. The regulations also update the Board's name, consistent with the newly-enacted law. Other recommended changes follow a regulatory review conducted in accordance with S.C. Code Section 1-23-120(J).

Document No. 5150
DEPARTMENT OF LABOR, LICENSING AND REGULATION
STATE BOARD OF MEDICAL EXAMINERS
CHAPTER 81
Statutory Authority: 1976 Code Sections 40-1-70, 40-47-10, 40-47-32, 40-47-33, and 40-47-40

81-401. Continued Professional Education for Academic Licenses. (New)

Synopsis:

The South Carolina Board of Medical Examiners proposes adding a regulation establishing continuing education for academic licenses.

The Notice of Drafting was published in the *State Register* on February 25, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

ARTICLE 12
ACADEMIC LICENSES

81-401. Continued Professional Education for Academic Licenses.

The continued professional competency of a physician holding an academic license that renews annually must be demonstrated in the following manner:

(A) Twenty (20) hours of Category I continuing medical education sponsored by the American Medical Association, American Osteopathic Association, or another organization approved by the Board as having acceptable standards for courses it sponsors, at least fifteen (15) hours of which must be related directly to the licensee's practice area.

(B) An academic licensee shall complete at least one (1) hour of continuing medical education related to approved procedures of prescribing and monitoring controlled substances listed in Schedules II, III, and IV of the schedules provided for in Sections 44-53-210, 44-53-230, 44-53-250, and 44-53-270, and must be received from a statewide organization recognized by the Accreditation Council for Continuing Medical Education to recognize and accredit organizations in South Carolina offering continuing medical education or from a statewide organization approved to provide continuing medical education by its national organization which is accredited by the Accreditation Council for Continuing Medical Education. Each renewal application form submitted pursuant to Section 40-47-33 must include a certificate of participation with the prescribing and monitoring education requirement issued by the organization from which the continuing education was received.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

The regulation will establish continuing competency requirements for academic license holders in this state.

Document No. 5151
DEPARTMENT OF LABOR, LICENSING AND REGULATION
STATE BOARD OF NURSING
CHAPTER 91
Statutory Authority: 1976 Code Section 40-33-10(E)

91-33. Safeguarding Patient Records. (New)

Synopsis:

The South Carolina Board of Nursing proposes to amend its regulations regarding the handling of patient records upon the death, disappearance or incapacity of a licensee.

The Notice of Drafting was published in the *State Register* on March 25, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

ARTICLE 6
SAFEGUARDING PATIENT RECORDS

91-33. Safeguarding Patient Medical Records When a Nurse Licensee is Incapacitated, Disappears, or Dies.

A. Each Advanced Practice Registered Nurse (APRN) licensee actively practicing within the State of South Carolina, in a solo practice setting, shall designate a partner, personal representative, or other responsible party to assume responsibility for patient medical records in the case of incapacity, death or disappearance of the licensee, including any circumstances whereby the licensee is unable for any reason to provide continuity of care, appropriate referral or patient medical records upon a valid request of the patient. Each APRN nurse licensee must identify by name, address, and telephone number their designee required by this regulation upon each application for initial licensure, renewal, and reinstatement.

B. Where the APRN licensee is incapacitated, disappears, or dies, and no responsible party is known to exist, the Administrator of the Board of Nursing may petition the Board Chair for an order appointing another licensee or licensees to take custody of, inventory, and disperse the medical records to patients or other authorized parties in accordance with the Patient Records Act and to take all other actions as appropriate to protect the interests of the patients. The Order of Appointment shall be a public document.

C. The Board of Nursing appointed licensee shall:

(1) Take custody of and safeguard the APRN licensee's available and accessible medical records;

(2) Notify each patient at the patient's address shown in the file, by first class mail, of the patient's right to obtain his or her medical records to which the patient is entitled and the time and place at which the medical records may be obtained;

(3) Post a notice in a conspicuous location at the impaired or unavailable licensee's last known business address advising the time and place at which patient medical records may be obtained;

(4) Publish, in a newspaper of general circulation in the county or counties in which the licensee resided or engaged in any substantial practice, once a week for three consecutive weeks, and notice of the discontinuance or interruption of the APRN's practice. The notice shall include: the name and address of the licensee whose practice has been discontinued or interrupted; the time, date and location where patients may obtain their medical records; and the name, address and telephone number of the appointed licensee. The notice shall also be mailed, by first class mail, to any malpractice insurer or other entity having reason to be informed of the discontinuance or interruption of the practice;

(5) Release to each patient the records to which the patient is entitled unless release directly to the patient is expressly prohibited by state or federal law. The appointed licensee shall obtain a receipt from the patient for the medical records before releasing the medical records. In the event the release of medical records directly to the patient is prohibited by state or federal law, the Board of Nursing appointed licensee may release the records to an appropriate licensed healthcare provider, healthcare facility or patient's representative upon receipt of authorization to release from the patient, patient's representative or a court of law and shall obtain a receipt from the receiving party prior to the release of the records;

(6) Perform any other acts directed in the Order of Appointment; and

(7) The Board of Nursing appointed licensee may seek reimbursement for reasonable expenses incurred pursuant to the discharge of duties imposed by the Order of Appointment from the assets or estate of the incapacitated, unavailable or deceased APRN licensee.

D. The Board of Nursing appointed licensee shall petition the Board Chair for authorization to dispose of unclaimed records no sooner than 1 year from the Order of Appointment's execution.

E. When the Board of Nursing appointed licensee has complied with the provisions of this regulation, he or she may petition the Administrator of the Board for termination of the Order of Appointment by the Board Chair.

F. Neither the Board of Nursing appointed licensee nor any other person or entity appointed to assist the appointed licensee shall disclose any information contained in the patient records without the consent of the patient or the patient's duly authorized representative, except as necessary to carry out the Order of Appointment.

G. Neither the Board of Nursing appointed licensee nor any other person or entity appointed to assist the appointed licensee shall be responsible for reviewing the content of the medical records or ensuring compliance with any records retention policy set forth in either state or federal law.

H. While acting pursuant to the Order of Appointment, the Board of Nursing appointed licensee and any other person or entity appointed to assist the appointed licensee shall be considered an extension and agent of the South Carolina Board of Nursing.

I. The term of an Order of Appointment shall be for a period of no longer than 12 months. Upon application by the Board of Nursing appointed licensee, the Board Chair may extend the term of the order as necessary.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

The updated regulations will provide guidance for the handling of patient records upon the death, disappearance or incapacity of a licensee.

Document No. 5158
DEPARTMENT OF LABOR, LICENSING AND REGULATION
BOARD OF EXAMINERS IN OPTOMETRY
CHAPTER 95
Statutory Authority: 1976 Code Sections 40-1-70, 40-37-40(A)(7), and 40-37-320

95-4. Continuing Education.
95-7. Optometrists' Offices. General Requirements, Patient Records Handling, and Sanitary Standards. (New)
95-8. Ethics. (New)

Synopsis:

The South Carolina Board of Examiners in Optometry proposes to amend Chapter 95 of the Code of Regulations to add regulations for optometrists' offices, which include mobile units, as authorized by S.C. Code Section 40-37-320, and to adopt a code of professional ethics appropriate to the profession of optometry.

A Notice of Drafting was published in the *State Register* on June 24, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

95-4. Continuing Education.

A. Each licensee seeking renewal of a license must certify completion of forty (40) hours of continuing education (CE) for the biennial licensure period. Continuing education instruction must be on subjects relative to optometry.

B. Each licensee shall report CE hours to the electronic tracking system designated by the Department for CE compliance and monitoring.

C. CPR certification courses are approved for four hours; CPR re-certification courses are approved for two hours.

D. An unlimited number of CE hours can be from courses sponsored by optometric or medical organizations or optometry or medical schools as approved by the Board.

E. No more than fifteen (15) of the forty (40) CE hours required for a biennial licensure period can be from online course unless otherwise approved by the Board. No more than ten (10) of the fifteen (15) online hours may be courses that are pre-recorded.

95-7. Optometrists' Offices. General Requirements, Patient Records Handling, and Sanitary Standards.

A. General Requirements.

1. All office facilities, which include mobile units, shall be maintained adequately and appropriately for the practice of optometry. The minimum standard for all facilities shall include:

a. Adequate heating and cooling;

b. Sufficient ventilation in all areas;

c. Sufficient lighting in all areas;

d. Sanitary storage that is adequate for the size of the facility; and

e. Proper identification of all personnel and displaying of license(s) in accordance with S.C. Code Section 40-37-325.

2. All equipment and instruments must be kept in working order. All office facilities, including mobile units, shall be equipped with, but not limited to, the following diagnostic equipment:

a. Phoroptor
b. Visual acuity testing distance and near charts and/or projector
c. Retinascope
d. Keratometer and/or autokeratometer
e. Ophthalmoscope: direct and binocular indirect with condensing lenses
f. Tonometer
g. Biomicroscope (Slit Lamp)
h. Lensometer
i. Color vision testing
j. Stereopsis Testing
k. Diagnostic pharmaceutical agents within expiration dates
l. Foreign body removal kit
m. Blood pressure measuring device
n. Goniscopy lens.

3. A licensed optometrist is responsible for maintaining an official business address of record and telephone number on file with the Board office for each registered branch office or mobile unit.

4. Branch office registrations shall be renewed in conjunction with the optometrist's license renewal.

5. An office facility, including a mobile unit, must comply with all applicable federal, state and local laws, regulations, and ordinances, and the office facility, including a mobile unit, shall possess all applicable county, state, and city licenses or permits to operate at the location(s) where services are being provided.

6. Pharmaceutical agents must be stored in a secure, sanitary place.

B. Patient Records Handling.

1. In addition to the requirements set forth in Regulation 95-6, all patient records must include the office facility's, including mobile unit's, name, contact information, including the official business address of record and the telephone number on file with the Board office, as well as the name(s) of the optometrist(s) rendering services.

2. If the patient is a minor, the patient's parent or legal guardian must be provided with a consent form prior to the examination. No services may be performed on a minor without consent from the minor's parent or legal guardian. The consent form must be saved in the patient's records and shall expire one (1) year from the date of initial consent.

3. For all office facilities, including mobile units, medical records and patient information must be stored on the premises in a confidential, secured location not accessible to the public. Medical records and patient information must be stored either physically or with an electronic health record system.

C. Sanitary Standards

1. All office facilities, which include mobile units, shall provide and maintain sanitary facilities and conditions in accordance with the following:

a. Premises shall be kept neat and clean, free of accumulated rubbish and substances of similar nature which create a public health nuisance.

b. All instruments or equipment used for examination and treatment purposes shall be cleaned and disinfected between patients. Cleaning and disinfection, as needed, of equipment used and/or maintained in each area, appropriate to the area and the equipment's purpose or use, shall be accomplished. A method of monitoring disinfectant performance shall be employed.

c. Instruments and testing equipment must be maintained in a clean and hygienic manner. This includes cleaning all clinical equipment that comes into contact with patients with alcohol wipes or other standard methods recommended by the CDC.

d. Premises shall be kept free of all insects and vermin.

e. Medical waste containers must be secure and properly maintained.

95-8. Ethics.

A. Patients.

1. The licensed optometrist has a duty to:

a. Keep the patient's eye, vision and general health paramount at all times;

b. Respect the patient's rights and dignity regarding their healthcare decisions;

c. Inform the patient of the proposed treatments, any reasonable alternatives, or referrals to another optometrist or health professional when appropriate, in a manner that allows the patient to become involved in treatment decisions;

d. Ensure confidentiality and privacy of patient's protected health and other personal information;

e. Communicate truthfully and shall not represent the care being rendered to their patients in a false or misleading manner;

f. Be familiar with the signs of abuse and neglect and to report suspected cases if necessary; and

g. Refrain from harming the patient.

2. While an optometrist, in serving the public, may exercise reasonable discretion in selecting patients for their practices, optometrists shall not refuse to accept patients into their practice or deny service to patients because of the patient's race, creed, color, gender, sexual orientation or gender identity or national origin.

3. Once an optometrist has undertaken a course of treatment, the optometrist should not discontinue that treatment without giving the patient adequate notice and the opportunity to obtain the services of another optometrist or health professional. Care should be taken that the patient's optical health is not jeopardized in the process.

B. Education.

1. The privilege of optometrists to be accorded professional status rests primarily in the knowledge, skill and experience with which they serve their patients and society. All optometrists, therefore, have the obligation of keeping their knowledge and skill current.

2. Optometrists shall be obliged to seek consultation whenever the welfare of the patients will be safeguarded or advanced by utilizing those who have special skills, knowledge, and experience. When patients visit or are referred to specialists, or consulting optometrists or health professionals for consultation:

a. The consulting optometrist or health professional, upon completion of their care, shall return the patient, unless the patient expressly reveals a different preference to the referring optometrist, or, if none, to the optometrist of record for future care.

b. The consulting optometrist or health professional shall be obliged when there is no referring optometrist and upon a completion of their treatment to inform patients when there is a need for further optical care.

C. Ability to Practice.

1. It is unethical for an optometrist to practice while abusing controlled substances, alcohol or other chemical agents which impair the ability to practice. All optometrists have an ethical obligation to urge chemically impaired colleagues to seek treatment.

2. Optometrists are the leaders of the healthcare team. As such, their behavior in the workplace is instrumental in establishing and maintaining a practice environment that supports the mutual respect, good communication, and high levels of collaboration among team members required to optimize the quality of patient care provided.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

The updated regulations will provide clear guidance to licensees regarding how to maintain adequate, appropriate and sanitary office facilities in the practice of optometry. The regulations will also provide guidance on the proper handling of patient records. The Board is providing guidance to ensure consistency across all office facilities in the interest of patient care and safety. The updated regulations will also provide guidance on ethics for licensees and will increase the number of online CE hours licensees can obtain.

Document No. 5156
DEPARTMENT OF LABOR, LICENSING AND REGULATION
BOARD OF PHARMACY
CHAPTER 99
Statutory Authority: 1976 Code Sections 40-1-70, 40-43-60(D)(8), 40-43-83(I), and 40-43-86(B)(3)(c)

99-43. Facility Permit Classifications.
99-45. Administrative Citations and Penalties.

Synopsis:

The South Carolina Board of Pharmacy proposes to amend various sections in Chapter 99 to provide clarification and guidance regarding permitting of clinics as well as clarify reporting requirements mandated by state or federal laws and regulations.

The Notice of Drafting was published in the *State Register* on May 27, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

99-43. Facility Permit Classifications.

A. Definitions

1. Unless otherwise indicated, "Board" shall mean the South Carolina Board of Pharmacy.

2. "Practice Act" shall mean the South Carolina Pharmacy Practice Act, as set forth in S.C. Code Section 40-43-10, et. seq.

3. Unless otherwise indicated, for purposes of this regulation, all words shall be defined in accordance with the definitions set forth in the Practice Act.

4. For purposes of this regulation, the word "device" is limited to devices dispensed to a patient. "Device" shall not include devices used by practitioners in the normal course of treating patients, such as dental appliances, surgical equipment, etc.

B. Pharmacy Permits

1. Resident Pharmacy Permit.

a. A pharmacy located in South Carolina must obtain a Resident Pharmacy Permit issued by the Board to dispense legend drugs and/or devices to a patient or a patient's agent.

b. To obtain a Resident Pharmacy Permit, an applicant located in South Carolina must:

(1) submit a written application in the form prescribed by the Board along with the appropriate application fee; and

(2) undergo an inspection by the Board in which the applicant demonstrates that it is in compliance with the applicable provisions of the Practice Act.

2. Non-Resident Pharmacy Permit

a. A pharmacy located outside the geographic boundaries of South Carolina must obtain a Non-Resident Pharmacy Permit issued by the Board to dispense legend drugs and/or devices to a patient, or a patient's agent, located in South Carolina.

b. To obtain a Non-Resident Pharmacy Permit, an applicant must submit a written application in the form prescribed by the Board along with the appropriate application fee. The following information must be submitted with the application:

(1) A copy of the resident state pharmacy permit and DEA registration (if applicable) and a list of all additional state permits and controlled substance registrations (if applicable);

(2) A copy of all reports from operational inspections conducted within the last two years, as well as any current accreditations and/or certifications by any governmental or third-party entity;

(3) A copy of the policy and procedure for shipping refrigerated products;

(4) A copy of a dispensed label;

(5) Photographs of the exterior of the pharmacy building to include identifiable parts of adjacent buildings, the front end of the pharmacy, the consulting area, drop-off/pickup locations, and the compounding work area (if applicable); and

(6) An organizational chart setting forth the applicant's corporate structure, including its parent company, legal name and trade name. This chart must also identify any individual owners with an ownership interest equal to, or greater than, ten percent of the entity.

c. If an applicant for a Non-Resident Pharmacy Permit engages in the compounding of drugs, whether sterile or non-sterile, and regardless of whether the applicant intends to immediately ship compounded drugs into South Carolina at the time of the application, the applicant must submit the following:

(1) documentation of continuing education in the science and art of compounding for pharmacists and technicians involved in compounding. This must include six (6) hours of initial training and four (4) hours of annual training thereafter. The training does not have to be ACPE-approved;

(2) a diagram and photographs of all compounding areas;

(3) environmental control logs, to include (if applicable):

(a) refrigerator/freezer temperature monitoring;

(b) pressure differential monitoring; and

(c) temperature/humidity in compounding area monitoring;

(4) logs documenting cleaning of all areas used in the compounding process;

(5) formulas and completed logs for the applicant's top five compounded products with a copy of the actual prescription and label. Labels and beyond use dates must be submitted for each of the following types of sterile compounds produced (if applicable): minibag; large volume; TPN; syringe; and vial. Documentation must show beyond use dating and reasoning for the date assigned;

(6) compounding policies and procedures, specific to the applicant's facility, as applicable, for the following: quality control; sterile compounding technique; cleaning/maintenance of compounding area and equipment; and general compounding; and

(7) a copy of the report resulting from the last inspection of the applicant's hoods, buffer, clean and ante areas (including ISO classification, particle counts, and microbiology) by a qualified individual.

d. A pharmacist or other individual knowledgeable about all aspects of the applicant's operations must personally appear at a hearing before the Board, or it duly-authorized committee, to answer questions regarding the applicant's operations. This appearance shall be in lieu of an in-person inspection of the applicant's facility and is designed to provide the Board with information that would typically be obtained during an in-person inspection.

3. Resident Central Fill Pharmacy Permit

a. A Central Fill Pharmacy Permit is required for a pharmacy facility that, upon the request of an originating pharmacy, fills a prescription drug order and returns the filled prescription to the originating pharmacy for delivery to the patient or patient's agent. A central fill pharmacy that returns filled prescriptions to an originating pharmacy must not be required to obtain a wholesaler/distributor permit. A Central Fill Pharmacy Permit is required, in addition to a SC Pharmacy permit, if a pharmacy is engaging in central fill as well as dispensing.

b. To obtain a Central Fill Pharmacy Permit, an applicant must:

(1) submit a written application in the form prescribed by the Board along with the appropriate application fee which is equal to the amount of a Resident Pharmacy Permit application fee;

(2) present the name of the owner, permit holder, and pharmacist-in-charge of the pharmacy for service of process;

(3) present evidence of the applicant's ability to provide the Board a record of a prescription drug order dispensed by the applicant to a resident of this State not later than seventy-two hours after the time the Board requests the record;

(4) present an affidavit by the pharmacist-in-charge which states that the pharmacist has read and understands the laws and regulations relating to central fill pharmacy in this state.

4. Non-Resident Central Fill Pharmacy Permit

a. A Central Fill Pharmacy Permit is required for a pharmacy facility that, upon the request of an originating pharmacy, fills a prescription drug order and returns the filled prescription to the originating pharmacy for delivery to the patient or patient's agent. A central fill pharmacy that returns filled prescriptions to an originating pharmacy must not be required to obtain a wholesaler/distributor permit. A Central Fill Pharmacy Permit is required in addition to a SC Non-Resident Pharmacy Permit if a pharmacy is engaging in central fill as well as dispensing.

b. To obtain a Non-Resident Central Fill Pharmacy Permit, an applicant must:

(1) Submit a written application in the form prescribed by the Board along with the appropriate application fee which is equal to the amount of a Non-Resident Pharmacy Permit application fee;

(2) present evidence that the applicant holds a pharmacy license, registration, or permit issued by the state in which the pharmacy is located;

(3) present the name of the owner, permit holder, and pharmacist-in-charge of the pharmacy for service of process;

(4) present evidence of the applicant's ability to provide to the Board a record of a prescription drug order dispensed by the applicant to a resident of this State not later than seventy-two hours after the time the Board requests the record;

(5) present an affidavit by the pharmacist-in-charge which states that the pharmacist has read and understands the laws and regulations relating to central fill pharmacy in this state.

C. Non-Resident Non-Dispensing Pharmacy Permit

1. To obtain a Non-Resident Non-Dispensing Pharmacy Permit, an applicant located outside of South Carolina must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee;

b. submit a copy of all reports resulting from operational inspections conducted within the last two years, as well as photographs of the exterior and working area of the facility; and

c. attend a hearing before the Board, or its duly-authorized committee, in which a pharmacist or other individual knowledgeable about all aspects of the applicant's operations must answer questions regarding the applicant's operations. This appearance shall be in lieu of an in-person inspection of the applicant's facility and is designed to provide the Board with information that would typically be obtained during an in-person inspection.

D. Outsourcing Facility (503B) Permit

1. An Outsourcing Facility Permit is required for a facility engaged in the compounding of sterile drugs which has elected to register with the U.S. Food and Drug Administration as a 503B outsourcing facility. To obtain a permit as an outsourcing facility, a facility must hold, or concurrently apply for, a South Carolina Pharmacy or Manufacturer Permit, whether or not the facility is located in South Carolina.

2. To obtain a Resident Outsourcing Facility Permit, an applicant located in South Carolina must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee;

b. undergo an inspection by the Board in which the applicant demonstrates that it is in compliance with the applicable provisions of the Practice Act;

3. To obtain a Non-Resident Outsourcing Facility Permit, an applicant located outside of South Carolina must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee. The following information must be submitted with the application:

(1) a copy of the resident state pharmacy permit and DEA registration (if applicable) and a list of all additional state permits and controlled substance registrations (if applicable);

(2) a copy of the facility's most recent FDA inspection report, including any 483s issued and the applicant's response thereto;

(3) a copy of all reports from operational inspections conducted within the last two years; and

(4) a copy of the policy and procedures for shipping refrigerated products and monitoring the temperature and humidity; and

b. attend a hearing before the Board or its duty-authorized committee in which a pharmacist or other individual knowledgeable about all aspects of the applicant's operations must answer questions regarding the applicant's operations. This appearance shall be in lieu of an in-person inspection of the applicant's facility and is designed to provide the Board with information that would typically be obtained during an in-person inspection.

E. Medical Gas/Legend Device Permit

1. A Medical Gas/Legend Device Permit is required for a facility to dispense medical gases and/or legend devices to a patient or a patient's agent on the order of a licensed practitioner.

2. To obtain a Resident Medical Gas/Legend Device Permit, an applicant located in South Carolina must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee; and

b. undergo an inspection by the Board in which the applicant demonstrates that it is in compliance with the applicable provisions of the Practice Act.

3. To obtain a Non-Resident Medical Gas/Legend Device Permit, an applicant located outside of South Carolina must submit:

a. a written application in the form prescribed by the Board along with the appropriate application fee;

b. a copy of the applicant's resident state pharmacy permit and a list of all additional state permits (if applicable); and

c. a copy of all reports from operational inspections conducted within the last two years (if applicable).

F. Non-Dispensing Drug Outlet

1. A Non-Dispensing Drug Outlet Permit is required for a facility to store and/or administer legend drugs and/or devices. Facilities requiring a Non-Dispensing Drug Outlet Permit include, but are not limited to, public or private health clinics, infirmaries, correctional institutions, industrial health clinics, and emergency medical service providers. A Non-Dispensing Drug Outlet Permit requires a consultant pharmacist, unless the facility is engaged in manufacturing, wholesaling or distributing.

2. To obtain a Non-Dispensing Drug Outlet Permit, an applicant must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee;

b. undergo an inspection by the Board in which the applicant demonstrates that it is in compliance with the applicable provisions of the Practice Act.

G. Wholesale Distributor Permit

1. A Wholesale Distributor Permit is required for a facility to engage in the wholesale distribution of prescription drugs and/or devices to permitted facilities and licensed practitioners. Entities requiring a Wholesale Distributor Permit include, but are not limited to: repackagers; own-label distributors; private-label distributors; jobbers; brokers; warehouses including manufacturers' and distributors' warehouses, chain drug warehouses, and wholesale drug warehouses; independent wholesale drug traders; and retail pharmacies that conduct wholesale distributions. A Wholesale Distributor Permit is required for virtual wholesale distributors defined as a business entity that arranges for the distribution of a drug or device, with or without taking actual possession of the drug or device, and contracts with others for the distribution, purchase and sale.

2. To obtain a Resident Wholesale Distributor Permit, an applicant located in South Carolina must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee;

b. undergo an inspection by the Board in which the applicant demonstrates that it is in compliance with the applicable provision of the Practice Act.

3. To obtain a Non-Resident Wholesale Distributor Permit, an applicant located outside of South Carolina must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee. The following information must be submitted with the application:

(1) a copy of the resident state permit and DEA registration (if applicable) and a list of all additional state permits and controlled substance registrations (if applicable);

(2) a copy of the facility's most recent FDA inspection report, including any 483s issued and applicant's response(s) thereto;

(3) a copy of all reports from operational inspections conducted within the last two years;

(4) a copy of the policy and procedures for shipping refrigerated products and monitoring the temperature and humidity;

(5) a copy of the NABP's Verified-Accredited Wholesale Distributors certification (if applicable) or a notarized statement certifying that the applicant meets the standards necessary to obtain this certification; and

(6) a sample Transaction History, Transaction Information, and Transaction Statement ("T3") report.

b. attend a hearing before the Board or its duly-authorized committee in which a pharmacist or other individual knowledgeable about all aspects of the applicant's operations must answer questions regarding the applicant's operations. This appearance shall be in lieu of an in-person inspection of the applicant's facility and is designed to provide the Board with information that would typically be obtained during an in-person inspection.

H. Manufacturer/Repackager

1. A Manufacturer/Repackager Permit is required for a facility to engage in the manufacturing of prescription drugs or devices, including any packaging or repackaging of the drugs and/or devices, and/or labeling or re-labeling of containers. A Manufacturer/Repackager Permit is required for Virtual Manufacturers or any company that sells their own prescription drug products and/or medical devices but outsources the manufacturing and distribution operations.

2. To obtain a Resident Manufacturer/Repackager Permit, an applicant located in South Carolina must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee; and

b. undergo an inspection by the Board in which the applicant demonstrates that it is in compliance with the applicable provisions of the Practice Act.

3. To obtain a Non-Resident Manufacturer/Repackager, an applicant must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee. The following information must be submitted with the application:

(1) a copy of the resident state pharmacy permit and DEA registration (if applicable) and a list of all additional state permits and controlled substance registrations (if applicable);

(2) a copy of the facility's most recent FDA inspection report, including any 483s issued and the applicant's response(s) thereto;

(3) a copy of all reports from operational inspections conducted within the last two years;

(4) a copy of the policy and procedures for shipping refrigerated products and monitoring temperature and humidity;

b. attend a hearing before the Board or its duly-authorized committee in which a pharmacist or other individual knowledgeable about all aspects of the applicant's operations must answer questions regarding the applicant's operations. This appearance shall be in lieu of an in-person inspection of the applicant's facility and is designed to provide the Board with information that would typically be obtained during an in-person inspection.

I. Federally Qualified Health Center ("FQHC") Drug Outlet Permit

1. A Federally Qualified Health Center ("FQHC") Drug Outlet Permit is required for an FQHC delivery site to store, administer, and/or distribute patient-specific, labeled drugs and/or devices received from a permitted FQHC pharmacy or contracted pharmacy.

2. A FQHC Drug Outlet Permit is required for an FQHC delivery site to store and/or administer any legend drug or device.

3. To obtain a Federally Qualified Health Center ("FQHC") Drug Outlet permit, an applicant must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee; and

b. undergo an inspection by the Board in which the applicant demonstrates that it is in compliance with the applicable provisions of the Practice Act.

J. Third-Party Logistics ("3PL") Provider

1. A Third-Party Logistics Provider Permit is required for a facility to provide or otherwise coordinate warehousing, or other logistics services, of drugs and/or devices in interstate commerce on behalf of a manufacturer, wholesale distributor or dispenser of drugs and/or devices. A 3PL Provider does not take

ownership of the drugs and/or devices and is not responsible for the sale and/or distribution of the drugs and/or devices to permitted facilities and/or licensed practitioners.

2. To obtain a Resident Third-Party Logistics Provider permit, an applicant located in South Carolina must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee;

b. undergo an inspection by the Board in which the applicant demonstrates that it is in compliance with the applicable provisions of the Practice Act.

3. To obtain a Non-Resident Third-Party Logistics Provider permit, an applicant must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee. The following information must be submitted with the application:

(1) a copy of the resident state permit and DEA registration (if applicable) and a list of all additional state permits and controlled substance registrations (if applicable) and

(2) a copy of all reports from operational inspections conducted within the last two years; and

b. attend a hearing before the Board or its duly-authorized committee in which a pharmacist or other individual knowledgeable about all aspects of the applicant's operations must answer questions regarding the applicant's operations. This appearance shall be in lieu of an in-person inspection of the applicant's facility and is designed to provide the Board with information that would typically be obtained during an in-person inspection.

K. Hospital-Owned Health System – Non-Dispensing Drug Outlet Permit

1. A Hospital-Owned Health System is defined as facilities within a health system where the sites are owned by a hospital and associated with a Hospital Pharmacy Permit in good standing with the SC Board of Pharmacy.

2. A Hospital-Owned Health System is not required to obtain separate Non-Dispensing Drug Outlet Permits for additional facilities within the health system which store and/or administer legend drugs and/or devices.

3. The Pharmacist-in-Charge of the hospital pharmacy permit will be responsible for all facilities associated with the hospital pharmacy permit.

4. To obtain a Non-Dispensing Drug Outlet Permit containing multiple facilities with a Hospital-Owned Health System, an applicant must:

a. Submit a written application on the form prescribed by the Board along with the appropriate application fee;

b. Provide a list of each facility covered by the Hospital Non-Dispensing Drug Outlet Permit;

c. Undergo an inspection by the Board in which the applicant demonstrates compliance with the applicable provisions of the Act.

5. Prior to the addition of any facilities to the permit, the SC Board of Pharmacy must be notified in writing in a manner prescribed by the Board.

6. Upon inspection of the permitted site, the Pharmacist-in-Charge must present monthly inspections from all facilities covered by the permit.

99-45. Administrative Citations and Penalties.

A. The board may issue administrative citations and cease and desist orders in person, or by certified mail, and may assess administrative penalties against an entity or individual for the violations listed below. If the licensee is working at his or her primary place of employment listed with the Board, the licensee must have his or her license or registration displayed. If the licensee is not working at his or her primary place of employment, the licensee must have a wallet card available for inspection. The citation must be signed by the Chief Drug Inspector.

1. Failure to Display Permit (Pharmacist-in-Charge)	$50
2. Failure to Display License or Possess Wallet Card	$100
3. Failure to Display Intern Certificate or Possess Wallet Card (PIC and Intern)	$25
4. Failure to Display Pharmacy Technician Registration or Possess Wallet Card	$25
5. Pharmacy Technician Working Without Registration (Permit Holder)	$500
6. Pharmacy Technician Working Without Registration (PIC)	$500
7. Pharmacy Technician Working With Lapsed Registration (Permit Holder)	$500
8. Pharmacy Technician Working With Lapsed Registration (PIC)	$500
9. Pharmacy Technician Working With Lapsed Registration (Technician)	$50
10. Pharmacy Operating with greater than 4:1 Technician to Pharmacist Ratio (PIC)	$250
11. Pharmacy Operating with greater than 4:1 Technician to Pharmacist Ratio	$500

(Permit Holder)

12. Failure to Notify Board of Facility Relocation	$100
13. Failure to Notify Board of PIC Change	$100
14. Immunization Protocol-Technical Violation	$500
15. Failure to Notify Board of Change in Ownership	$100
16. Failure to Renew Permit and Operating With Lapsed Permit – 1st Offense (Permit Holder). Amount in addition to any other fines and penalties as referenced in S.C. Code Section 40-43-90(D).	$500

B. Separate citations and administrative penalties may be assessed for each violation.

C. Administrative citations authorized under this section are separate from, and in addition to, all other remedies, either civil or criminal.

D. A licensee assessed an administrative citation may appeal the citation to the board within thirty (30) calendar days of the receipt of the citation. If an appeal is filed, the department shall schedule a hearing before the board or its designee for a final determination on the matter. If no appeal is filed, the citation is deemed a final administrative order, and penalties are due within ninety calendar days of receipt of the citation, or other written demand.

E. Extensions to pay citations must be submitted in writing, and will be at the discretion of the Chairman.

F. Failure to pay a citation is considered a violation of this regulation, and may subject the entity to discipline under S.C. Code Ann. Section 40-43-140(A)(1)(a).

G. Should a licensee or permittee receive one or more administrative violations of the same type in a five year period, any subsequent violation(s) must be referred to the board for disciplinary action.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

The updated regulations will carry out the requirements of the central fill legislation, Act 210, that passed during the 2022 legislative session. Specifically, Regulation 99-43(B)(3) will add language to create a Resident Central Fill Permit as required under S.C. Code Section 40-43-195(H)(1). Regulation 99-43(B)(4) will add language to create a Non-Resident Central Fill Pharmacy Permit as required under Section 40-43-195(H)(1). Additionally, regulations are being amended to more clearly define virtual wholesale distributors, a new and emerging entity in the pharmaceutical space. Specifically, Regulation 99-43(G) will more clearly define requirements for "virtual" wholesale distributors. Regulation 99-43(H)(1) will add language to clarify the definition Virtual Manufacturers and the necessary permit required. Regulation 99-43(I)(1) will also add "or" to clarify that a drug outlet permit is needed if an FQHC Facility that performs any of the listed activities. Regulation 99-43(K) will clarify Non-Dispensing Drug Outlet permit requirements for hospital-owned health systems with multiple facilities/locations that store and/or administer legend drugs or legend devices. Regulation 99-43(I)(2) and (3) will be renumbered and will clarify the need for a permit. Regulation 99-45(16) will add a fine for operating with a lapsed permit, 1st offense and a corresponding fine.

Document No. 5159
DEPARTMENT OF LABOR, LICENSING AND REGULATION
COMMISSIONERS OF PILOTAGE
CHAPTER 136
Statutory Authority: 1976 Code Sections 40-1-50, 40-1-70, 54-15-10, and 54-15-140

136-014. Apprentice Citizenship and Physical Requirements.
136.015. Previous Maritime Experience, Apprentice Applicants.
136-016. Apprentice Training Course Curriculum.
136-020. Short Branch Qualification.
136-035. Fees.
136-040. Pilot Vessel Operation.
136-045. Pilot Charges and Fees.
136-070. Pilot Functions and Responsibilities.
136-090. Pilot Response.

Synopsis:

The Commissioners of Pilotage for the Lower Coastal area propose to amend the following sections of the Code of Regulations following a comprehensive review of their regulations conducted pursuant to S.C. Code Section 1-23-120(J): Regulations 136-014, 136-015, 136-016, 136-020, 136-035, 136-040, 136-045, 136-070, 136-075 and 136-090.

The Notice of Drafting was published in the State Register on August 26, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

136-014. Apprentice Citizenship and Physical Requirements.

A. Every apprentice applicant must meet the requirements of Section 54-15-100 of the 1976 Code and the Coast Guard requirements for citizenship, physical health, and general federal licensure as contained in 46 CFR 10.201-10.225 and 10.301-10.306.

B. All apprentice applicants must certify and be prepared to demonstrate that they can swim unassisted for a distance of not less than 100 meters and can remain afloat unassisted for a period of not less than fifteen minutes immediately thereafter.

C. Every applicant for apprenticeship must be a resident of the State of South Carolina.

136-015. Previous Maritime Experience, Apprentice Applicants.

A. The Commission shall ensure that eligible applicants for apprenticeship be assured that any previous maritime experience is considered in the selection process.

B. The Commissioners shall assign up to 25 points to any applicant who has demonstrated previous maritime knowledge or experience. Consideration will be given to the following federal license and experience factors:

KIND OF MARINE EXPERIENCE DOCUMENTED POINTS

1. Master, oceans, any gross tons 21
2. Chief Mate, oceans, any gross tons 19
3. Second Mate oceans, any gross tons 17
4. Third Mate, oceans, any gross tons 15
5. Master, near coastal less than 100 GT 10
6. Operator, uninspected towing vessel or Inland Master 10
7. Federal first class pilot license or endorsement 1
8. Motorboat operator license 5
9. Small craft and sailing experience

(a) Collegiate sailing team member, years on team 1 to 4

(b) Local sailing and offshore regatta crew 1 to 5

(c) Small craft operation in Charleston Harbor and 5 approaches, 1 point per year, but experience must equal or exceed 100 days per year, up to a maximum of (Note: The points awarded for small craft experience cannot total more than five points.) Points awarded to the above factors 1 through 9 may be accumulated to a maximum of 25.

10. The Commissioners may award up to 5 points for maritime-related credentials not listed above.

136-016. Apprentice Training Course Curriculum.

A. Satisfactory completion of the Apprentice Training Course at Charleston as approved by the Commissioners and the Commandant of the U.S. Coast Guard, requires that the apprentice must have satisfactorily completed 360 round trips encompassing a minimum of 360 days of training aboard vessels over 1600 gross tons. This course of instruction is approved by the Commandant of the U.S. Coast Guard pursuant to 46 CFR Part 10 Subpart D.

B. General Curriculum Requirements:

(1) In order to satisfactorily complete this training course, every apprentice must solo to the satisfaction of the majority of the supervising pilots on every route, day and night, ebb and flood tides, and on every size category of vessel calling at the port. The curriculum of the approved course requires that apprentices learn to direct the movement of vessels, apply the proper rules of the nautical road and other maritime procedures, interface and coordinate with other affected vessels and facilities, and record certain information. During each vessel movement to which the apprentice is assigned, the apprentice shall accompany the licensed pilot assigned to the vessel. The licensed pilot serves as the expert-master and interacts with the apprentice in observational and mastery learning processes. The ultimate result of the training is marked by the apprentice's satisfactory piloting of vessels under the supervision of the various pilots assigned to those movements without the need for those assigned pilots to offer coaching or verbal guidance. This accomplishment is termed a "solo".

(2) In addition to the above, the progress of every apprentice must be marked semi-annually during his or her term of apprentice training by the pilots with whom he or she has received instruction in the areas of:

(a) Procedures

(b) Skillfulness

(c) Communications

(d) Attitude

(3) Every apprentice must receive satisfactory grades from the majority of the pilots during each semi-annual progress report period. A 3.2 grade point average on a 4.0 scale in every area of grading is required as the minimal satisfactory grade. This minimal grade shall be obtained during the final progress report period in order for an apprentice to receive a certificate that he or she has satisfactorily completed this training course. The Course Monitor shall semiannually advise each apprentice regarding his or her progress and shall also advise the Commissioners.

(4) Failure to receive satisfactory grades during the apprentice training course can result in the termination of the apprentice training program for any apprentice at any point in the program by the Commissioners.

(5) The discovery that any apprentice fails to satisfy the physical requirements for federal licensure shall be just cause for the termination of any such apprentice without regard to the grades received in the apprentice training course.

C. Upon satisfactory completion of the approved apprentice training course, the apprentice will be awarded a Certificate of Completion by the designated course monitor.

D. Any federal licensure as a federal, first-class pilot obtained by any apprentice before the completion of the apprenticeship training and qualification program shall not terminate nor shorten the three-year term of apprentice training.

E. No person shall represent himself or herself as an apprentice unless he or she has been approved and certified as an apprentice by the Commissioners. No pilot shall be required to train any uncertified person on board any vessel subject to the jurisdiction of the Commissioners. Any uncertified person posing as an apprentice aboard any vessel subject to the jurisdiction of the Commissioners shall be considered in violation of 1976 Code Section 54-15-280.

136-020. Short Branch Qualification.

A. The term of the apprentice training and qualification program shall be followed by a period of not less than three years for advanced qualification as a short branch pilot.

B. With the consent of the apprentice who has passed the term of apprenticeship, the period of short branch qualification may be suspended for a period of time to be approved by the Commissioners. Under such circumstances, the Commissioners shall assure that the passed apprentice has completed a sufficient number of refresher round trips prior to licensure.

C. The various tonnage and draft limitations for each short branch shall be:

(1) Initial (first) Short Branch (six months) ...Limited to the average Gross Registered Tons rounded up to the next highest thousand for the previous calendar year and limited to the average deep draft, rounded up to the next even number of feet, said tonnage and draft averages will be for the previous calendar year.

(2) Second Short Branch (six months) ...No tonnage limit, deep draft limit to be the deep draft limit applicable in subparagraph (1) above, plus two feet.

(3) Third Short Branch (one year) ...No tonnage limit, deep draft limit to be the deep draft limit applicable in subparagraph (1) above, plus five feet.

(4) Fourth Short Branch (one year) ...No tonnage limit, deep draft limit to be the deep draft limit applicable in subparagraph (1) above, plus twelve feet.

D. While undergoing advance qualification, short branch pilots may be observed by full branch pilots on board such vessels to which the short branch pilots may be assigned.

E. Records of short branch pilot assignments shall be maintained and made available upon request of the Commissioners for up to one year after the fourth short branch period terminates.

136-035. Fees.

A. Pilot Registration Fees shall be set by the Commissioners, and collected annually, sufficient to maintain funds for administration, travel, and operational and investigative duties of the Commissioners. Annual Pilot Registration Fees shall not exceed one quarter of the sum of the inbound and outbound pilotage charge for a vessel of average tonnage and average draft for the previous year.

B. The following issuance fees shall be set by the Commissioners annually, and remitted to the Commissioners of Pilotage for the Lower Coastal Area for each of the respective licenses issued by the Commissioners:

(1) First short branch license, following apprenticeship, valid for a period of not less than six (6) months; not to exceed 25% of the annual pilot registration fee set according to paragraph (A) above.

(2) Second short branch license, valid for a period of not less than six (6) months; not to exceed 25% of the annual registration fee set according to paragraph (A) above.

(3) Third short branch license, valid for a period of not less than one (1) year; not to exceed 50% of the annual registration fee set according to paragraph (A) above.

(4) Fourth short branch license, valid for a period of not less than one (1) year, not to exceed 50% of the annual registration fee set according to paragraph (A) above.

(5) Full branch license, not to exceed the annual registration fee set according to paragraph (A) above.

(6) Certificate of Apprenticeship, not to exceed 10% of annual registration fee according to paragraph (A) above.

C. Apprentice Application Fee. Every applicant for apprenticeship shall remit to the Commissioners of Pilotage for the Lower Coastal Area a non-refundable fee of $50, which will cover the period for which the application is maintained current by the applicant. Should an application expire, this fee must accompany a new application.

D. The Commissioners shall remit to each member of a board of examiners a sum determined annually by the Commissioners, as compensation for each license examination. The fee established for each examiner should not exceed the fee paid to the Commissioners for issuance of the license for which the examinee is being evaluated, as set out in subparagraphs (B)(1) through (B)(5) above.

136-040. Pilot Vessel Operation.

A. The pilots for the Lower Coastal Area shall obtain and engage the dedicated services of two or more privately owned pilot vessels for the sole benefit of the pilots.

B. An appropriate number of such vessels shall be manned and available for duty 24 hours per day, seven days per week, such number to be determined by the Commissioners.

C. Every pilot vessel shall be materially sufficient and properly manned for its intended duty to the satisfaction of the Commissioners.

D. Response in support of port or vessel emergencies is considered duty under the role of pilotage.

E. Pilot vessels are engaged in the mission of state law enforcement when transporting and transferring state licensed pilots in the performance of pilotage, and must not be inhibited to promote the safe execution of pilotage, pilot transfers, and in the interests of placing pilots onboard ships as timely as practicable.

F. Provided there are not less than two vessels available for pilotage as required in paragraph (A) above, approved pilot vessels in the fleet maintained by the pilots may temporarily provide maritime services to the port or to vessels in the vicinity so long as there is no imposition on pilot operations, and the temporary service adheres to state and federal regulations as applicable.

136-045. Pilot Charges and Fees.

A. Pilotage charges and rates shall be promulgated by the Commissioners in accordance with the applicable sections of the 1976 Code.

B. The pilots shall be due payment for individual pilotage charges and fees upon the departure of any vessel from the Port, except when the pilots have elected to extend credit to such vessel owner, vessel operator, principal agent or local agent. In such cases, all payments are due not later than forty-five (45) days after the vessel's arrival in port. When payment has not been made within the 45-day term, interest may be charged, compounded at the rate of 1.5% monthly, for any portion of a month overdue.

C. Any agent or other non-vessel owner who makes arrangements for credit for pilotage shall be held responsible by the pilots for the amount credited if that amount is not paid within the forty-five (45) day period.

D. Pilotage charges are based upon the services of one pilot unit. No additional charges are authorized for other pilots or apprentices taken aboard a vessel for the purpose of training or route familiarization. However, nothing shall prohibit additional pilotage charges from being made whenever additional pilots are required to assure the safe maneuvering of the vessel. In such cases, one additional pilot unit may be charged for every additional pilot so embarked.

136-070. Pilot Functions and Responsibilities.

A. Pilot services shall be made available to the master of every inbound vessel that requires a state pilot pursuant to the 1976 Code Section 54-15-270.

B. Every pilot received on board a vessel for the Lower Coastal Area subject to the jurisdiction of the Commissioners shall remain on board such vessel while in transit between the pilot station and its terminal or anchorage. The transit shall begin on inbound vessels when the pilot assumes the control of the ship and shall end when the first line is passed to a pier, wharf or other waterfront facility, or until the vessel is anchored fast to the bottom. The transit shall begin on outbound vessels when the last line is passed or when the anchor is aweigh, and shall end when the pilot is discharged by the vessel's master, having arrived at that place on the bar where the adjoining depths of water are sufficient for safe navigation. The transit on shifting vessels shall be from the passing of the last line or weighing of the anchor until the first line is passed or the anchor is made fast to the bottom.

C. Every vessel described in the 1976 Code Section 54-15-270 requiring a state pilot shall receive on board such pilot to direct the vessel movement for every inbound and outbound transit of the port and for shifting berths and anchorages within the port. This requirement applies regardless of the source of vessel propulsion, be it self-propelled or propelled by tugs. If the master or operator of any seagoing vessel requiring a state pilot shall refuse to receive on board a pilot, such circumstance shall be considered a "hazardous condition" pursuant to 33 CFR 160.203 and shall immediately be reported to the Coast Guard.

D. No pilot licensed by the Commissioners shall knowingly pilot any vessel, the operation of which, in the opinion of such pilot, may introduce an unnecessary risk to the port, other vessels, or the marine environment.

(1) An "unnecessary risk" includes situations where any vessel is deemed by the pilot not to be in compliance with applicable Federal Navigation Safety Regulations, or where the condition of any vessel's operation, in the opinion of the pilot, constitutes a "hazardous condition" as defined by federal regulations.

(2) An "unnecessary risk" may also include situations that may prevent or inhibit the safe movement of a vessel, including, but not limited to, instances wherein the wheelhouse or bridge is not properly manned by sufficient numbers of qualified crew members or, conversely, when the wheelhouse or bridge is encumbered by the presence of extraneous persons who are not members of the crew, docking pilots, pilots or apprentice pilots, owners, agents or operating managers.

(3) Pilots are to consider dredged channels as areas where vessels are severely restricted in their ability to maneuver, and shall apply the principles of safe navigation, and the Navigation Rules for vessels constrained by draft, accordingly. Should a master refuse to maintain safe speed as determined by the pilot, the pilot may determine that an unnecessary risk exists, and may deny entry or sailing, or anchor the ship at the next available safe location.

(4) Nothing in this subpart shall prevent a pilot from piloting any vessel when, in his or her opinion, the vessel's safety or the safety of the port would be further impaired or endangered by the pilot's refusal to provide pilotage.

E. No pilot may depart any outbound vessel in pilot waters until that vessel has met or passed any other vessel also navigating on those pilot waters.

F. The pilots may elect to waive the rates and fees for vessels refusing to receive a pilot on board as provided in 1976 Code Section 54-15-270; provided that such vessels have a maximum draft of less than twelve feet and are not engaged in commerce. Whenever such waivers are granted, neither the pilots nor the vessel will be deemed to be in violation of 1976 Code Sections 54-15-220 and 54-15-270, respectively.

G. The pilots may assign more than one pilot to any given vessel if, in their opinion, an additional pilot is necessary to assure adequate visibility or otherwise ensure the safe maneuvering of said vessel.

H. A master or licensed operator of any vessel may relieve the state pilot on board under certain circumstances where the safety of the vessel is perceived by the master, or licensed operator, to be at risk, however;

(1) No master or licensed operator of any vessel, having relieved the state pilot on board, shall then serve as the pilot on such vessel when the pilot has refused to pilot the vessel pursuant to the conditions described in subparts 136-070D(1) and 136-070D(2).

(2) Whenever a pilot on a vessel has been relieved by a master or licensed operator of said vessel or whenever a pilot refuses to pilot any vessel, such pilot shall immediately broadcast a Sécurité voice message on VHF Channels 13 and 16, stating the name of the vessel, its present position, direction of movement and speed, and the fact that a properly licensed pilot is neither directing nor controlling the vessel's movement.

(3) Whenever a pilot on a vessel has been relieved by the vessel's master or licensed operator or whenever a pilot refuses to pilot any vessel, he shall remain aboard until his disembarkation can be safely effected. Under such circumstances, such pilot is not in the service of his or her license. If such a pilot believes he or she can be of value to the vessel's master or operator subsequent to the aforementioned relief or refusal, the pilot shall offer his or her services and recommendations to the master or licensed operator, so as to mitigate risk or to provide the maximum safety under the conditions. Unless such a pilot broadcasts a second Sécurité call on VHF Channels 13 and 16 that he or she has reassumed control, such pilot will not be considered in the service of his or her license.

136-90. Pilot Response.

A. The pilots will act upon all requests for pilot services without delay, provided they have been notified as follows:

(1) For vessels entering the Port of Charleston, six hours in advance of the required pilot boarding time.

(2) For vessels departing or shifting within the Port of Charleston, three hours prior to any vessel's intended movement.

(3) For movements in ports other than Charleston, seventy-two (72) hours in advance of the requested pilot boarding time, sailing time, or other movement.

B. The pilots will ensure the coordination of pilot assignments in the movements of all state piloted vessels that are or will be underway at the same time on those waters subject to the jurisdiction of the Commissioners.

C. Vessels arriving at the bar and subsequently waiting for pilotage may be assigned pilots in the order that best facilitates safe and efficient movements within the entrance channel and the harbor.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

The updated regulations will clarify or correct language appearing in Article 1 of Chapter 136, for the purpose of promoting the health, safety and economic well-being of the public, and reflecting the current state of pilotage as it serves marine commerce in the Port of Charleston and the Lower Coastal Area.

Document No. 5121
DEPARTMENT OF LABOR, LICENSING AND REGULATION
BOARD OF VETERINARY MEDICAL EXAMINERS
CHAPTER 120
Statutory Authority: 1976 Code Sections 40-1-70, 40-69-60, and 40-69-70

120-1. Definitions.
120-3. Licensure to Practice Veterinary Medicine.
120-8. Practice Standards for Licensed Veterinarians.
120-9. Practice Standards for: Licensed Veterinary Technicians; Unlicensed Veterinary Assistants.

Synopsis:

The South Carolina Board of Veterinary Medical Examiners is considering proposing amendments to Chapter 120: to define "emergency animal patient" and "imaging" in Regulation 120-1; to update and clarify Regulation 120-9 regarding the practice standards for licensed veterinary technicians and revise and move practice standards for unlicensed veterinary aides to Regulation 120-8; and to clarify Regulation 120-3 in accordance with the statutes for licensure and examinations for veterinarians.

A Notice of Drafting was published in the *State Register* on July 22, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

120-1. Definitions.

A. "Comprehensive veterinary services" means: examination, diagnosis and treatment of animal patients, diagnostic imaging, surgery, laboratory, pharmacology, and provision for hospitalization and emergency treatment.

B. "Comprehensive veterinary facility" means: a location where comprehensive veterinary services are offered.

C. "Veterinarian-client-patient relationship" means:

(1) The veterinarian has recently seen and is personally acquainted with the keeping and care of the animal through an examination of or visit to the premises where the animal is kept.

(2) The veterinarian has assumed the responsibility for making clinical judgments regarding the health of the animal and the need for medical treatment.

(3) The veterinarian has sufficient knowledge of the animal to initiate a general or preliminary diagnosis of the medical condition of the animal.

(4) The veterinarian is available or has arranged for emergency coverage for follow-up and evaluation.

(5) The client has agreed to follow the veterinarian's instructions.

(6) The veterinarian-client-patient relationship lapses when the licensee has not seen the animal within one year.

D. "Emergency animal patient" means: a patient with a medical condition manifesting itself by acute symptoms of sufficient severity, such that the absence of immediate medical attention could reasonably be expected to result to any of the following:

(1) Cardiopulmonary arrest (CPA), imminent/impending CPA, or death;

(2) Serious jeopardy to the long-term health of a patient;

(3) Serious, life-threatening impairment to bodily functions;

(4) Serious, life-threatening dysfunction of any bodily organs or part.

E. "Imaging" means including, but not limited to, radiography, ultrasonography, computed tomography, magnetic resonance imaging, and fluoroscopy and the administration of radio-opaque agents/materials.

120-3. Licensure to Practice Veterinary Medicine.

It shall be unlawful for any person to engage in the practice of veterinary medicine unless duly licensed under the applicable provisions of this chapter.

A. Application. Any person desiring to be licensed as a veterinarian must apply to the Board and provide all information and documentation required by the Board. Applications and accompanying documents will be valid for one (1) year from the initial application date. After one (1) year, a new application with attendant documents and appropriate fees must be submitted.

B. Education Transcripts(s). Certified transcripts shall be sent directly to the Board office from the educational institution.

(1) Certified transcript from an American Veterinary Medical Association (AVMA) accredited school or college of veterinary medicine, or

(2) Certification from the Program for the Assessment of Veterinary Education (PAVE), or

(3) Certification from the Education Commission of Foreign Veterinary Graduates (ECVFG), or

(4) Certification from another credentialing entity approved by the Board.

(5) Senior students. Senior students must submit an attested letter from the accredited veterinary medical college establishing senior status as of the date of the application for licensure.

C. Examination.

(1) National Examinations. A certified copy of the North American Veterinary Licensing Examination (NAVLE), with a minimum score as set by the American Association of Veterinary State Boards (AAVSB) or the national board examination results with a minimum passing score as set by the National Board of Veterinary

Medical Examiners (NBVME) and the Clinical Competency Test (CCT) current within five (5) years of the date of the application with a minimum score as set by AAVSB. Examination scores must be within five (5) years immediately preceding the date of the application.

(2) If the NAVLE or NBE and CCT examination scores are older than five (5) years immediately preceding the date of application, the applicant must meet the licensure requirements of S.C. Code Section 40-69-260.

(3) South Carolina State Law and Ethics Examination. Minimum passing score of the South Carolina state law and ethics examination as set by the SCBVME. An applicant who fails SCBVME may be reexamined upon submission of an application and re-examination fee.

D. Verification(s) of Licensure. Verification from each state, active or inactive, in which the applicant is or has been licensed.

E. Fees. A non-refundable certified check, money order, or electronic payment.

F. Denial of Application. An application may be denied if the applicant:

(1) is currently restricted (including probation or other conditions) in another state;

(2) has committed any act that would be grounds for disciplinary action under this chapter; or

(3) has committed any act which indicates that the applicant does not possess the character and fitness to practice veterinary medicine.

120-8. Practice Standards for Licensed Veterinarians.

A. Licensed veterinarians shall comply with the American Veterinary Medical Association (AVMA) Code of Professional Ethics.

B. Recordkeeping. Licensed veterinarians shall comply with the following standards for medical record keeping and retention.

(1) Veterinarians performing any act requiring a license pursuant to the provisions of the Veterinary Practice Act shall prepare, or cause to be prepared, a written record concerning the animal(s).

(2) The medical record shall contain the following information:

(a) Name, address and telephone number of animal's owner;

(b) Name and identification of animal, to include the age, sex, species and breed of animal;

(c) The animal's medical history to include:

(i) Treatment dates;

(ii) Diagnosis or condition at the beginning of animal care;

(iii) Medication and treatment, including amount, route and frequency of administration;

(iv) Progress and disposition of the case; and

(v) Surgery, radiology, laboratory information.

(3) Records for groups of economic animals may be maintained on a per client basis.

(4) Rabies vaccination records shall comply with all Department of Health and Environmental Control (DHEC) requirements, including, but not limited to record content, record retention, public health record retrieval request responses, location of records and ownership of records. Compliance with all DHEC requirements is the professional responsibility of the veterinarian performing the vaccination and signing the rabies certificate.

(5) An electronic record satisfies all requirements that a record be in writing.

C. Record Storage.

(1) Records shall be maintained for a minimum of three (3) years after the last entry, or as otherwise provided by law.

(2) A radiograph is the property of the facility where the original radiograph was exposed.

(3) The original or a copy must be released upon the request of another veterinarian who has the written authorization of the owner of the animal.

(4) Radiograph(s) shall be returned within thirty (30) days to the originating facility.

D. Supervision of Unlicensed Veterinary Aides.

The licensed veterinarian is responsible for determining whether tasks delegated to unlicensed veterinary aides are within the aides' training, expertise, and skills. The licensed veterinarian shall verify and document qualifications of unlicensed veterinary aides in accordance with S.C. Code Section 40-69-270(C). The delegating veterinarian remains responsible for the care of the patient.

(1) Supervision.

Any unlicensed veterinary aide must at all times be under the appropriate degree of supervision of a South Carolina licensed veterinarian whenever providing patient care in this state.

(2) Emergency Animal Patient Care.

An unlicensed veterinary aide working under the indirect supervision of a licensed veterinarian may provide acute care for emergency medical conditions. In the event of a CPA, an unlicensed veterinary aide may follow standing medical orders that have been established by a veterinarian until the patient is stabilized or a veterinarian can provide supervision.

(3) An unlicensed veterinary aide shall not:

(a) Make any diagnosis or prognosis,

(b) Prescribe any treatments, drugs, or medications,

(c) Perform surgery,

(d) Identify as a licensed veterinarian, licensed veterinary technician, veterinary technician, veterinary technologist, vet tech, technician, or veterinary nurse. A veterinary aide must clearly identify himself or herself as such in order to ensure that he or she is not mistaken by the public as a licensed veterinarian or licensed veterinary technician.

120-9. Practice Standards for: Licensed Veterinary Technicians.

A. Licensed Veterinary Technicians. Duties shall be performed under the direction, supervision and control of a South Carolina licensed veterinarian who has established a veterinarian-client-patient relationship.

(1) Immediate Supervision:

(a) Surgical assistance to a licensed veterinarian.

(b) Floatation of equine teeth.

(2) Direct Supervision:

(a) Induction, maintenance and immediate recovery of anesthesia.

(b) Perform dental procedure including, but not limited to: prophylaxis and procedures not altering the shape, structure, or positional location of teeth in the dental arch.

(c) Perform euthanasia.

(d) Administration of rabies vaccines as allowed by law.

(3) Indirect Supervision:

(a) Administration and application of treatments, drugs, medications and immunological agents by parenteral (to include subcutaneous, intradermal, intramuscularly, intraperitoneal and intravenous) and non-parenteral routes, except when in conflict with government regulations.

(b) Initiation of parenteral fluid administration.

(c) Perform peripheral venous catheterizations.

(d) Perform imaging including settings, positioning, exposing, processing and safety procedures.

(e) Collect venous blood specimen as allowed by law.

(f) Collect urine by free catch, expression, cystocentesis or catheterization.

(g) Collect and prepare tissue, cellular or microbial samples by skin scrapings, impressions or other non-surgical methods.

(h) Perform routine diagnostic tests.

(i) Supervise handling of bio hazardous waste materials.

(j) Collect and prepare blood or blood components as related to blood transfusions.

(k) Administer blood or blood components as related to transfusions.

(l) Apply splints, bandages, slings, and casts.

(m) Perform non-emergency intubations.

(n) Measure medication quantities as prescribed by a licensed veterinarian.

(o) Perform arterial catheterization.

(p) Perform central venous catheterization.

(q) Administer vaccines, excluding rabies.

(r) Microchip insertion.

(4) Other services under the appropriate degree of supervision of a licensed veterinarian.

(5) Emergency Animal Patient Care.

A licensed veterinary technician working under the indirect supervision of a licensed veterinarian may provide: acute care for emergency medical conditions. In the event of a CPA or imminent CPA, a licensed veterinary technician may follow standing medical orders that have been established by a veterinarian until the patient is stabilized or a veterinarian can provide supervision.

(6) Practice Limitations. Licensed veterinary technicians shall not be permitted to:

(a) Make any diagnosis or prognosis.

(b) Prescribe any treatments, drugs, medications, or appliances.

(c) Perform surgery.

(d) Identify as a licensed veterinarian, veterinary nurse, or anything other than a licensed veterinary technician.

B. In accordance with S.C. Code Section 40-69-270(C), licensed veterinarians may delegate duties superseding the above scope of practice restrictions to licensed veterinary technicians holding specialty certification from the National Association of Veterinary Technicians in America's Committee on Veterinary Technician Specialists. Duties must be within the specialty certification discipline.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

Statement of Rationale:

The proposed regulation would: define "emergency animal patient" and "imaging" in Regulation 120-1; update and clarify Regulation 120-9 regarding the practice standards for licensed veterinary technicians and revise and move practice standards for unlicensed veterinary aides to Regulation 120-8; and clarify Regulation 120-3 in accordance with the statutes for licensure and examinations for veterinarians.

Document No. 5172
DEPARTMENT OF NATURAL RESOURCES
CHAPTER 123
Statutory Authority: 1976 Code Section 50-11-2200

123-210. Term and Conditions for the Public's Use of State Lakes and Ponds Leased by the Department of Natural Resources.

Synopsis:

The Department of Natural Resources proposes to establish revised Regulation 123-210, setting term and conditions for the public's use of lakes and ponds leased by the department for the purpose of providing public fishing.

A Notice of Drafting for the proposed regulation was published in the *State Register* on September 23, 2022.

The proposed amendment will require legislative review.

Section-by-Section Discussion:

123-210. Term and Conditions for the Public's Use of State Lakes and Ponds Leased by the Department of Natural Resources.

A. No change.

a. Lake Ashwood in Lee County – no change.

b. Dargan's Pond in Darlington County – reinstates regulations and allows for opening to fishing when conditions allow.

c. Lake Edwin Johnson in Spartanburg County – adds a closure through June 2024, lake will reopen on July 1, 2024.

d. Jonesville Reservoir in Union County – no change.

e. Lancaster Reservoir in Lancaster County – no change.

f. Lake Oliphant in Chester County - no change

g. Star Fort Pond in Greenwood County - no change.

h. Sunrise Lake in Lancaster County – no change.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

A. Pursuant to the conditions provided in 1976 Code Section 50-11-2200 prohibiting certain acts and conduct on state lakes owned or leased by the department, regulations defining the terms and conditions for public use of state lakes leased by the Department are as follows:

a. Lake Ashwood in Lee County

i. The lake is open for fishing from one-half hour before official sunrise to one-half hour after official sunset, every day except Tuesday. The lake is closed to fishing on Tuesdays.

ii. Fishing is allowed with only rod and reels or poles. The statewide limit on the number of these devices applies.

iii. No minnows allowed for bait.

iv. Daily fish limits are 3 largemouth bass, 15 bream to include redbreast sunfish, and 5 catfish. Statewide limits apply for all other fish species, except no size limit for crappie.

v. Trails are for walking or fishing access only; no ATVs, motorized vehicles, or horses allowed on these trails.

vi. Pets must be on leashes or under the control of their owner at all times.

vii. Boats are allowed, but may only be propelled by paddle, electric trolling motors, or outboard motors rated 10 horsepower of less.

viii. The possession or consumption of alcoholic beverages is prohibited on department lake properties, except as by special permit from the department.

b. Dargan's Pond in Darlington County

i. Dargan's Pond is closed until repaired. The DNR may reopen the lake for public fishing as soon as conditions allow.

ii. The lake is open on Wednesday and Saturday only from March 1 through September 30 from one-half hour before official sunrise to one-half hour after official sunset.

iii. Fishing is allowed with only rod and reels or poles. The statewide limit on the number of these devices applies.

iv. Daily fish limits are 3 largemouth bass with only one being 16 inches or longer, 20 bream, and 3 catfish. Statewide limits apply for all other fish species.

v. Trails are for walking or fishing access only; no ATVs, motorized vehicles, or horses allowed on these trails.

vi. Pets must be on leashes or under the control of their owner at all times.

vii. Boats are allowed, but may only be propelled by paddle or electric trolling motors.

viii. The possession or consumption of alcoholic beverages is prohibited on department lake properties, except as by special permit from the department.

c. Lake Edwin Johnson in Spartanburg County

i. Lake is open for fishing from one-half hour before official sunrise to one-half hour after official sunset seven days a week.

ii. Fishing is allowed with only rod and reels or poles. The statewide limit on the number of these devices applies.

iii. No minnows allowed for bait.

iv. Daily fish limits are 5 largemouth bass, 10 bream to include redbreast sunfish, and 5 catfish. Statewide limits apply for all other fish species except no size limit on crappie.

v. Trails are for walking or fishing access only; no ATVs, motorized vehicles, or horses allowed on these trails.

vi. Pets must be on leashes or under the control of their owner at all times.

vii. Boats are allowed but may only be propelled by paddle or electric trolling motors.

viii. The possession or consumption of alcoholic beverages is prohibited on department lake properties, except as by special permit from the department.

ix. Lake Johnson is closed to boating and fishing until July 1, 2024.

d. Jonesville Reservoir in Union County

i. Lake is open on Monday, Wednesday and Saturday only, from one-half hour before official sunrise to one-half hour after official sunset.

ii. Fishing is allowed with only rod and reels or poles. The statewide limit on the number of these devices applies.

iii. No minnows allowed for bait.

iv. Daily fish limits are 5 largemouth bass, 10 bream to include redbreast sunfish, and 5 catfish. Statewide limits apply for all other fish species except no size limit on crappie.

v. Trails are for walking or fishing access only; no ATVs, motorized vehicles, or horses allowed on these trails.

vi. Pets must be on leashes or under the control of their owner at all times.

vii. Boats are allowed but may only be propelled by paddle or electric trolling motors.

viii. The possession or consumption of alcoholic beverages is prohibited on department lake properties, except as by special permit from the department.

e. Lancaster Reservoir in Lancaster County

i. Lake is open on Thursday and Saturday from one-half hour before official sunrise to one-half hour after official sunset.

ii. Fishing is allowed with only rod and reels or poles. The statewide limit on the number of these devices applies.

iii. No minnows allowed for bait.

iv. Daily fish limits are 2 largemouth bass 16 inches or longer, 20 bream to include redbreast sunfish, and 3 catfish. Statewide limits apply for all other fish species.

v. Trails are for walking or fishing access only; no ATVs, motorized vehicles, or horses allowed on these trails.

vi. Pets must be on leashes or under the control of their owner at all times.

vii. Boats are allowed, but may only be propelled by paddle or electric trolling motors.

viii. The possession or consumption of alcoholic beverages is prohibited on department lake properties, except as by special permit from the department.

f. Lake Oliphant in Chester County

i. Lake is open Monday, Wednesday and Saturday from one-half hour before official sunrise to one-half hour after official sunset.

ii. Fishing is allowed with only rod and reels or poles. The statewide limit on the number of these devices applies.

iii. No minnows allowed for bait.

iv. Daily fish limits are 5 largemouth bass, 10 bream to include redbreast sunfish, and 3 catfish. Statewide limits apply for all other fish species, except no size limit on crappie.

v. Trails are for walking or fishing access only; no ATVs, motorized vehicles, or horses allowed on these trails.

vi. Pets must be on leashes or under the control of their owner at all times.

vii. Boats are allowed but may only be propelled by paddle or electric trolling motors.

viii. The possession or consumption of alcoholic beverages is prohibited on department lake properties, except as by special permit from the department.

g. Star Fort Pond in Greenwood County

i. Lake is open for fishing on Wednesday, Friday and Saturday between April 1 and November 1, from one-half hour before official sunrise to one-half hour after official sunset.

ii. Fishing is allowed with only rod and reels or poles. The statewide limit on the number of these devices applies.

iii. No minnows allowed for bait.

iv. Daily fish limits are 5 largemouth bass, 10 bream to include redbreast sunfish, and 5 catfish. Statewide limits apply for all other fish species, except no size limit on crappie.

v. Trails are for walking or fishing access only; no ATVs, motorized vehicles, or horses allowed on these trails.

vi. Pets must be on leashes or under the control of their owner at all times.

vii. Boats are allowed but may only be propelled by paddle or electric trolling motors.

viii. The possession or consumption of alcoholic beverages is prohibited on department lake properties, except as by special permit from the department.

h. Sunrise Lake in Lancaster County

i. Lake is open for fishing on Monday, Wednesday and Saturday from one-half hour before official sunrise to one-half hour after official sunset.

ii. Fishing is allowed with only rod and reels or poles. The statewide limit on the number of these devices applies.

iii. No minnows allowed for bait.

iv. Daily fish limits are 2 largemouth bass, 10 bream to include redbreast sunfish, and 3 catfish. Statewide limits apply for all other fish species, except no size limit on crappie.

v. Trails are for walking or fishing access only; no ATVs, motorized vehicles, or horses allowed on these trails.

vi. Pets must be on leashes or under the control of their owner at all times.

vii. Boats are allowed but may only be propelled by paddle or electric trolling motors.

viii. The possession or consumption of alcoholic beverages is prohibited on department lake properties, except as by special permit from the department.

Fiscal Impact Statement:

SCDNR does not anticipate additional costs to the state or its political subdivisions as a result of the amendment of Regulation 123-210.

Statement of Rationale:

Regulation 123-210 is amended to clarify and update the term and conditions to provide for the public's use of state lakes and ponds leased by the department for the purpose of providing public fishing.

Document No. 5166
DEPARTMENT OF NATURAL RESOURCES
CHAPTER 123
Statutory Authority: 1976 Code Sections 50-11-2200 and 50-11-2210

123-203. General Regulation.

Synopsis:

The South Carolina Department of Natural Resources is proposing to amend Regulation 123-203 pertaining to use of Wildlife Management Areas, Heritage Preserves, and other lands owned by the Department. The following is a section-by-section discussion of the proposed changes.

The Notice of Drafting was published in Volume 46, Issue No. 10 of the South Carolina *State Register* on October 28, 2022.

Instructions:

Print the regulation as shown below. Unless indicated, all other items remain intact and unchanged.

Text:

123-203. General Regulation.

This section shall apply to all Wildlife Management Areas, Heritage Preserves and other lands owned by the Department.

A. Hunting, fishing, and taking game animals, birds, fish, or other wildlife is allowed on Wildlife Management Areas that have been designated as part of the Wildlife Management Area program. Hunting, fishing, and taking shall be subject to all applicable statutes and regulations, specifically including Reg.123-40.

B. All firearms must be unloaded and secured in a weapons case except while legally hunting, unless otherwise legally permitted. Target, skeet, trap, plinking, or any other type of shooting with any firearm or weapon is allowed on designated shooting ranges. Except as otherwise specifically authorized by South Carolina statute or this regulation, weapons and firearms are not allowed on any heritage preserve. Possession of a weapon or firearm is allowed on any heritage preserve designated by the Department as a wildlife management area subject to the regulations.

C. Hiking is allowed subject to the following restrictions or conditions:

(1) Hiking is allowed. The Department may post or place signs declaring any area closed to hiking;

(2) The use of all designated hiking trails, except for posted multi-use trails is restricted solely to foot travel and the legitimate activities associated with the pursuit of hiking.

D. Operation of motorized, nonmotorized vehicles, all terrain vehicles, and off road vehicles.

The operation of motorized vehicles is allowed subject to the following restrictions or conditions:

(1) Motorized vehicles, all terrain vehicles, and off road vehicles may be operated only on open maintained roads and parking areas except as otherwise established by posted notice or as approved by the Department. For purposes of this Section and subsequent sections, "Electric-assist bicycles" and "bicycles with helper motors"

(Class 1 e-bikes) as defined in S.C. Code Section 56-1-10(29) are not considered motorized vehicles and shall be considered bicycles. All terrain vehicles are not allowed on any heritage preserve.

(2) Motorized vehicles, all terrain vehicles, and off road vehicles shall not exceed speed limits posted on Department signs.

(3) No person may operate any motorized, all terrain vehicle, off road vehicle or non-motorized vehicle in a reckless or negligent manner. The operation of any vehicle in such a manner as to indicate either a willful or wanton disregard for the safety of persons or property shall be deemed to be operating in a reckless manner.

(4) The operation of motorized vehicles, all terrain vehicles, and off road vehicles must comply with any posting or signs. Obstructing vehicular traffic is not allowed.

(5) All motorized vehicles, all terrain vehicles, and off road vehicles must be equipped with properly working mufflers, brakes, mirrors and spark arresters (if the vehicle was originally factory equipped with spark arresters and/or mirrors).

(6) Charter buses or other vehicles engaged in transporting persons for compensation are only allowed by permit.

(7) The numbers of motorized vehicles, nonmotorized vehicles, horses, or boats allowed on any area at one time may be limited by the Department through a permitting system.

(8) The operation of nonmotorized vehicles are allowed subject to the following restrictions or conditions:

(a) Bicycles may be ridden on roads open to motorized vehicles, established roadbeds and designated bicycle trails unless otherwise posted.

(b) Using roller skates, in-line skates, skateboards, roller skis, coasting vehicles, or similar devices is allowed only in designated areas.

(c) Motorized, self-propelled, unmanned electric cargo carriers (“deer carts”) may be used for the purposes of hauling cargo and harvested game only.

E. Swimming.

Swimming is allowed only in designated areas, which includes any State or federal navigable waterway abutting or flowing through Department land.

F. Camping.

(1) Camping is allowed only within areas designated as campsites by the Department. The Department will designate campsites by placement of signs or by other means such as maps or brochures.

(2) Camping in one location for more than four nights is prohibited except under permit.

(3) All camping supplies must be removed from camping sites.

(4) No organized group of ten or more individuals may camp at a single designated camp site at any time except under permit.

(5) Permanent structures must not be erected.

G. Horse riding.

(1) Horse riding is allowed, except during any open hunting periods.

(2) The riding of horses is allowed on roads open to motorized vehicular traffic, unless posted as closed to horseback riding.

(3) Horse riding is allowed on firebreaks or trails if specifically posted as open to horseback riding.

(4) The Department may restrict the number of horses and horse trailers and may require permits on specific areas. Restrictions shall be posted at the offices and/or entrances to Department lands or in published brochures.

(5) The owner of any horse brought onto Department property is responsible for the payment of any expense for the removal of injured or dead horses.

(6) Horses must be attended.

(7) Only pelletized feed may be used, no hay.

(8) Access to a Department property by horseback is limited to a designated public entrance. A public entrance is a day-use parking area. For ride-on users (without vehicles or trailers) only, entrance is allowed where a road open to motorized vehicular traffic or firebreak designated for horseback riding intersects a public or private road.

(9) When not being ridden, horses must be led by halter or reins, confined in a trailer, or tied to a trailer tie or hitching rail. Horses may not be confined using portable corrals or electric fences.

(10) Within a day-use parking area, horses must be kept at a flat walk.

(11) The Department may require a person with an unruly horse, which is causing a disturbance or safety hazard, to remove the horse from Department property.

H. Operation of boats.

(1) Boats may be used on Department land only on a watercourse or water body which has been designated by the Department for the use of boats. The Department may restrict the type, size, or number of boats and motors or the use of motors. Any restrictions shall be posted at the entrances to Department land. This restriction shall not apply to any State or federal navigable waterway.

(2) Motorized boats may only be launched at launch sites designated by the Department.

I. Possession of pets or specialty animals.

(1) Pets may enter Department land and accompany an individual on allowed activities if each pet is under the actual control of the owner or possessor.

(2) Neither dangerous pets nor pets with a propensity toward aggressive behavior are allowed.

(3) The requirements of this subsection do not apply to dogs while being used during and as a part of any of the following activities:

(a) Hunting when use of dogs is authorized by statute or regulation.

(b) The training of dogs to hunt is deemed hunting; training of dogs to hunt on lands and waters may be undertaken only during periods when hunting with dogs is authorized by statute or regulation.

(c) Authorized field trial events.

(d) Special events or activities as authorized by the Department.

(4) Raptors are allowed on Department land in compliance with R.123-170.

J. Consumption of alcohol.

Alcoholic beverages may be consumed by a person of lawful age only at a designated campsite, designated facility, residence or other designated location.

K. Gathering, damaging, or destroying rocks, minerals, fossils, artifacts, geological formations or ecofacts.

(1) The Department may authorize the collection of certain material upon issuance of a permit.

L. Gathering, damaging, or destroying plants, fallen vegetation, animals and fungi.

(1) The Department may authorize the collection of certain material upon issuance of a permit.

(2) Shed antlers at ground surface may be collected.

M. Use of fire, fireworks, or explosives.

(1) Open fires may only be started at campsites designated by the Department. Gas grills, gas lanterns, and portable charcoal grills may be operated at designated campsites.

(2) No fire may be left unattended. Prior to leaving the site, any fire must be completely extinguished, leaving neither flames nor embers.

(3) No wood, except from dead and down trees or from supplies as may be furnished by the Department shall be used for fuel.

(4) On any land where camp fires are permitted, the Department may prohibit the use of fires for any purpose by posting a notice at entrances to individual parcels of land.

(5) No person may deposit lighted matches, cigars, cigarettes or other burning tobacco where they will cause fire.

N. Hours of Operation.

(1) The Department may restrict the hours of operation on any Department land by publication in Department brochures and pamphlets or by posting on site specific hours of operation.

(2) Heritage preserves are open for public use from one hour before sunrise to one hour after sunset. On any preserve that is designated as a wildlife management area, the hours of operation shall be the same as are authorized for hunting as stated in R.123-40.

O. Shooting onto or across WMA land closed to hunting.

(1) Shooting onto or across WMA land closed to hunting is allowed provided the shooter and the game being shot at are physically outside the boundary of the WMA. The airspace above the WMA is considered within the boundary of the WMA.

P. Emergency closure of Department properties.

(1) The Department may close all or part of any WMA, state lake, shooting range or any other property for a special event, in cases of emergency or catastrophe, or any time human health and/or safety may be at risk.

123-204. Additional Regulations Applicable to Specific Properties.

A. Aiken County Gopher Tortoise Heritage Preserve.

(1) Bicycles may be ridden on hiking trails. Bicyclists may ride in groups no larger than five (5).

B. Bay Point Heritage Preserve.

(1) No dogs are allowed.

(2) No person may enter any area of the preserve designated as a nesting area for birds.

C. Bear Branch Heritage Preserve.

Public visitation is by permit only. The preserve is closed to use except by permit.

D. Bear Island.

(1) Except when closed for scheduled hunts, the area is open from 1/2 hour before sunrise to 1/2 hour after sunset.

(2) The property is closed to all public access from November 1 through February 8, except for scheduled hunts.

(3) All terrain vehicles are prohibited.

(4) Camping is allowed only at designated sites and only during scheduled big game hunts.

(5) The area is closed to general public access during scheduled hunts.

(6) Fishing is allowed in designated areas from April 1 through September 30.

E. Bird-Key Stono Heritage Preserve.

(1) No dogs are allowed.

(2) No person may enter any area of the preserve designated as a nesting area for birds.

(3) March 15 through October 15 the area is closed to all access including the intertidal zone between low and high tide waterlines.

(4) October 16 through March 14 access is allowed only in the intertidal zone between low and high tide waterlines.

(5) No motorized vehicles, bicycles or horses.

F. Caper's Island Heritage Preserve.

(1) Overnight Camping on Capers Island is by permit only. Permit may be obtained from the DNR Charleston office. No more than 80 people will be allowed to camp per night. These 80 people may be divided into no more than 20 different groups.

(2) Permits will be issued on a first come first served basis.

(3) Campsites will be occupied on a first come first served basis.

(4) Permits are not required for day use.

(5) Persons without permits must be off the island by one hour after sunset.

(6) No trash is to be placed in any fire or buried.

(7) Department maintenance facilities on the island are not open to the public.

(8) No crab or fish pots or traps are allowed in impoundments.

(9) No motorized vehicles, non-motorized vehicles, off road vehicles, or all-terrain vehicles are allowed on Capers Island.

(10) No fishing is allowed from the impoundment tide gate.

(11) Dogs are allowed on Caper's Island subject to the following restrictions:

(a) Dogs are allowed on the southern beaches of Caper's Island.

(b) Dogs are not allowed in the impoundment area.

(c) Dogs are not allowed on the northern beaches of Capers Island between April 1 and August 31. Areas closed to dogs are posted by the Department.

(d) Dogs restrained by a leash or similar device are allowed in the designated area on Price's Inlet.

G. Crab Bank Heritage Preserve.

(1) No dogs are allowed.

(2) No person may enter any area of the preserve designated as a nesting area for birds.

(3) March 15 through October 15 the area is closed to all access including the intertidal zone between low and high tide waterlines.

(4) October 16 through March 14 access is allowed only in the intertidal zone between low and high tide waterlines.

(5) No motorized vehicles, bicycles or horses.

H. Daws Island Heritage Preserve.

Camping is allowed only by permit issued by the Department. Primitive camping only is allowed. Daws Island camping is limited to two groups of no more than eight people in each group.

I. Deveaux Bank.

(1) No dogs are allowed.

(2) No person may enter any area of the preserve designated as a nesting area for birds.

(3) Closed all year above the high tide line (no seasonal closure) except in the recreation area.

(4) No motorized vehicles, bicycles or horses.

J. Donnelley WMA.

(1) Horseback riders must obtain a permit from the Donnelley WMA office prior to riding.

(2) All terrain vehicles are prohibited.

(3) Camping is prohibited.

K. Dungannon Plantation Heritage Preserve.

(1) No person may enter any area of the preserve designated as a nesting area for birds.

(2) Entrance to the preserve is through a designated parking area. Each person must sign in and out of the preserve at a designated entrance/exit.

L. Gopher Branch Heritage Preserve.

Public visitation is by permit only.

M. Great Pee Dee River Heritage Preserve.

(1) Primitive camping only is allowed. Camping may occur only along riverbanks and on sandbars, which may be approached only by backpacking or boat.

(2) Each person entering the preserve other than by boat must sign in and out at a designated entrance/exit.

N. Jim Timmerman Natural Resources Area at Jocassee Gorges.

This subsection shall apply to all Department owned and leased land within the boundaries of the Jim Timmerman Natural Resources Area at Jocassee Gorges (hereinafter referred to as Jocassee Gorges).

(1) Camping.

(a) Backcountry camping by permit will be allowed at any time during the year that the main roads allowing access to the Jocassee Gorges are not opened in connection with big game hunting. Backcountry camping is allowed by permit only at any location within the Jocassee Gorges, except for any area closed for camping by the Department. Backcountry camping is defined as minimal impact camping. No fires are allowed and each permitted camper is responsible for camping in a manner that results in no trace of the camping activity being left after breaking camp. Backcountry campers must apply for camping permits over the Department

internet site. No camping is permitted within twenty-five (25) feet of a stream, lake, or as posted by the Department.

(b) The Foothills Trail and the Palmetto Trail pass through portions of the Jocassee Gorges. Use of the Foothills Trail and the Palmetto Trail shall be limited to hiking and primitive camping. Camping is allowed at any point along the trails and within one hundred feet of either side of the trails. Camping along the Foothills Trail and the Palmetto Trail is restricted to hikers while engaged in backpacking.

(2) Operation of motorized, non-motorized vehicles, all-terrain vehicles, and off-road vehicles. Motorized and non-motorized vehicle access to the Jocassee Gorges is limited. Highway 178 and Cleo Chapman Road (county road 143) are the only paved roads that access the property. Access by the general public to the Jocassee Gorges by motorized vehicles will follow a seasonal schedule with the exception of portions of Horsepasture and Camp Adger Roads. Road opening and closing schedules written below are given as general information. The Department may open and close any road at any time and for such duration as deemed necessary by the Department to manage the property.

(a) The operation of a motorized vehicle behind any closed gate is prohibited. Motorized, self-propelled, unmanned electric cargo carriers ("deer carts") may be used for the purposes of hauling cargo and harvested game only.

(b) Roads open to year-round public access include a section of Horsepasture Road to Jumping Off Rock (from Highway 178 only) and a section of Camp Adger Road.

(c) All roads with Green gates are seasonally open. All roads with red gates are closed to vehicular traffic. This information will be posted at all major entrances.

(d) Motorized vehicles, all terrain vehicles, and off road vehicles may be operated only on open maintained roads and parking areas except as otherwise established by posted notice or as approved by the Department.

(e) Motorized vehicles, all terrain vehicles, and off road vehicles shall not exceed speed limits posted on Department signs. On any land where no speed limit signs are posted the speed limit shall be 15 miles per hour.

(f) Subject to the authority in subsection (d) above, the operation of all terrain vehicles is restricted as follows: Operation of all terrain vehicles is restricted to one hour before sunrise to one hour after sunset each day beginning on Monday and continuing through the following Friday. A person may use an all terrain vehicle while actually engaged in hunting at any time hunting is allowed; provided, however, the operation of an all terrain vehicle is restricted to one hour before sunrise to one hour after sunset with the exception of game retrieval, and an all terrain vehicle may be used only on open roads. All terrain vehicles and off-road vehicles may not be operated on Horsepasture Road or Camp Adger Road during the periods January 16 - March 19 and May 11 - September 14 when the main roads are closed.

(g) All terrain vehicles having three (3) wheels and motorcycles constructed or intended primarily for off road use, such as dirt bikes and motocross bikes, are prohibited within the Jim Timmerman Natural Resources Area at all times.

(h) Bicycles may be ridden on any road or area that is not posted as closed to bicycles except that the Foothills Trail and Palmetto Trail are closed to bicycles.

(3) The use of hang gliders, parachutes, or similar devices is not allowed and may be deemed abuse of Department land.

(4) Sassafras Overlook Site. These regulations apply to the portion of Jocassee Gorges designated as the overlook site by the Department.

(a) No camping is allowed on the site.

(b) No fires are allowed on the site.

(c) The hours of operation are one hour before official sunrise to one hour after official sunset, except as permitted by the Department.

(d) No alcohol is allowed on the site.

(e) No motor vehicles are allowed except on public roads and in the designated parking area. Motorized scooters or similar vehicles designed specifically for use by disabled persons may only be used by disabled persons on the site. No ATVs, UTVs or similar vehicles are allowed on the site.

(f) No skateboards, hoverboards or similar devices are allowed on the site.

(g) No exclusive use of the site will be allowed by any party.

(h) No drones may be allowed on the site.

(i) No horses, mules, donkeys or other animals may be allowed on the site except pets as defined below.

(j) No pets will be allowed on the site except for dogs and cats. All pets must be restrained by a leash at all times and may not cause any disruption to other visitors, wildlife or the site. All pet waste must be picked up and removed from the site.

(k) Commercial vending is prohibited on the site.

(l) No bicycles may be ridden on the site, except on roads open to vehicular traffic and in designated parking areas.

(m) Special permits may be issued by the Department to allow activities prohibited herein.

(n) All other laws, regulations, and ordinances that apply to the site are also in effect.

(5) Abner Creek Falls Trail

(a) Human foot traffic only is permitted.

(b) No horses, bicycles, non-motorized conveyances or motor conveyance is permitted, except for motorized scooters or similar vehicles designed specifically for use by disabled persons that may only be used by disabled persons on the site.

(c) No access is allowed from the trail or platform to adjacent areas within 300 feet of the platform.

O. Joiner Bank Heritage Preserve.

(1) No dogs are allowed.

(2) No person may enter any area of the preserve designated as a nesting area for birds.

P. Little Pee Dee Heritage Preserve.

(1) Primitive camping only is allowed. Camping may occur only along riverbanks and on sandbars, which may be approached only by backpacking or boat.

Q. Nipper Creek Heritage Preserve.

Public visitation is by permit only. The preserve is closed to use except by permit.

R. North Santee Bar Heritage Preserve.

(1) No dogs are allowed.

(2) No person may enter any area of the preserve designated as a nesting area for birds.

S. St. Helena Sound Heritage Preserve (Ashe Island, Beet Island, Big Island, Warren Island, and South Williman).

Camping is restricted to primitive camping in designated areas only.

T. St. Helena Sound Heritage Preserve (Otter Island).

(1) No dogs are allowed.

(2) Primitive camping only is allowed by permit issued by the Department. Primitive camping is restricted to designated areas and will be allowed only between October 16 and March 14.

U. Samworth WMA.

(1) Managed wetlands will be open for wildlife observation, bird watching, photography or nature study during daylight hours (1/2 hour before sunrise to 1/2 hour after sunset) from February 9 through October 31 each year. Between November 1 and February 8 these activities will be restricted to designated areas on Butler Creek and the Big Pee Dee River. All public use of this type will be by foot travel only after arriving by watercraft.

(2) The mainland nature trail will be open during daylight hours (1/2 hour before sunrise to 1/2 hour after sunset) to foot traffic only.

(3) All terrain vehicles, bicycles, and horses are prohibited.

(4) Dirleton grounds are open to the public from 8:30 a.m. until 5:00 p.m., Monday through Friday.

V. Santee Coastal Reserve.

(1) The Santee Coastal Reserve is open during daylight hours (1/2 hour before sunrise to 1/2 hour after sunset) for limited public use year round except as listed below.

(2) Managed wetlands will be open for wildlife observation, bird watching, photography, or nature study during daylight hours (1/2 hour before sunrise to 1/2 hour after sunset) from February 9 through October 31 each year except during special hunts and events regulated by the Department.

(3) The dikes around the waterfowl impoundments will be closed, except by prior arrangement, during the period of November 1 through February 8 of the next year.

(4) Prior arrangements must be made with the Reserve Manager to use observation blinds for waterfowl.

(5) Upland trails will be available during open periods stated above.

(6) The beaches on Cedar and Murphy Islands will be open year round, seven days a week, during daylight hours. No person may enter any area designated as a critical area for wildlife.

(7) Bicycles may be ridden on upland trails year round and on dikes from February 9 - October 31.

(8) Fishing is permitted from the Santee River dock and the Hog Pen impoundment except during scheduled waterfowl hunts. Fishing will be allowed during daylight hours (1/2 hour before sunrise to 1/2 hour after sunset). Fishing is permitted on Murphy and Cedar Island beaches at any time on a year round basis.

(9) Primitive camping on Cedar and Murphy Islands is restricted to designated areas and will be allowed only between October 16 and March 14. Camping on the mainland portion is restricted to the designated campground. Mainland camping registration is required at the campground self-serve kiosk. Advance registration is required for groups greater than 15 people.

(10) Dogs are allowed on Cedar and Murphy Islands subject to the following restrictions:

(a) Dogs are allowed during participation in scheduled hunts

(b) Dogs are allowed in designated areas at the southern end of Cedar Island and the South Santee side of Murphy Island.

(c) Dogs are prohibited in all other areas of Cedar and Murphy Island between April 1 and August 30.

(d) Areas closed to dogs are posted by the Department.

W. Santee-Delta WMA.

(1) Managed wetlands will be open for wildlife observation, bird watching, photography or nature study during daylight hours (1/2 hour before sunrise to 1/2 hour after sunset) from February 9 through October 31 each year except during special hunts and events regulated by the Department. Area closed to all public access from November 1 through February 8 except for special hunts and events regulated by the Department. All public use of this type will be by foot travel only.

(2) All terrain vehicles, bicycles, and horses are prohibited.

(3) Camping is prohibited.

X. Shealy’s Pond Heritage Preserve.

Gasoline powered motors on boats are prohibited.

Y. Tillman Sand Ridge Heritage Preserve.

(1) Camping is allowed in designated campsites during designated hunts only.

Z. Tom Yawkey Wildlife Center.

The Center is a wildlife sanctuary. Boating, fishing and wildlife viewing in or upon navigable waters is allowed.

(1) Public visitation is by pre-scheduled educational field trips only. The scheduling of educational field trips is at the discretion of SCDNR.

(2) Primitive camping is allowed by permit only. Requests for permits should be no less than 2 weeks prior to their effective date. Primitive camping is allowed only at Department designated locations along the beach front from October 16 and March 14. Only one permit will be issued for each location at a time. Camping is allowed for a period of not more than 4 consecutive nights per individual permit holder.

(3) No dogs are allowed on beaches, except in the designated public access area.

AA. Victoria Bluff Heritage Preserve.

(1) No campfires or any other use of fire shall be allowed.

BB. Waccamaw River Heritage Preserve.

Primitive camping only is allowed. Camping is allowed only along riverbanks and on sandbars; campers may approach only by backpacking or boat.

CC. Watson Cooper Heritage Preserve.

Camping is restricted to primitive camping. No live plants may be cut or cleared to improve or expand a campsite. No campsites or campfires within 25 feet of a stream or creek.

DD. Webb WMA.

(1) Webb WMA is closed to the general public from one hour after official sunset to one hour before official sunrise.

(2) Overnight visitors to the Webb Center are not restricted in hours of access.

(3) No camping without a permit except for deer, turkey, and hog hunters on nights before a designated hunt.

(4) Bicycles may be ridden on any area that is not marked or posted as restricted to bicycles. No bicycle may be operated in any manner or place that will damage or degrade any feature or habitat. During scheduled big game hunts, bicycles and all terrain vehicles are prohibited except as used by legal hunters and anglers.

EE. Laurel Fork Heritage Preserve.

(1) All terrain vehicles may be ridden on the portions of Cane Break and Horsepasture roads on the Preserve subject to the same rules as the Jim Timmerman Natural Resources Area at Jocassee Gorges.

FF. Botany Bay Plantation WMA.

(1) No camping is allowed.

(2) All terrain vehicles are prohibited except those permitted by the Department for special management activities.

(3) The Fig Island shell rings are closed to all public access except organized scientific, management or educational activities permitted by the the Department.

(4) Access to the beach is by foot, bicycle or boat; no horses allowed on the beach. No dogs allowed on the beach. No collection, removal or possession of shells, fossils, driftwood or cultural artifacts is permitted.

(5) Sea Cloud Landing on Ocella Creek and all other designated access points are restricted to non-trailered watercraft.

(6) All hunters, fishermen and visitors must obtain and complete a day use pass upon entering the area and follow instructions on the pass.

(7) Botany Bay Plantation WMA is closed to public access 1/2 hour after sunset until 1/2 hour before sunrise except for special events regulated by the Department.

(8) No person may gather, collect, deface, remove, damage, disturb, destroy, or otherwise injure in any manner whatsoever the plants, animals (except lawful hunting), fungi, rocks, minerals, fossils, artifacts, or ecofacts including but not limited to any tree, flower, shrub, fern, moss, charcoal, plant remains, or animal remains. The Department may authorize the collection of certain material upon issuance of a permit as provided in 123-206.

(9) Shorebased fishing, shrimping, and crabbing, is allowed only on the front beach and in designated areas only.

(10) The Department reserves the right to close specific areas as needed for management purposes.

(11) Alcoholic beverages are prohibited on the area.

GG. McBee WMA.

(1) All terrain vehicles are prohibited.

HH. Campbells Crossroads and Angelus Tract.

(1) All terrain vehicles are prohibited.

II. Pee Dee Station WMA.

(1) All terrain vehicles are prohibited.

JJ. Daily use cards are required for all users of Hamilton Ridge WMA, Palachucola WMA, Webb WMA, Tillman Sand Ridge Heritage Preserve, Bonneau Ferry WMA, Bear Island WMA, Donnelley WMA, Great Pee Dee River Heritage Preserve, Belfast WMA, Congaree Bluffs Heritage Preserve, Marsh WMA, Woodbury WMA, Worth Mountain WMA, Liberty Hill WMA and Santee Cooper WMA. Cards must be in possession while on the property and completed cards must be returned daily upon leaving the property.

KK. Liberty Hill WMA

(1) All-terrain vehicles are prohibited.

(2) The area is closed to public access 1/2 hour after sunset until 1/2 hour before sunrise except for hunts and special events regulated by the Department.

LL. Wateree River HP WMA

(1) All-terrain vehicles are prohibited.

(2) The waterfowl impoundments are closed to all public access from November 1 through February 8, except for scheduled hunts.

(3) The area is closed to public access 1/2 hour after sunset until 1/2 hour before sunrise except for special events regulated by the Department.

(4) All users, including hunters and anglers must obtain and possess a day use pass upon entering the area and follow instructions on the pass. The completed form must be deposited in the designated container before leaving the area.

(5) Special events may be permitted by the Department.

(6) Horseback riding is prohibited except by special permit.

MM. Lewis Ocean Bay HP WMA

(1) Horseback riding is also allowed during the period January 2 through March 1, subject to the restrictions in Regulation 123-203, Paragraph G, sections (2) through (11).

NN. Turtle Island WMA

(1) No dogs are allowed, except during participation in scheduled hunts, and when physically restrained by a leash or similar device between Sept 1 and March 31.

(2) Primitive camping is restricted to designated areas and will be allowed only between October 16 and March 14.

OO. Pine Island

(1) No dogs are allowed, except when physically restrained by a leash or similar device between Sept 1 and March 31.

Fiscal Impact Statement:

The amendment to Regulation 123-203 will have no fiscal impact on the public or the responsible agency.

Statement of Rationale:

Rationale for the formulation of these regulations is based on over 70 years of experience by SCDNR in managing public areas and public use. Conditions of public use for specific properties are continually evaluated for needed changes. Contractual agreements with the landowners provide guidelines for the use and management of the property. Wildlife Management Area agreements are on file with the Wildlife Management Section of the Department of Natural Resources, Room 267, Dennis Building, 1000 Assembly Street, Columbia.

Document No. 5165
DEPARTMENT OF NATURAL RESOURCES
CHAPTER 123
Statutory Authority: 1976 Code Sections 50-1-60, 50-1-200, 50-1-220, 50-9-650, 50-11-10, 50-11-105, 50-11-310, 50-11-315, 50-11-320, 50-11-365, 50-11-390, 50-11-410, 50-11-430, 50-11-500, 50-11-520, 50-11-525, 50-11-530, 50-11-580, 50-11-2200, and 50-11-2210

123-40. Wildlife Management Area Regulations.
123-53. Bear Hunting Rules and Seasons.

Synopsis:

The South Carolina Department of Natural Resources is proposing to amend the existing regulations that set seasons, bag limits and methods of hunting and taking of wildlife. The following is a section-by-section summary of the proposed changes and additions:

The Notice of Drafting was published in Volume 46, Issue No. 8 of the South Carolina *State Register* on August 26, 2022.

Instructions:

Print the regulation as shown below. Unless indicated, all other items remain intact and unchanged.

Text:

123-40. Wildlife Management Area Regulations.

1.1 The regulations governing hunting including prescribed schedules and seasons, methods of hunting and taking wildlife, and bag limits for Wildlife Management Areas and special restrictions for use of WMA lands are as follows:

A. Game Zone 1
1. US Forest Service WMA lands (Sumter National Forest)
(a) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.
(b) Primitive Weapons Hunts for Deer
(i) Oct. 1 - Oct. 10
(c) Still Gun Hunts for Deer
(i) Oct. 11 through Oct. 16; Oct. 31 - Jan. 1
(d) Archery Hunts for Deer
(i) Oct. 17-Oct. 30
(e) Still Gun Hunts for Bear
(i) Game Zone 1 seasons and bag limits apply
(f) Special Party Dog Hunt for Bear
(i) Game Zone 1 seasons and bag limits apply
(g) Small Game
(i) Game Zone 1 seasons and bag limits apply
(h) Hog Hunts with Dogs
(i) Jan. 2 - Jan. 10, Mar. 20 - Mar. 28
2. Other WMAs
(a) Archery Hunts for Deer
(i) Oct. 17 - Oct. 30
(b) Primitive Weapons for Deer

(i) Oct. 1 through Oct. 10
(c) Still Gun Hunts for Deer
(i) Oct. 11 through Oct. 16; Oct. 31 - Jan. 1
(d) Still Gun Hunts for Bear
(i) Game Zone 1 seasons and bag limits apply
(e) Special Party Dog Hunt for Bear
(i) Game Zone 1 seasons and bag limits apply
(f) Small Game
(i) Game Zone 1 seasons and bag limits apply
(g) Hog Hunts with Dogs
(i) Jan. 2 - Jan. 10, Mar. 20 - Mar. 28
3. Glassy Mountain Archery Only Area - Chestnut Ridge Heritage Preserve
(a) Archery Hunts for Deer.
(i) Oct. 1 - Jan. 1
(b) Small Game
(i) Game Zone 1 seasons and bag limits apply
4. Long Creek Tract
(a) Game Zone 1 seasons and bag limits, except no deer hunting on or after Thanksgiving Day
5. Mill Shoals WMA
(a) Archery Hunts for Deer
(i) Oct. 1 - Jan. 1
(b) Archery Hunts for Bear
(i) Oct. 17 - Oct. 23
(c) Small Game
(i) Game Zone 1 seasons and bag limits apply

B. Game Zone 2
1. US Forest Service WMA lands (Sumter National Forest)
(a) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.
(b) Archery Hunts for Deer
(i) Sept. 15 - Sept. 30
(c) Primitive Weapons for Deer
(i) Oct. 1 through Oct. 10
(d) Still Gun Hunts for Deer
(i) Oct. 11 through Jan. 1
(e) Small Game
(i) Game Zone 2 seasons and bag limits apply except for quail and woodcock within the Indian Creek Quail Focal Area on the Enoree Ranger District of the Sumter National Forest
(f) Hog Hunts with Dogs
(i) Jan. 2 - 10, Mar. 20 - 28
2. Other WMAs
(a) Archery Hunts for Deer
(i) Sept. 15 - Sept. 30
(b) Primitive Weapons for Deer
(i) Oct. 1 through Oct. 10
(c) Still Gun Hunts for Deer
(i) Oct. 11 through Jan. 1
(d) Small Game
(i) Game Zone 2 seasons and bag limits apply
(e) Hog Hunts with Dogs
(i) Jan. 2 - 10, Mar. 20 - 28
3. Keowee WMA

(a) Designated as a Quality Deer Management Area. No hunting is allowed in research and teaching areas of Keowee WMA posted with white signs except those special hunts for youth or mobility impaired as conducted by the Department.

(b) North of Hwy 123 and west of the Keowee arm of Lake Hartwell, and west of Hwy 291, small game hunting with shotguns only. All other areas are archery only for small game.

(c) Archery Hunts for Deer

(i) Oct. 15 - Dec. 22

(d) Raccoon and Opossum

(i) Game Zone 2 seasons and bag limits

(e) Other Small Game

(i) Game Zone 2 seasons and bag limits apply.

(ii) No small game hunting during archery deer hunts except for waterfowl, designated dove field hunting, or raccoon and opossum hunting at night.

4. Draper WMA

(a) Data cards required for hunter access, except draw dove hunts. Completed data cards must be returned daily before leaving the WMA.

(b) Archery Hunts for Deer

(i) Sept. 15 - Sept. 30

(c) Primitive Weapons for Deer

(i) Oct. 1 - Oct. 10

(d) Still Gun Hunts for Deer

(i) Oct. 11 - Jan. 1

(e) Quail Hunts

(i) 1st Sat. following Thanksgiving, 1st, 3rd, and 4th Wed. in Dec., 3rd Sat. in Dec., 1st and 4th Sat. in Jan., 3rd Wed. in Jan., 2nd Wed. in Feb., 3rd Sat. in Feb.

(ii) Game Zone 2 bag limit

(iii) Shooting hours end 30 minutes prior to official sunset.

(f) Rabbit Hunts

(i) Wed. and Sat. in Jan. and Feb. except during scheduled quail hunts.

(ii) Game Zone 2 bag limit

(g) Other Small Game (no fox squirrels)

(i) Zone 2 seasons and bag limits apply

5. Fant's Grove WMA

(a) Designated as a Quality Deer Management Area

(b) Archery Deer Hunts

(i) Oct. 15 - Dec. 22

(c) Special Gun Hunts for Deer

(i) Hunters selected by drawing

(ii) Total 1 deer, either sex.

(d) Raccoon and Opossum

(i) Game Zone 2 seasons and bag limits

(e) Other Small Game

(i) Game Zone 2 seasons and bag limits apply

(ii) No small game hunting during archery deer hunts except for waterfowl, designated dove field hunting, or raccoon and opossum hunting at night.

(iii) Waterfowl may be hunted Wed. and Sat. AM only.

6. Rock Hill Blackjacks HP WMA

(a) Archery Deer Hunts

(i) Sept. 15 - Jan. 1

(b) Small Game

(i) No small game hunting

7. Belfast WMA

(a) All terrain vehicles are prohibited. All harvested deer and turkeys must be checked in at the Belfast Check Station. Belfast WMA is open to public access during daylight hours (1/2 hour before sunrise to 1/2 hour after sunset) except during special hunts and events regulated by DNR. Hunters may not enter the WMA prior to 5:00 AM on designated hunts. Public visitation is not allowed during scheduled deer and turkey hunts. Data cards required for hunter access. Completed data cards must be returned daily upon leaving Belfast WMA.

(b) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.

(c) Designated as a Quality Deer Management Area.

(d) Archery Hunts for Deer

(i) Sept. 15 - Sept. 30

(e) Still Gun Hunts for Deer

(i) Hunters selected by drawing

(f) Small Game (no fox squirrels)

(i) Thanksgiving Day - Mar. 1

(ii) Game Zone 2 bag limits

8. Broad River Waterfowl Management Area

(a) Archery Deer Hunts

(i) Sept. 15 - Oct. 31

(b) Small Game

(i) Feb. 8 - Mar. 1

(ii) Game Zone 2 bag limits

9. McCalla WMA

(a) Designated as a Quality Deer Management Area.

(b) Deer Hunts

(i) Game Zone 2 seasons

(c) Small Game

(i) Game Zone 2 seasons and bag limits apply

(d) Hog Hunts with Dogs

(i) Jan. 2 - 10, Mar. 20 - 28

(e) Special Hunt Area for Youth and Mobility Impaired Hunters

(i) No open season except for hunters selected by drawing

(ii) 1 deer per day, either sex

10. Worth Mountain WMA

(a) Designated as a Quality Deer Management Area

(b) Deer Hunts

(i) Game Zone 2 seasons

(c) Small Game

(i) Game Zone 2 seasons and bag limits apply.

11. Liberty Hill WMA

(a) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.

(b) Designated as a Quality Deer Management Area.

(c) Archery Hunts for Deer

(i) Sept. 15 - Sept. 30

(d) Primitive Weapons for Deer

(i) Oct. 1 - Oct. 10

(e) Still Gun Hunts for Deer

(i) Oct. 11 - Jan. 1

(f) Small Game (no fox squirrels)

(i) Zone 2 seasons and bag limits apply.

12. Delta North WMA

(a) Deer Hunts

(i) Game Zone 2 seasons

(b) Small Game (no fox squirrels)
(i) Game Zone 2 seasons and bag limits apply

13. Delta South WMA
(a) Archery Hunts for Deer
(i) Sept. 15 - Sept. 30
(b) Still Gun Hunts for Deer
(i) Nov. 1 - Nov. 21, Wednesdays and Saturdays Only.
(ii) Special hunts for youth or mobility impaired hunters as published by SCDNR.
(c) Small Game (no fox squirrels)
(i) Thanksgiving Day - Mar. 1
(ii) Game Zone 2 bag limits

14. Forty Acre Rock HP WMA
(a) Archery Hunts for Deer
(i) Sept. 15 - Sept. 30
(b) Primitive Weapons for Deer
(i) Oct. 1 - Oct. 10
(c) Still Gun Hunts for Deer
(i) Oct. 11 - Jan. 1
(d) Small Game (no fox squirrels)
(i) Game Zone 2 seasons and bag limits apply

15. Indian Creek Quail Focal Area

(a) The area is defined as that area of the Sumter National Forest Enoree Ranger District in Newberry County, bounded on the south by Old Whitmire Highway, private lands, and SC Highway 176; on the east by Brazzelmans Bridge Road, and private lands; on the northeast by the Enoree River; on the north by Wallace Road and private lands; on the west by SC Highway 121 and private lands; and on the southeast by Indian Creek to its intersection with SC Highway 121.

(b) Small Game (except quail)
(i) Game Zone 2 seasons and bag limits apply

(c) Quail Hunts

(i) 1st Sat. following Thanksgiving, 1st, 3rd, and 4th Wed. in Dec., 3rd Sat. in Dec., 1st and 4th Sat. in Jan., 3rd Wed. in Jan., 2nd Wed. in Feb., 3rd Sat. in Feb.

(ii) Daily bag limit for quail is 6 quail per person per day

(d) Woodcock hunting is permitted only on designated quail hunting days within the statewide woodcock hunting season.

(e) All quail, woodcock, and rabbit hunters must sign in and out at the designated check station.

C. Game Zone 3

1. Other WMAs
(a) Archery Deer Hunts
(i) Sept. 15 - Sept. 30
(b) Still Gun Hunts for Deer
(i) Oct. 1 - Jan. 1
(c) Small Game
(i) Game Zone 3 seasons and bag limits apply

2. Crackerneck WMA and Ecological Reserve

(a) All individuals must sign in and out at main gate. Designated as a Quality Deer Management Area. Scouting seasons (no weapons), will be Saturdays only during September, March, and May. The gate opens at 6:00am and closes at 8:00pm. On deer hunt days, gates will open as follows: Oct., 4:30am - 8:30pm; Nov. - Dec., 4:30am - 7:30pm. For special hog hunts in Jan. and Feb., gate will be open from 5:30am - 7:00pm. On all raccoon hunts, raccoon hunters must cease hunting by midnight and exit the gate by 1:00am. All reptiles and amphibians are protected. No turtles, snakes, frogs, toads, salamanders etc. can be captured, removed, killed or harassed.

(b) Archery Deer Hunts
(i) 1st Fri. and Sat. in Oct

(c) Primitive Weapons Deer Hunts (no buckshot).

(i) 2nd Fri. and Sat. in Oct.

(d) Still Gun Hunts for Deer

(i) 3rd Fri. in Oct. - Jan. 1, Fri., Sat. and Thanksgiving Day only except closed Dec. 25.

(e) Raccoon and Opossum

(i) 3rd Sat. night in Oct. - Jan. 1, Sat. nights only, except closed Dec. 25, 1st Fri. night in Jan. to last Fri. or Sat. night in Feb., Fri. and Sat. nights only.

(ii) 3 raccoons per party per night

(f) Hog Hunts with Dogs (handguns only)

(i) 1st Fri. after Jan. 1 - last Fri. in Feb. Fridays only

(ii) No limit.

(g) Other Small Game (except no open season on bobcats, foxes, otters or fox squirrels).

(i) 3rd Fri. in Oct. - last Fri. or Sat. in Feb. Fri., Sat. and Thanksgiving Day only except closed Dec. 25.

(ii) Game Zone 3 bag limits

3. Aiken Gopher Tortoise Heritage Preserve WMA

(a) Archery Deer Hunts

(i) Sept. 15 - Sept. 30

(b) Still Gun Hunts for Deer

(i) Oct. 1 - Jan. 1.

(c) Small Game (no fox squirrels).

(i) Thanksgiving day - Mar. 1.

(ii) Game Zone 3 bag limits.

4. Ditch Pond Heritage Preserve WMA

(a) Archery Deer Hunts.

(i) Sept. 15 - Jan. 1

(b) Small Game (no fox squirrels).

(i) Thanksgiving Day - Mar. 1

(ii) Game Zone 3 bag limits

5. Henderson Heritage Preserve WMA

(a) Archery Deer Hunts.

(i) Sept. 15 - Jan. 1

(b) No small game hunting allowed

6. Francis Marion National Forest

(a) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.

(b) All deer must be checked in by one hour after legal sunset.

(c) During deer hunts when dogs are used, buckshot only is permitted. On hunts with dogs, all deer must be checked in by one hour after legal sunset. Individual antlerless deer tags are not valid during dog hunts for deer unless otherwise specified. Tibwin Special Use Area (in Wambaw) is closed to hunting except for Special hunts. On youth deer hunts, only youths 17 and younger may carry a gun and must be accompanied by an adult 21 years old or older. No fox or coyote hunting with dogs on the Francis Marion.

(d) Hog Hunts with Dogs

(i) 3rd full week in Mar., 3rd full week in May

(e) Still Hog Hunts

(i) First full week in Mar.

(f) Hellhole WMA

(i) Archery Deer Hunts

(1) Sept. 15 - Oct. 10

(ii) Still Gun Hunts for Deer

(1) Oct. 11 - Jan. 1 except during scheduled dog drive hunts

(iii) Deer Hunts with Dogs (shotguns only)

(1) 1st Sat. in Nov., 1st Sat. in Dec.

(a) 2 deer per day, buck only

(iv) Youth Only Deer Hunt with Dogs

(1) 2nd Sat. in Nov.

(2) Requirements and bag limits for youth are the same as the statewide youth deer hunt day except no antlerless deer may be taken.

(v) Small Game (no open season for fox hunting)

(1) Game Zone 3 seasons and bag limits apply.

(2) Dogs allowed during small game gun season only. Closed during scheduled periods using dogs to hunt deer.

(g) Waterhorn WMA

(i) Archery Deer Hunts

(1) Sept. 15 - Oct. 10

(ii) Muzzleloader Hunts for Deer

(1) Oct. 11 - Oct. 20

(iii) Still Gun Hunts for Deer

(1) Every Friday and Saturday beginning Nov. 1.

(iv) Small Game (no open season for fox hunting)

(1) Game Zone 3 seasons and bag limits apply.

(2) Dogs allowed during small game gun season only. Closed to small game and waterfowl hunting during scheduled deer hunt periods.

(h) Wambaw WMA

(i) Archery Deer Hunts

(1) Sept. 15 - Oct. 10

(ii) Still Gun Hunts for Deer

(1) Oct. 11 - Jan. 1 except during scheduled dog drive hunts west of Hwy 17.

(2) Still gun hunts only East of Hwy 17. No buckshot.

(iii) Deer Hunts with Dogs (shotguns only)

(1) Fri. in Sept. before the last Sat. Northampton dog hunt, Wed. and Thurs. before the 3rd Sat. in Nov. and 2nd Sat. in Oct., first 2 days excluding Sunday after Dec. 25

(a) 2 deer per day, buck only

(2) 2nd Sat. in Dec.

(a) 1 deer per day

(b) All deer must be checked in at designated check stations.

(iv) Youth Only Deer Hunt with Dogs

(1) 3rd Saturday in November.

(2) Requirements and bag limits for youth are the same as the statewide youth deer hunt day except no antlerless deer may be taken.

(v) Seewee Special Use Area

(1) Archery Deer Hunts

(2) Sept. 15 - Jan. 1

(vi) Small Game (no open season for fox hunting)

(1) Game Zone 3 seasons and bag limits apply.

(2) Dogs allowed during small game gun season only. Closed during scheduled periods using dogs to hunt deer.

(i) Northampton WMA

(i) Archery Deer Hunts

(1) Sept. 15 - Oct. 10

(ii) Still Gun Hunts for Deer

(1) Oct. 11 - Jan. 1 except during scheduled dog drive hunts.

(iii) Deer Hunts with Dogs (shotguns only)

(1) Last Sat. in Sept., Wed. and Thurs. before the 2nd Sat. in Oct., Fri. before the 4th Sat. in Nov., 3rd day excluding Sunday after Dec. 25

(a) 2 deer per day, buck only

(2) 2nd Sat. in Dec.

(a) 1 deer per day

(b) All deer must be checked in at designated check stations.

(iv) Youth Only Deer Hunt with Dogs

(1) Last Saturday in Nov.

(2) Requirements and bag limits for youth are the same as the statewide youth deer hunt day except no antlerless deer may be taken.

(v) Small Game (no open season for fox hunting)

(1) Game Zone 3 seasons and bag limits apply.

(2) Dogs allowed during small game gun season only. Closed during scheduled periods using dogs to hunt deer.

(j) Santee WMA

(i) Archery Deer Hunts

(1) Sept. 15 - Oct. 10

(ii) Still Gun Hunts for Deer

(1) Oct. 11 - Jan. 1 except during scheduled dog drive hunts

(iii) Deer Hunts with Dogs (shotguns only)

(1) 2nd Fri. and Sat. in Sept., Wed. and Thurs. before the 4th Sat. in Oct., 1st Fri. in Dec.

(a) 2 deer per day, buck only

(2) 2nd Sat. in Dec.

(a) 1 deer per day

(b) All deer must be checked in at designated check stations.

(iv) Youth Only Deer Hunt with Dogs

(1) 3rd Sat. in Oct.

(2) Requirements and bag limits for youth are the same as the statewide youth deer hunt day except no antlerless deer may be taken.

(v) Small Game (no open season for fox hunting)

(1) Game Zone 3 seasons and bag limits apply.

(2) Dogs allowed during small game gun season only. Closed during scheduled periods using dogs to hunt deer.

7. Moultrie

(a) No hunting or shooting within fifty feet of the center of any road during gun hunts for deer except for SCDNR draw youth hunts.

(b) Bluefield WMA

(i) Open only to youth 17 years of age or younger who must be accompanied by an adult at least 21 years of age. Youth hunters must carry a firearm and hunt. Adults with youth are allowed to carry a weapon and hunt.

(ii) Still Gun Hunts for Deer

(1) Sept. 15 - Jan. 1, Wed. and Sat. only

(iii) Small Game (no fox squirrels)

(1) Game Zone 3 seasons and bag limits apply.

(2) No small game hunting during scheduled deer hunts.

(c) Greenfield WMA

(i) Still Gun Hunts for Deer

(1) Sept. 15 - Jan. 1

(ii) Small Game (no fox squirrels)

(1) Thanksgiving Day - Mar. 1

(2) Game Zone 3 bag limits

(d) North Dike WMA

(i) Still Gun Hunts for Deer

(1) Sept. 15 - Oct. 15.

(ii) Special Gun Hunts for youth and women

(1) Hunters selected by drawing.

(2) 1 deer per day

(iii) Small Game (no fox squirrels)

(1) Jan. 2 - Mar. 1
(2) Game Zone 3 bag limits.
(3) Sandy Beach Waterfowl Area open for raccoon hunting Feb. 1 - Mar. 1

(e) Porcher and Hall WMAs
(i) Archery Deer Hunts
(1) Sept. 15 - Jan. 1
(ii) Small Game (no fox squirrels) shotguns only
(1) Jan. 2 - Mar. 1
(2) Game Zone 3 bag limits

(f) Cross Station Site
(i) Special Gun Hunts for youth and women
(1) No open season except hunters selected by drawing
(2) 1 deer per day

8. Santee Cooper WMA

(a) Data cards required for hunter access. Completed data cards must be returned daily upon leaving. Hunters limited to two deer/tree stands . No stands may be placed on Santee Cooper WMA prior to Sept. 1. Campground is open during scheduled deer hunts only. All impoundments and posted buffers are closed to all public access Nov. 1 - Feb. 8 except during hunts as prescribed by the Department.

(b) Designated as a Quality Deer Management Area

(c) Archery Deer Hunts
(i) Sept. 15 - Oct. 31

(d) Primitive Weapons Deer Hunts
(i) Nov. 1 - Monday before Thanksgiving Day

(e) Special Gun Hunts for youth
(i) Hunters selected by drawing.
(ii) 1 deer per day

(f) Small Game (no fox squirrels)
(i) Thanksgiving Day - Mar. 1
(ii) Game Zone 3 bag limits

9. Webb WMA

(a) Data cards are required for hunter access. Completed data cards must be returned daily upon leaving. Designated as a Quality Deer Management Area.

(b) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.

(c) Still Hunts for Deer
(i) Hunters selected by drawing
(ii) 2 deer, either sex but only 1 buck

(d) Hog Hunts with Dogs

(i) 1st Thurs. - Sat. in Mar., 2nd Thurs. - Sat. in May, 4th Thurs. - Sat. in June, 4th Thurs. - Sat. in July, and last Thurs. Sat. in August

(e) Quail Hunts

(i) 1st Sat. following Thanksgiving, 1st, 3rd, and 4th Wed. in Dec., 3rd Sat. in Dec., 1st and 4th Sat. in Jan., 3rd Wed. in Jan., 2nd Wed. in Feb., 3rd Sat. in Feb.
(ii) Game Zone 3 bag limit
(iii) Shooting hours end 30 minutes prior to official sunset

(f) Raccoon and Opossum

(i) Tues. nights and Sat. nights between Oct. 11 - Sat. before Thanksgiving; The full week of Thanksgiving; Tues. nights and Sat. nights from the Tues. after Thanksgiving until Dec. 15.; Dec. 15 - Mar. 1
(ii) On Saturdays prior to Dec. 15, no entry onto WMA until 1 hour after official sunset.
(iii) Game Zone 3 bag limits

(g) Other Small Game (no fox squirrels)
(i) Thanksgiving Day through the following Sunday, Dec. 15 - Mar. 1
(ii) Game Zone 3 bag limits

(h) Dove Hunting

(i) Designated public dove field only on specified days.

10. Bear Island WMA

(a) All hunters must sign in and out at the Bear Island Office. Hunting in designated areas only.

(b) Archery Deer Hunts

(i) Oct. 1 - Oct. 10

(c) Still Gun Hunts for Deer

(i) Hunters selected by drawing

(ii) 3 deer, either sex but only 1 buck

(d) Hog Hunts with Dogs

(i) 1st Thurs. - Sat. in March

(e) Alligator Hunts (Bear Island East and West Units only)

(i) Hunters selected by drawing only. Limited season with restricted access.

(ii) Limit and size restrictions as prescribed.

(f) Small Game

(i) Feb. 8 - Mar. 1

(ii) Game Zone 3 bag limits

11. Donnelley WMA

(a) All hunters must sign in and out at the check station. Hunting in designated areas only.

(b) Archery Deer Hunts

(i) Sept. 15 - Sept. 30

(c) Still Gun Hunts for Deer

(i) Hunters selected by drawing

(ii) 3 deer, either sex but only 1 buck

(d) Hog Hunts with Dogs

(i) 1st Thurs. - Sat. in March

(e) Small Game (no fox squirrels)

(i) Thanksgiving Day - Mar. 1

(ii) Game Zone 3 bag limits

12. Hatchery WMA

(a) Archery Deer Hunts

(i) Sept. 15 - Jan. 1

(b) No small game hunting

13. Bonneau Ferry WMA

(a) All terrain vehicles prohibited. Hunting access by boat is prohibited. For hunting, the Adult/youth side is open only to youth 17 years old or younger who must be accompanied by only one adult 21 years of age or older. Youth hunters must carry a firearm and hunt. Adults with youth hunters may also carry a firearm and hunt. For deer and small game, regulations for the adult/youth and general use sides of the property will alternate each year as prescribed by the Department. All hunters must sign in and sign out upon entering or leaving. All deer must be checked out at the main entrance. Closed to public access one hour after sunset until one hour before sunrise except for special hunts regulated by DNR. Hunters may not enter WMA prior to 5:00 AM on designated hunts. All impoundments and adjacent posted buffers are closed to all public access Nov. 1 - Feb. 8 except for special draw deer hunts and waterfowl hunts regulated by DNR during the regular waterfowl season. Hunted areas are closed to general public access during scheduled deer, turkey and waterfowl hunts. No fox hunting.

(b) Adult/Youth Side

(i) Still Gun Hunts for Deer

(1) Sept. 15 - Jan. 1

(c) General Use Side

(i) Archery Deer Hunts

(1) Sept. 15 - Sept. 30

(ii) Still Gun Hunts for Deer

(1) Hunters selected by drawing

(2) Total 3 deer, either sex except only 1 buck.

(3) Hunters are required to have permit in possession and must sign in and out (Name, permit # and deer killed each day).

(d) Small Game (no fox squirrels or fox)

(i) Jan. 2 - Mar. 1

(ii) Game Zone 3 bag limits

(iii) Dogs allowed during gun seasons only

(e) Bonneau Ferry Fishing Regulations

(i) Open to fishing from Mar. 2 - Oct. 31 during daylight hours only

(ii) Adult/youth fishing only. Each youth (17 years and under) must be accompanied by no more than two adults 18 years of age or older.

(iii) The youth must actively fish.

(iv) Fishing is not allowed during scheduled deer and turkey hunts.

(v) Only electric motors may be used.

(vi) Creel limits per person per day are: largemouth bass - 2, panfish (bluegill, redear, crappie, pumpkinseed, redbreast) - 10, catfish - 5, species not listed - no limit. Grass carp must be released alive immediately.

14. Santee Coastal Reserve WMA

(a) Archery Deer Hunts

(i) Sept. 15 - Jan. 1

(ii) Hunting on mainland only

(b) Hog Hunts with Dogs

(i) 2nd full week in March

(c) Alligator Hunts

(i) Hunters selected by drawing only. Limited season with restricted access.

(ii) Limit and size restrictions as prescribed

(d) Small Game (no fox squirrels)

(i) Thanksgiving Day - Mar. 1

(ii) Game Zone 3 bag limits

15. Dungannon Heritage Preserve WMA

(a) Archery Deer Hunts

(i) Sept. 15 - Jan. 1

(b) Small Game (no fox squirrels)

(i) Thanksgiving Day - Jan. 31

(ii) Game Zone 3 bag limits

16. Edisto River WMA

(a) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.

(b) Archery Deer Hunts

(i) Sept. 15 - Oct. 10

(c) Still Gun Hunts for Deer

(i) Oct. 11 - Jan. 1

(d) Raccoon and Opossum

(i) Game Zone 3 seasons and bag limits

(e) Other Small Game

(i) Thanksgiving Day - Mar. 1

(ii) Game Zone 3 bag limits

17. Canal WMA

(a) Quail Hunts

(i) Game Zone 3 season and bag limit

18. Palachucola WMA

(a) Data cards are required for hunter access. Completed data cards must be returned daily upon leaving WMA. Designated as a Quality Deer Management Area.

(b) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.

(c) Archery Deer Hunts

(i) Sept. 15 - Oct. 10

(d) Still Gun Hunts for Deer

(i) Hunters selected by drawing

(ii) 3 deer, either sex but only 1 buck

(e) Hog Hunts with Dogs

(i) 1st Thurs. - Sat. in Mar., 2nd Thurs. - Sat. in May, 4th Thurs. - Sat. in June, 4th Thurs. - Sat. in July, and last Thurs. Sat. in August

(f) Quail Hunts

(i) 1st Sat. following Thanksgiving, 1st, 3rd, and 4th Wed. in Dec., 3rd Sat. in Dec., 1st and 4th Sat. in Jan., 3rd Wed. in Jan., 2nd Wed. in Feb., 3rd Sat. in Feb.

(ii) Game Zone 3 bag limit

(iii) Shooting hours end 30 minutes prior to official sunset.

(g) Raccoon and Opossum

(i) Tues. nights and Sat. nights between Oct. 11 - Sat. before Thanksgiving; The full week of Thanksgiving; Tues. nights and Sat. nights from the Tues. after Thanksgiving until Dec. 15.; Dec. 15 - Mar. 1

(ii) On Saturdays prior to Dec. 15, no entry onto WMA until 1 hour after official sunset.

(iii) Game Zone 3 bag limits

(h) Other Small Game (no fox squirrels)

(i) Thanksgiving Day through the following Sunday, Dec. 15 - Mar. 1

(ii) Game Zone 3 bag limits

19. St. Helena Sound Heritage Preserve WMA

(a) Deer hunting by permit only obtained at McKenzie Field Station. Camping by special permit only and on Otter Island only.

(b) Ashe, Beet, Warren, Otter, Big, South Williman, North Williman and Buzzard Islands Archery Deer Hunts

(i) Sept. 15 - Jan. 1

(c) No small game hunting

20. Tillman Sand Ridge Heritage Preserve WMA

(a) Archery Deer Hunts

(i) Sept. 15 - Jan. 1

(b) Small Game (no fox squirrels)

(i) Thanksgiving Day - Mar. 1

(ii) Game Zone 3 bag limits

21. Victoria Bluff Heritage Preserve WMA

(a) Archery Deer Hunts

(i) Sept. 15 - Jan. 1

(b) Small Game (no fox squirrels)

(i) Jan. 2 - Mar. 1

(ii) Game Zone 3 bag limits

(iii) Shotguns only

22. Hamilton Ridge WMA

(a) Designated as a Quality Deer Management Area. Horseback riding by permit only. No ATVs allowed. Data cards are required for hunter access. Completed data cards must be returned daily upon leaving the WMA.

(b) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.

(c) Archery Deer Hunts

(i) Sept. 15 - Oct. 10

(d) Still Gun Hunts for Deer

(i) Hunters selected by drawing

(ii) 3 deer, either sex but only 1 buck

(e) Hog Hunts with Dogs

(i) 1st Thurs. - Sat. in Mar., 2nd Thurs. - Sat. in May, 4th Thurs. - Sat. in June, 4th Thurs. - Sat. in July, and last Thurs. Sat. in August.

(f) Quail Hunts

(i) 1st Sat. following Thanksgiving, 1st, 3rd, and 4th Wed. in Dec., 3rd Sat. in Dec., 1st and 4th Sat. in Jan., 3rd Wed. in Jan., 2nd Wed. in Feb., 3rd Sat. in Feb.

(ii) Game Zone 3 bag limit

(iii) Shooting hours end 30 minutes prior to official sunset.

(g) Raccoon and Opossum

(i) Tues. nights and Sat. nights between Oct. 11 - Sat. before Thanksgiving; The full week of Thanksgiving; Tues. nights and Sat. nights from the Tues. after Thanksgiving until Dec. 15.; Dec. 15 - Mar. 1

(ii) On Saturdays prior to Dec. 15, no entry onto WMA until 1 hour after official sunset.

(iii) Game Zone 3 bag limits

(h) Other Small Game (no fox squirrels)

(i) Thanksgiving Day through the following Sunday, Dec. 15 - Mar. 1

(ii) Game Zone 3 bag limits

(iii) Dove hunting on designated public dove field only

23. Old Island Heritage Preserve WMA

(a) Archery Deer Hunts

(i) Sept. 15 - Jan. 1

(b) No small game hunting

24. Botany Bay Plantation Heritage Preserve WMA

(a) Designated as a Quality Deer Management Area. All hunters, fishermen and visitors must obtain and complete a day use pass upon entering the area and follow all instructions on the pass. Botany Bay Plantation WMA is open to public access during daylight hours (1/2 hour before sunrise to ½ hour after sunset) except during special hunts and events regulated by DNR. Area is closed to general public access during special scheduled hunts. Hunting in designated areas only. Hunting access by boat is prohibited. Fishing in the Jason's Lake complex and all other ponds is adult/youth catch and release only on designated days. For adult/youth fishing, youth must be accompanied by no more than two adults 18 years old or older. Adult may also fish.

(b) Archery Deer Hunts

(i) Sept. 15 - Oct. 10, Mon. - Sat. during the week of Thanksgiving, Mon. - Sat. during the week of Christmas.

(c) Still Gun Hunts for Deer

(i) Hunters selected by drawing

(ii) Total 3 deer, either sex but only 1 buck

(iii) Hunters are required to have permit in possession and must sign in and sign out (Name, permit # and deer killed each day) at the designated check station. All harvested deer must be checked in at the designated check station.

(d) Small Game (no fox squirrels or foxes)

(i) Jan. 2 - Mar. 1 (Wed. through Sat. only)

(ii) Game Zone 3 bag limits

(iii) Dogs allowed during gun seasons only

25. Congaree Bluffs Heritage Preserve WMA

(a) Still Gun Hunts for Deer

(i) Hunters selected by drawing.

(ii) Total 1 deer per day, either sex

(b) No small game hunting

26. Wateree River Heritage Preserve WMA

(a) Data cards are required for hunter and fisherman access. Completed data cards must be returned daily upon leaving WMA. All harvested deer and turkeys must be checked in at the Wateree River check station. Hunters may not enter the WMA prior to 5:00 AM on designated hunts. Hunted areas are closed to general public access during scheduled deer, turkey and waterfowl hunts. Designated as a Quality Deer Management Area.

(b) Archery Deer Hunts
(i) Sept. 15 - Oct. 10
(c) Still Gun Hunts for Deer
(i) Hunters selected by drawing
(ii) 3 deer, either sex but only 1 buck
(d) Small Game (no fox squirrels)
(i) Jan. 2 - Mar. 1
(ii) Game Zone 3 bag limits.

27. South Fenwick Island

(a) Deer hunting by permit only. Primitive camping is allowed by permit within designated areas. Permits available from DNR through the McKenzie Field Station. Property is closed to other users during scheduled deer hunts.
(b) Archery Deer Hunts
(i) Hunters selected by drawing.
(c) No small game or waterfowl hunting

28. Turtle Island

(a) No hunting except waterfowl and marsh hens

D. Game Zone 4

1. Other WMAs
(a) Archery Deer Hunts.
(i) Sept. 15 - Oct. 10
(b) Still Gun Hunts for Deer
(i) Oct. 11 - Jan. 1
(c) Small Game
(i) Game Zone 4 seasons and bag limits apply

2. Marsh WMA

(a) All visitors to Marsh WMA are required to sign in upon entry to the WMA and sign out upon exit from the WMA and provide any additional information requested. No ATVs allowed.
(b) Special Hunt Area for Youth and Mobility Impaired Hunters
(i) No open season except for hunters selected by drawing
(ii) 1 deer per day, either sex
(c) Archery Deer Hunts
(i) Sept. 15 - Oct. 31
(d) Still Gun Hunts for Deer
(i) Nov. 1 - Nov. 30
(e) Still Hog Hunts
(i) First full week in Mar.
(f) Hog Hunts with Dogs
(i) 3rd full week in Mar. and 3rd full week in May
(g) Raccoon and Opossum Hunts
(i) Game Zone 4 seasons and bag limits
(h) Other Small Game (no fox squirrels)
(i) Thanksgiving - Mar. 1
(ii) Game Zone 4 bag limits
(i) Quail Hunts
(i) 1st Sat. following Thanksgiving, 1st, 3rd, and 4th Wed. in Dec., 3rd Sat. in Dec., 1st and 4th Sat. in Jan., 3rd Wed. in Jan., 2nd Wed. in Feb., 3rd Sat. in Feb.
(ii) Game Zone 4 bag limit.
(iii) Shooting hours end 30 minutes prior to official sunset.

3. Sand Hills State Forest WMA

(a) Hunting by the general public closed during scheduled field trials on the Sand Hills State Forest Special Field Trial Area. Hunting allowed during permitted field trials on the Sand Hills State Forest Special Field Trial Area in compliance with R.123-96. No man drives allowed.

(b) Archery Deer Hunts

(i) Sept. 15 - Oct. 10

(c) Still Gun Hunts for Deer

(i) Oct. 11 - Jan. 1

(d) Small Game

(i) Game Zones 4 seasons and bag limits apply. No daytime fox hunting from Sept. 15 - Jan. 1

4. McBee WMA

(a) All visitors are required to sign in upon entry to the WMA and sign out upon exit and provide any additional information requested on sign in sheets at the kiosk. No ATVs allowed.

(b)Archery Deer Hunts

(i) Sept. 15 - Oct. 10

(c) Still Gun Hunts for Deer.

(i) Oct. 11 - Saturday before Thanksgiving

(d) Quail

(i) no open season except hunters selected by drawing. Bag limit 10 birds per hunt party.

(e) Other Small Game (no fox squirrels)

(i) Jan. 15 - Mar. 1

(ii) Game Zone 4 bag limits

5. Pee Dee Station Site WMA

(a) All visitors are required to sign in upon entry to the WMA and sign out upon exit and provide any additional information requested on sign in sheets at the kiosk. No ATVs allowed.

(b) Archery Deer Hunts

(i) Sept. 15 - Oct. 31

(c) Primitive Weapons Deer Hunts

(i) Nov. 1 - Nov. 30

(d) Small Game (no fox squirrels)

(i) Thanksgiving Day - Mar. 1

(ii) Game Zone 4 bag limits

6. Woodbury WMA

(a) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.

(b) All visitors are required to sign in upon entry and sign out upon exit and provide any additional information requested on sign in sheets at the kiosk. No ATVs allowed.

(c) Designated as a Quality Deer Management Area

(d) Archery Deer Hunts

(i) Sept. 15 - Oct. 10

(e) Primitive Weapons Deer Hunts

(i) Oct. 11 - Oct. 20

(f) Still Gun Hunts for Deer

(i) Oct. 21 - Jan. 1

(g) Still Hog Hunts

(i) First full week in Mar.

(h) Hog Hunts with Dogs

(i) 3rd full week in Mar. and 3rd full week in May

(i) Raccoon and opossum

(i) Game Zone 4 seasons and bag limits

(j) Other Small Game (no fox squirrels)

(i) Thanksgiving Day - Mar. 1

(ii) Game Zone 4 bag limits

7. Little Pee Dee Complex WMA

(a) Includes Little Pee Dee River HP, Tilghman HP, Dargan HP and Ward HP in Horry and Marion Counties. This also includes the Upper Gunters Island and Huggins tracts in Horry Co. which are part of Dargan HP.

(b) Archery Deer Hunts
(i) Sept. 15 - Oct. 10
(c) Primitive Weapons Deer Hunts
(i) Oct. 11 - Oct. 20.
(d) Still Gun Hunts for Deer
(i) Oct. 21 - Jan. 1.
(e) Still Hog Hunts
(i) First full week in Mar.
(f) Hog Hunts with Dogs
(i) 2nd full week in Mar.
(g) Raccoon and opossum
(i) Game Zone 4 seasons and bag limits
(h) Other Small Game (no fox squirrels)
(i) Thanksgiving Day - Mar. 1
(ii) Game Zone 4 bag limits
(i) Bear Season
(i) October 17 - October 30

8. Great Pee Dee Heritage Preserve WMA

(a) All visitors are required to sign in upon entry and sign out upon exit and provide any additional information requested on sign in sheets at the kiosk. No ATVs allowed.

(b) For big game hunting, access is restricted from two hours before sunrise to two hours after official sunset.

(c) Archery Deer Hunts
(i) Sept. 15 - Oct. 31
(d) Still Gun Hunts for Deer
(i) Nov. 1 - Nov. 30
(e) Still Hog Hunts
(i) First full week in March
(f) Hog Hunts with Dogs
(i) 3rd full week in Mar. and 3rd full week in May
(g) Raccoon and opossum
(i) Game Zone 4 seasons and bag limits
(h) Other Small Game (no fox squirrels)
(i) Thanksgiving Day - Mar. 1
(ii) Game Zone 4 bag limits

9. Longleaf Pine Heritage Preserve WMA

(a) Archery Deer Hunts
(i) Sept. 15 - Oct. 10
(b) Still Gun Hunts for Deer
(i) Oct. 11 - Jan. 1
(c) Small Game (no fox squirrels)
(i) Thanksgiving Day - Mar. 1
(ii) Game Zone 4 bag limits

10. Manchester State Forest WMA

(a) Archery Deer Hunts
(i) September 15 - 30
(b) Still Gun Hunts for Deer
(i) October 1 January 1 except during scheduled dog drive hunts
(ii) No man drives
(c) Deer Hunts with Dogs

(i) Clubs selected by drawing.

(ii) Last Saturday in October, 3rd Friday and Saturday in November, 3rd Friday and Saturday in December.

(d) Small Game

(i) Thanksgiving Day - Mar. 1

(ii) Game Zone 4 bag limits

(e) Still Gun Hunts for Hogs

(i) First full week of March

(f) Hog Hunts with Dogs

(i) 2nd full week in Mar.

11. Lynchburg Savanna Heritage Preserve WMA

(a) Small Game Only (no fox squirrels)

(i) Game Zone 4 seasons and bag limits

12. Hickory Top WMA

(a) Data cards required for hunter access. Completed data cards must be returned daily upon leaving. The Greentree Reservoir is open to hunting during the regular Hickory Top seasons during years when the Greentree Reservoir remains unflooded.

(b) Archery Deer Hunts

(i) Sept. 15 - Oct. 31

(c) Primitive Weapons Deer Hunts

(i) Nov. 1 - Jan. 1

(d) Hog Hunts with Dogs

(i) 2nd full week in Mar.

(e) Small Game (no fox squirrels)

(i) Game Zone 4 seasons and bag limits apply.

13. Oak Lea WMA

(a) Archery Deer Hunts

(i) Sept. 15 - 30

(b) Still Gun Hunts for Deer

(i) October 1 - January 1 except no deer hunting during scheduled quail hunts

(ii) No man drives

(c) Small Game (except quail)

(i) Thanksgiving Day - Mar. 1 except no other small game hunting during scheduled quail hunts

(ii) Game Zone 4 bag limits

(d) Quail

(i) Saturdays 1st Sat. following Thanksgiving, 1st, 3rd, and 4th Wed. in Dec., 3rd Sat. in Dec., 1st and 4th Sat. in Jan., 3rd Wed. in Jan., 2nd Wed. in Feb., 3rd Sat. in Feb.

(ii) Game Zone 4 bag limits

(iii) Shooting hours end 30 minutes prior to official sunset

14. Santee Dam WMA

(a) Archery Deer Hunts

(i) Sept. 15 - Oct. 31

(b) Primitive Weapons Deer Hunts

(i) Nov. 1 - Jan. 1

(c) Hog Hunts with Dogs

(i) 2nd full week in March

(d) Small Game (no fox squirrels)

(i) Jan. 2 - Mar. 1

(ii) Game Zone 4 bag limits

15. Wee Tee WMA

(a) Archery Deer Hunts

(i) Sept. 15 - Sept. 30

(b) Still Gun Hunts for Deer

(i) Oct. 1 - Jan. 1
(c) Still Hog Hunts
(i) First full week in March
(d) Hog Hunts with Dogs
(i) 2nd full week in March
(e) Small Game (no fox squirrels, no fox hunting)
(i) Thanksgiving Day - Mar. 1
(ii) Game Zone 4 bag limits
(iii) Dogs allowed during small game gun season only
(f) Bear Season
(i) October 17 - October 30
16. Santee Delta WMA
(a) Archery Deer Hunts (impoundments only)
(i) Sept. 15 - Oct. 10
(b) Hog Hunts with Dogs
(i) 2nd full week in Mar. (impoundments only)
(c) No small game hunting
17. Samworth WMA
(a) Archery Deer Hunts (impoundments only)
(i) Sept. 15 - Oct. 10
(b) Hog Hunts with Dogs
(i) 2nd full week of Mar. (impoundments only)
(c) No small game hunting except dove hunting during scheduled dove hunts
18. Cartwheel Bay Heritage Preserve WMA
(a) Archery Deer Hunts
(i) Sept. 15 - Jan. 1
(b) Small Game (no fox squirrels)
(i) Thanksgiving Day - Mar. 1
(ii) Game Zone 4 bag limits
(c) Bear Season
(i) October 17 - October 30
19. Lewis Ocean Bay Heritage Preserve WMA
(a) All deer hunters must sign in and sign out daily and record harvest at the kiosk.
(b) Archery Deer Hunts
(i) Sept. 15 - Oct. 10
(c) Primitive Weapons Deer Hunts
(i) Oct. 11 - Oct. 20
(d) Still Gun Hunts for Deer
(i) Oct. 21 - Jan. 1.
(e) Small Game (no fox squirrels).
(i) Thanksgiving Day - Mar. 1
(ii) Game Zone 4 bag limits
(f) Bear Season
(i) October 17 - October 30
20. Waccamaw River Heritage Preserve WMA
(a) Archery Deer Hunts
(i) Sept. 15 - Oct. 10
(b) Primitive Weapons Deer Hunts
(i) Oct. 11 - Oct. 20
(c) Still Gun Hunts for Deer
(i) Oct. 21 - Jan. 1
(d) Still Hog Hunts
(i) First full week in March

(e) Hog Hunts with Dogs
(i) 2nd full week in Mar.
(f) Small Game (no fox squirrels)
(i) Thanksgiving Day - Mar. 1
(ii) Game Zone 4 bag limits
(g) Bear Season
(i) October 17 - October 30

21. Liberty Hill WMA

(a) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.
(b) Designated as a Quality Deer Management Area
(c) Archery Hunts for Deer
(i) Sept. 15 - Sept. 30
(d) Primitive Weapons for Deer
(i) Oct. 1 - Oct. 10
(e) Still Gun Hunts for Deer
(i) Oct. 11 - Jan. 1
(f) Small Game (No fox squirrels)
(i) Zone 4 seasons and bag limits apply.

GENERAL REGULATIONS

2.1 Except as provided in these regulations, no person may hunt or take wildlife on areas designated by the South Carolina Department of Natural Resources (SCDNR) as Wildlife Management Area (WMA) lands.

2.2 Entry onto WMA land is done wholly and completely at the risk of the individual. Neither the landowners nor the State of South Carolina nor the South Carolina Department of Natural Resources accepts any responsibility for acts, omissions, or activities or conditions on these lands which cause personal injury or property damage.

2.3 Entry onto WMA land constitutes consent to an inspection and search of the person, game bag or creel.

2.4 No person may hunt or take wildlife on WMA land unless an individual is in possession of a valid South Carolina license, a valid WMA permit, and other applicable federal or state permits, stamps or licenses.

2.5 No Sunday hunting is permitted on any WMA lands unless otherwise specified.

2.6 On all WMA lands, baiting or hunting over a baited area is prohibited. As used in this section, “bait” or “baiting” means the placing, depositing, exposing, distributing, or scattering of shelled, shucked, or unshucked corn, wheat, or other grain or other food stuffs to constitute an attraction, lure, or enticement to, on, or over any area. “Baited area” means an area where bait is directly or indirectly placed, deposited, exposed, distributed, or scattered and the area remains a baited area for ten (10) days following the complete removal of all bait. Salt/minerals are not considered bait.

2.7 On WMA lands, construction or use of tree stands is prohibited if the tree stand is constructed by driving nails or other devices into trees or if wire is wrapped around trees. Other tree stands are permitted provided they are not permanently affixed or embedded in the tree. Excluding deer stands erected by the Department on WMA lands for the purpose of special hunts, no deer stands or temporary climbing devices may be placed on WMA lands prior to August 10 in any given year and must be removed by January 15 of the succeeding calendar year. All deer stands and temporary climbing devices must be labeled with the DNR Customer ID number of the person responsible for the stand or climbing device in a conspicuous location using an identification tag, etching, or permanent marker.

2.8 On WMA lands, any hunter younger than sixteen (16) years of age must be accompanied by an adult (21 years or older). Sight and voice contact must be maintained.

2.9 Notwithstanding any other provision of these regulations, the Department may permit special hunts on any day during the regular hunting season.

2.10 No person may release or attempt to release any animal onto WMA lands without approval from the Department. This regulation does not apply on designated Public Bird Dog Training Areas where pen raised quail and pigeons may be released.

2.11 While participating in a hunt on WMAs, no person may possess, consume or be under the influence of intoxicants, including beer, wine, liquor or drugs.

2.12 On WMA lands, during the designated statewide youth deer hunt day, only still hunting is allowed. The limit is two deer total, either sex. Tags are not required

2.13 Taking or destroying timber, other forest products or cutting firewood on WMA lands without written permission from the landowner or his agent is prohibited. Users of WMA lands are prohibited from planting, attempting to plant, burning or otherwise attempting to manipulate crops, natural vegetation or openings without written permission from the landowner or his agent.

2.14 On WMA lands, hunting armadillos and coyotes at night is prohibited. Armadillos and coyotes may be hunted during any open season for game during daylight hours with no bag limit. Weapon(s) used to hunt armadillos and coyotes are limited to the weapon(s) that are allowed for the current open season on WMA.

2.15 On WMA lands during special designated hunts, a WMA may be closed to other public access.

2.16 Still hunting for hogs is permitted on WMAs during any open season for game during daylight hours with only the weapons allowed during the hunting season in progress unless otherwise prohibited. No hog may be transported alive from a WMA. Hogs may not be hunted at night. There is no bag limit on hogs. Hunters must wear a hat, coat, or vest of solid international orange while hog hunting. Buckshot is prohibited. During hog hunts with dogs, no still or stalk hunting is allowed and only handguns are permitted. No hog hunting with dogs is allowed except during special designated seasons. During firearms seasons for deer, hog hunters possessing big game weapons must possess licenses, permits, and tags applicable to deer hunting. Big game weapons include centerfire weapons, archery equipment with broad heads, shot larger than No. 2, and muzzle loading shotguns (larger than 20 gauge) and rifles/muskets (.36 caliber or greater).

2.17 Unless otherwise specified, small game hunting seasons and bag limits on WMA lands are the same as Game Zone seasons and bag limits except no hunting before Sept. 1 or after Mar. 1. The season for hunting beavers on WMA lands shall be October 1 through March 1.

WEAPONS

3.1 On WMA lands hunters may use any shotgun, rifle, bow and arrow, crossbow or hand gun except that specific weapons may be prohibited on certain hunts. Blow guns, dart guns, drugged arrows or arrows with exploding tips are not permitted. Small game hunters may possess or use shotguns with shot no larger than No. 2 or .22 rimfire or smaller rifles/handguns or primitive muzzle loading rifles/muskets of .40 caliber or smaller. Small game hunters may not possess or use buckshot, slugs or shot larger than No. 2. Small game hunters using archery equipment must use small game tips on the arrows (judo points, bludgeon points, etc.).

3.2 For Special Primitive Weapons Seasons, primitive weapons include bow and arrow, crossbow and muzzle loading shotguns (20 gauge or larger) and rifles/muskets (.36 caliber or larger) with open or peep sights or scopes, which use black powder or a black powder substitute that does not contain nitro cellulose or nitro glycerin components as the propellant charge. There are no restrictions on ignition systems (e.g. flintstone, percussion cap, shotgun primer, disk, electronic, etc.). During primitive weapons season, no revolving rifles are permitted.

3.3 On WMA lands big game hunters are not allowed to use armor piercing, tracer, incendiary, or full metal jacket bullets or .22 or smaller rimfire. Buckshot is prohibited during still gun hunts for deer on WMA lands in Game Zones 3 & 4.

3.4 On WMAs all firearms transported in vehicles must be unloaded and secured in a weapons case, or in the trunk of a vehicle or in a locked toolbox. On the Francis Marion Hunt Unit during deer hunts with dogs, loaded shotguns may be transported in vehicles. Any shotgun, centerfire rifle, rimfire rifle or pistol with a shell in the chamber or magazine, or a muzzleloader with a cap on the nipple or a flintlock with powder in the flash pan is considered loaded.

3.5 No target practice is permitted on WMA lands except in specifically designated areas.

3.6 On WMA lands during gun hunts for deer or hogs there shall be no hunting or shooting from, on or across any road open to vehicle traffic. During any deer or hog hunt there shall be no open season for hunting on any designated recreational trail on U.S Forest Service or S.C. Public Service Authority property.

DEER

4.1 On WMA lands with designated check stations, all deer bagged must be checked at a check station. Deer bagged too late for reporting one day must be reported the following day.

4.2 Unless otherwise specified by the Department, only antlered deer may be taken on all WMA lands. Deer with visible antlers of less than two (2) inches above the hairline are considered antlerless deer and must be tagged with an antlerless deer tag issued by the Department. A point is any projection at least one inch long and longer than wide at some location at least one inch from the tip of the projection.

4.3 On WMA lands, man drives for deer are permitted between 10:00 a.m. and 2:00 p.m. only. A man drive is defined as an organized hunting technique involving two (2) or more individuals whereby an attempt is made to drive game animals from cover or habitat for the purpose of shooting, killing, or moving such animals toward other hunters. On WMA lands, drivers participating in man drives are prohibited from carrying or using weapons.

4.4 For all WMAs combined statewide, the limit for all seasons and methods combined is two deer per day, 5 deer total, no more than two antlered bucks, unless otherwise specified. For WMAs in Game Zone 1, the limit for antlerless deer for all seasons and methods combined is 3. Antlerless deer limit is two deer per day, unless otherwise specified. On special mobility impaired and youth deer hunts sanctioned by the Department and during the statewide youth deer hunt day prescribed by the Department, participants may take two deer total, either sex.

4.5 Individual Antlerless Deer Tags are valid in Game Zone 1 beginning Oct. 1 and in Game Zones 2, 3 & 4 beginning Sept. 15. For all WMAs combined, a maximum of 5 individual antlerless deer tags may be used during primitive weapons or still gun deer seasons in all Game Zones except three individual antlerless deer tags may used in Game Zone 1. Tags do not alter the daily (2 per day) or seasonal limit or change the type of weapons that can be used during special weapons seasons.

4.6 All deer must be tagged immediately after harvest as prescribed by the Department and before being moved from the point of kill and the tag must be validated as prescribed by the Department. A valid tag must remain attached until the deer or carcass is quartered or received by a processor.

4.7 For WMAs designated as Quality Deer Management Areas, all antlered bucks must have a minimum 4 points on one side or a minimum 12 inch inside antler spread except during designated special youth hunts. Inside antler spread is measured at a right angle to centerline of the skull at its widest point between the main beams.

4.8 On WMA lands, deer, hogs, or bear may not be hunted with a firearm within 300 yards of a residence.

DOGS

5.1 On all WMA lands, dogs may be used for small game hunting unless otherwise specified.

5.2 Dogs may be trained for quail, rabbit and squirrel hunting from Sept. 1-14 (no guns), except on designated Public Bird Dog Training Areas where bird dog training is allowed from September 15 to March 15 (Sundays excluded).

5.3 On WMA lands, dogs may be used for hunting foxes, raccoons, bobcats or opossums only between thirty (30) minutes after official sunset and 30 minutes before official sunrise.

5.4 Unless otherwise specified, deer hunting with dogs on WMA lands is prohibited. The Department may permit deer hunting with dogs on WMA lands not located in Game Zones 1 and 2. For the purposes of tracking a wounded deer, a hunter may use one dog which is kept on a leash.

5.5 Dogs may be used to hunt bear on WMA lands in Game Zone 1 during the special party dog bear season.

5.6 On WMA lands, dogs may be used to hunt hogs only during special designated hog hunts with dogs.

VEHICLES

6.1 On all WMA lands, no hunter may shoot from a vehicle unless permitted by the Department.

6.2 On WMA lands, motor driven land conveyances must be operated only on designated roads or trails. Unless otherwise specified, roads or trails which are closed by barricades and/or signs, either permanently or temporarily, are off limits to motor driven land conveyances.

6.3 A person may not obstruct or cause to be obstructed travel routes on WMA lands.

VISIBLE COLOR CLOTHING

7.1 On all WMA lands during any gun and muzzleloader hunting seasons for deer, bear and hogs, all hunters including small game hunters must wear either a hat, coat, or vest of solid visible international orange. Archery hunters during archery only deer seasons and hunters for dove, turkey, ducks, geese and other hunted migratory birds including crows are exempt from this requirement while hunting for those species.

CAMPING

8.1 Camping is not permitted on WMA lands except in designated camp sites.

TRAPPING

9.1 Trapping on WMA lands is not permitted.

WATERFOWL & DOVE REGULATIONS

10.1 Unless specially designated by the Department as a Wildlife Management Area for Waterfowl or a Wildlife Management Area for Dove, all Wildlife Management Areas are open during the regular season for hunting and taking of migratory birds except where restricted.

10.2 The Department may designate sections of Wildlife Management Areas and other lands and waters under the control of the Department as Designated Waterfowl Management Areas or Designated Dove Management Areas. All laws and regulations governing Wildlife Management Areas apply to these special areas. In addition, the Department may set special shooting hours, bag limits, and methods of hunting and taking waterfowl and doves on those areas. All State and Federal migratory bird laws and regulations apply. Regulations pertaining to the use of Dove Management Areas will be filed annually.

10.3 On areas where blinds are not provided, only portable blinds which are removed at the conclusion of the hunt or temporary blinds of native vegetation may be used. Temporary blinds once vacated may be used by other hunters.

10.4 On Designated Waterfowl Areas, no species other than waterfowl may be taken during waterfowl hunts. On Designated Dove Management Areas no species other than doves may be taken during dove hunts. Only dove hunting is allowed at Lake Wallace.

10.5 No fishing is permitted in any Category I Designated Waterfowl Area during scheduled waterfowl hunts.

10.6 The Bordeaux Work Center Area is closed to hunting except for special hunts as designated by the SCDNR.

10.7 Impoundments on Bear Island, Beaverdam Creek, Bonneau Ferry, Broad River, Clemson, Donnelley, Samworth, Sandy Beach, Santee Coastal Reserve, Santee Cooper, Wateree River, and Santee Delta WMAs are closed to all public access during the period Nov. 1 - Feb. 8 except during special hunts designated by the Department. All public access during the period Feb. 9 - Oct. 31 is limited to designated areas. On Bear Island WMA, Mathews' Canal is closed to all hunting from Nov. 1 - Feb. 15 beyond a point 0.8 mile from the confluence of Mathews' Canal with the South Edisto River.

10.8 Potato Creek Hatchery Waterfowl Area is closed to hunting access and fishing during the period one week prior to and two weeks after the Federal waterfowl season except for scheduled waterfowl hunts. All hunters must enter and leave the Potato Creek Hatchery Waterfowl Area through the designated public landing on secondary road 260 and complete a data card and deposit card in receptacle prior to leaving the area No airboats are allowed for hunting or fishing and no hunting from secondary road 260.

10.9 On Hatchery WMA, hunters must leave the area by 1 PM, except on the last Saturday of the waterfowl season when hunters may hunt until sunset. Each hunter is limited to twenty five Federally approved nontoxic shot shells per hunt. No airboats are allowed in the Hatchery WMA for hunting or fishing during the period Nov. 15 - Jan. 31. No fishing allowed during scheduled waterfowl hunts.

10.10 On Crackerneck WMA, waterfowl may be hunted only on Fri., Sat. and Thanksgiving Day within the regular migratory bird seasons and no hunting on Dec. 25; Fant's Grove WMA is open AM only on Wednesdays and Saturdays during the regular migratory bird seasons; Palachucola WMA, Tillman Sand Ridge WMA,

Hamilton Ridge WMA and Webb WMA are open AM only for waterfowl hunting during the regular migratory bird seasons only on days when small game hunting is allowed and the entire week of Thanksgiving, Sundays excluded.

10.11 Category I Designated Waterfowl Areas include Beaverdam, Bonneau Ferry, Broad River, Clemson, Sandy Beach, Samworth, Santee Coastal Reserve, Santee Delta, Tibwin, Bear Island, Wateree River Heritage Preserve and portions of Donnelley Wildlife Management Areas. Hunting in Category I Designated Waterfowl Areas is by special permit obtained through annual computer drawing.

10.12 Category II Designated Waterfowl Areas include Biedler Impoundment, Carr Creek (bounded by Samworth WMA), Little Carr Creek (bounded by Samworth WMA), Lake Cunningham, Russell Creek, Monticello Reservoir, Parr Reservoir, Duncan Creek, Dunaway, Dungannon, Enoree River, Moultrie, Hatchery, Hickory Top, Hickory Top Greentree Reservoir, Lancaster Reservoir, Turtle Island, Little Pee Dee River Complex (including Ervin Dargan, Horace Tilghman), Great Pee Dee River, Potato Creek Hatchery, Sampson Island Unit (Bear Island), Tyger River, Marsh, Wee Tee, Woodbury, Ditch Pond, Waccamaw River Heritage Preserve, Sumter National Forest, Santee Cooper, portions of Donnelley, and 40 Acre Rock Waterfowl Management Areas. Hunting on Category II Designated Waterfowl Areas is in accordance with scheduled dates and times.

1. Biedler Impoundment
   (a) Sat. AM only during regular season
   (b) State bag limits
2. Bear Island
   (a) Hunters selected by drawing during regular season
   (b) State bag limits
3. Beaverdam
   (a) Hunters selected by drawing during regular season
   (b) State bag limits
4. Bonneau Ferry
   (a) Hunters selected by drawing during regular season
   (b) State bag limits
5. Broad River
   (a) Hunters selected by drawing during regular season
   (b) State bag limits
6. Carr Creek (bounded by Samworth WMA, no hunting in impoundments)
   (a) Wed. and Sat. AM only during regular season
   (b) State bag limits
7. Little Carr Creek (bounded by Samworth WMA, no hunting in impoundments)
   (a) Wed. and Sat. AM only during regular season
   (b) State bag limits
8. Clemson
   (a) Hunters selected by drawing during regular season
   (b) State bag limits
9. Ditch Pond
   (a) Wed. AM only during regular season
   (b) State bag limits
10. Donnelley
   (a) Category I Area - Hunters selected by drawing during regular season
   (b) Category II Area - Wed. AM only during specified dates.
   (c) State bag limits
11. Dunaway
   (a) Sat. AM only during regular season
   (b) State bag limits
12. Duncan Creek
   (a) Sat. AM only during regular season
   (b) State bag limits

13. Dungannon
   (a) Wed. AM only during regular season
   (b) State bag limits
   (c) No hunting from the Boardwalk
14. Enoree River
   (a) Sat. AM only during regular season
   (b) State bag limits
15. Hatchery
   (a) Sat. AM only and until sunset on the last Sat. of the regular waterfowl season
   (b) State bag limits
16. Hickory Top
   (a) Mon. through Sat. during regular season
   (b) State bag limits
17. Hickory Top Greentree Reservoir
   (a) Sat. AM only during regular season
   (b) State bag limits
   (c) No hunting from roads and dikes
18. Lake Cunningham
   (a) Wed. AM only during the regular season
   (b) State bag limits
19. Lancaster Reservoir
   (a) Mon. and Fri. AM only during the regular season
   (b) State bag limits
20. Marsh
   (a) Fri. and Sat. AM only during regular season
   (b) State bag limits
21. Monticello Reservoir
   (a) Mon. through Sat. AM only during regular season
   (b) State bag limits
22. Moultrie
   (a) Mon. through Sat. during regular season.
   (b) State bag limits
23. Parr Reservoir
   (a) Mon. through Sat. during regular season.
   (b) State bag limits
24. Potato Creek Hatchery
   (a) Fri. and Sat. only during regular season
   (b) State bag limits
25. Russell Creek
   (a) Wed. and Sat. AM only during regular season
   (b) State bag limits
26. Sampson Island Unit (Bear Island)
   (a) Thurs. and Sat. AM only during the regular season
   (b) State bag limits
27. Samworth
   (a) Hunters selected by drawing during regular season
   (b) State bag limits
28. Sandy Beach
   (a) Hunters selected by drawing during regular season
   (b) State bag limits
29. Santee Coastal Reserve
   (a) Hunters selected by drawing during regular season
   (b) State bag limits

30. Santee Cooper
    (a) Sat. AM only during regular season
    (b) State bag limits
31. Santee Delta
    (a) Hunters selected by drawing during regular season
    (b) State bag limits
32. Tibwin
    (a) Special hunts by drawing during regular season
    (b) State bag limits
33. Turtle Island
    (a) Fri. and Sat. AM only during regular season
    (b) State bag limits
34. Tyger River
    (a) Sat. AM only during regular season
    (b) State bag limits
35. Wee Tee
    (a) Fri. and Sat. AM only during regular season
    (b) State bag limits
36. Woodbury
    (a) Fri. and Sat. AM only during regular season
    (b) State bag limits
37. Great Pee Dee
    (a) Sat. AM only during regular season
    (b) State bag limits
38. Little Pee Dee River Complex
    (a) Fri. and Sat. AM only during regular season
    (b) State bag limits
39. Waccamaw River HP
    (a) Fri. and Sat. AM only during regular season
    (b) State bag limits
40. 40 acre Rock
    (a) Sat. AM only during regular season
    (b) State bag limits
41. Wateree River HP
    (a) Hunters selected by drawing during regular season
    (b) State bag limits
42. Sumter National Forest
    (a) Wednesday and Saturday mornings only during regular season.
    (b) State bag limits

10.13 On Hickory Top WMA public waterfowl hunting without a Wildlife Management Area (WMA) permit is allowed on all land and water below 76.8'. Waterfowl hunting at or above elevation 76.8' requires a WMA permit. A WMA permit is required for waterfowl hunting in the Hickory Top Greentree Reservoir.

10.14 Designated Dove Management Areas include all dove management areas as published by the Department in the annual listing of WMA public dove fields and are subject to regulations filed annually.

10.15 Hickory Top Greentree Reservoir is closed to hunting access November 1 until March 1, except for special hunts designated by SCDNR. All hunters must accurately complete a data card and deposit card in receptacle prior to leaving the area. Hunting hours are from 30 minutes before legal sunrise until 11:00 am. Hunters may not enter the area prior to 5:00 am on hunt days. No open season on roads and dikes. Hunters may only use electric motors on boats.

10.16 On all State owned, US Forest Service and other Federally owned Category I and II Waterfowl Management Areas each hunter is limited to 25 Federally approved non toxic shells per hunt.

10.17 On Enoree River, Dunaway, Duncan Creek, Russell Creek and Tyger River Waterfowl Areas data cards are required for hunter access during scheduled waterfowl hunts. Completed data cards must be returned daily upon leaving each of these areas.

10.18 Woodbury Waterfowl Management Area includes all SCDNR owned property south of US Hwy 378 and bounded on the west by the Great Pee Dee River and Bluff Road and to the east by the Little Pee Dee River except no waterfowl hunting allowed in the area known as Hass Pond that is bounded on all sides by Hass Pond Road.

10.19 Donnelley Wildlife Management Area Category II Waterfowl Area is open Wednesday mornings only during the November thru January regular waterfowl season. The Category II area is defined as all wetlands east of Donnelley Drive and Blocker Run Road except those areas south of Blocker Run Road between Stocks Creek Road and the intersection of Mary's Island Road and the property boundary. No trailered boats and no electric or gas motors allowed. No entry before 5:00 AM and all users must sign in and sign out at designated check stations. No hunting is allowed from the dikes.

AMPHIBIANS AND REPTILES

11.1 Taking of any amphibian or reptile, except the bullfrog, is prohibited on any Department owned Wildlife Management Areas without written permission of the Department.

PUBLIC BIRD DOG TRAINING AREAS

12.1 The Department may establish Public Bird Dog Training Areas on Wildlife Management Area lands. A valid hunting license and WMA permit is required to train bird dogs on these lands.

12.2 It shall be unlawful to take game by any means while training bird dogs, except during the lawful open seasons for such game; provided, however, that pen raised quail or pigeons may be taken at any time on designated Public Bird Dog Training Areas for training bird dogs.

12.3 It shall be unlawful for any person to have in his or her possession any firearms or other equipment for taking game while training bird dogs, provided that handguns with blank ammunition or shot cartridges may be used for training bird dogs, and shotguns with number eight shot or smaller shot may be used while training bird dogs using pen raised quail and pigeons.

12.4 All participants in bird dog training must wear either a hat, coat, or vest of solid visible international orange.

123-53. Bear Hunting Rules and Seasons.

1. In Game Zone 4, the open season for taking bear in Florence, Georgetown County, Horry County, Marion County and Williamsburg County on private and WMA land for still gun hunts is October 17 - October 30. Bear hunting is allowed on the following WMAs in those counties: Cartwheel Bay Heritage Preserve WMA, Lewis Ocean Bay Heritage Preserve WMA, Little Pee Dee River Heritage Preserve Complex, Waccamaw River Heritage Preserve WMA, and Wee Tee WMA.

2. In Game Zone 2 the open season for taking bear on private land in Spartanburg County and those portions of Anderson, Oconee, Pickens, and Greenville counties south of Game Zone 1 for still gun hunts is October 17 - October 30.

3. Legal weapons for bear hunting on private lands include archery equipment, muzzleloaders (.36 caliber or greater), centerfire rifles, centerfire handguns and shotguns with slugs or buckshot.

4. On WMA lands, weapons used to hunt bear are limited to the weapons that are allowed for the current open season for deer on each WMA.

5. Harvested bear must be reported to SCDNR by midnight of the day of harvest as prescribed by the Department.

6. All harvested bears must be tagged immediately after harvest and before being moved from the point of kill and the tag must be validated as prescribed by the SCDNR.

7. The harvest quota for areas open in Game Zone 4 is 30 bears for all counties and WMAs combined. The harvest quota for areas open in Game Zone 2 is 20 bears for all counties combined. If the bear quota is met in a

Game Zone prior to October 30, the season will close in that Game Zone 24 hours following a season closure notice. Hunters are responsible for monitoring the season status as prescribed by the Department.

Fiscal Impact Statement:

The amendment of Regulations 123-40 and 123-53 will result in increased public hunting opportunities which should generate additional State revenue through license sales. In addition, local economies should benefit from sales of hunting supplies, food and overnight accommodations. Sales taxes on these items will also directly benefit government.

Statement of Rationale:

Rationale for the formulation of these regulations is based on over 70 years of experience by SCDNR in managing wildlife populations and establishing public hunting areas. Management objectives for specific properties are continually evaluated for needed changes. Contractual agreements with the landowners provide guidelines for the use and management of the property. Wildlife Management Area agreements are on file with the Wildlife Management Section of the Department of Natural Resources, Room 267, Dennis Building, 1000 Assembly Street, Columbia.

Document No. 5110
DEPARTMENT OF SOCIAL SERVICES
CHAPTER 114
Statutory Authority: 1976 Code Section 43-1-80

114-550. Licensure of Family Foster Homes and Approval of Adoptive Homes for Children in Foster Care.

Synopsis:

The South Carolina Department of Social Services is amending Regulation 114-550 regarding the licensure of family foster homes and the approval of adoptive homes.

Section-by-Section Discussion:

114-550. Licensure of Family Foster Homes and Approval of Adoptive Homes for Children in Foster Care.

A. Clarify applicability provision.
B. No changes.
C. Adds limitation for a foster home licensure or adoptive home approval.
D. Add timeline to licensing procedure.
E. Align age requirement for Kinship Licensure with statute.
F. Add language to include adoptive placement.
G. Clarify eligibility standards.
H. Clarify requirements for physical exams.
I. Clarify home study standards and require all references to be documented in writing.
J. Clarify capacity standards.
K. Clarify sleeping standards and add language regarding extenuating circumstances.
L. Clarify living space standards.
M. Correct spelling error.
N. Revise the standards regarding barriers around swimming and wading pools.
O. Align age requirement for sex offender registry checks with statute.
P. No changes.
Q. Relocate several pool assurances to Section N.

R. No changes.
S. Align age requirement for sex offender registry checks with statute.
T. No changes.
U. Correct a numbering error.
V-Z. No changes.

The Notice of Drafting was published in the *State Register* on May 27, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

114-550. Licensure of Family Foster Homes and Approval of Adoptive Homes for Children in Foster Care.

A. Applicability: The department will apply these regulations to decisions related to licensing family foster homes and approval of adoptive homes for children who are in foster care at the time of the application and ongoing throughout the licensing process.

B. Definitions.

(1) "Adoptive Parent" means a person who is seeking or has adoptive placement of a child in foster care.

(2) "Agency" means the South Carolina Department Social Services (SCDSS).

(3) "Applicant" means a person who has submitted an application and is seeking a license to operate a family foster home or who is seeking approval to adopt a child from the State's foster care system.

(4) "Assessment Study" means documentation of the assessment of an applicant, completed by designated SCDSS staff, a certified investigator, designated staff of a child placing agency, or other persons approved by SCDSS.

(5) "Board Payment" means funds appropriated for the care and maintenance of children in foster care.

(6) "Child Placing Agency" means a person or entity who holds legal or physical custody of a child for the purpose of placement for foster care or adoption or a private placement, or a person or entity who facilitates the placement of children for the purpose of foster care or adoption or a private placement and which retains its own system of foster homes. Homes assessed by child placing agencies are licensed in accordance with SCDSS licensing regulations and are issued a license by SCDSS.

(7) "Community standards" means local norms bounding acceptable conduct. For housing, the term means acceptable building standards based on the neighborhood and similar homes.

(8) "Corporal punishment" means physical punishment inflicted directly upon the body.

(9) "Family foster care" means continuous 24-hour care and support services provided for a child in a family foster home.

(10) "Family foster home" means the private home of an individual or family that is licensed by the department and in which a child in foster care has been placed in the care of an individual; who resides with the child; who has been licensed by the department to be a foster parent that the department deems capable of adhering to the reasonable and prudent parent standard as defined in Section 63-7-20(24); that provides 24-hour

substitute care for children placed away from their parents or other caretakers; and that provides care for children subject to capacity limitations set forth in Section 63-7-2400. This term includes a kinship, relative, and child-specific home.

(11) "Foster parent" means an individual who provides family foster care with a license from the department.

(12) "Home study" means the screening of the home, life, and parental fitness of a prospective foster or adoptive parent by a certified investigator through face-to-face encounters

(13) "Household member" means any relative or nonrelative who regularly lives, shares common areas, and sleeps in a home.

(14) "Kin" means an adult who is related to a child by blood, marriage, or adoption and means, an adult who is not related to a child by blood, marriage, or adoption, but who has a relationship with the child or the child's family (fictive kin).

(15) "License" means the approval, verification, or certification of a home and applicant to provide family foster care or adoptive placement.

C. Applications.

(1) An application form shall be completed by all applicants desiring to be licensed or relicensed to provide foster care or approved as an adoptive home. Foster home licensure by more than one agency or division within an agency is not permitted. Adoptive home approval by more than one agency or division within an agency is not permitted.

(2) Applicants must supply thorough, complete, and accurate information. Incomplete or erroneous information or violation of regulations shall be grounds for denial of an application, revocation of a current license, and denial of a renewal to provide foster care and denial or termination of approval to become an adoptive parent.

(3) SCDSS or a licensed child placing agency reserves the right to request and consider additional information if needed during the foster care licensing or renewal process and the adoptive home approval process for persons seeking to adopt children who are in the State's foster system. This additional information may be considered during the licensing or renewal and the adoptive home approval decision-making processes.

D. Licensing Procedure.

(1) An application for licensure pursuant to these regulations shall be studied by SCDSS or a licensed child placing agency.

(2) A decision regarding each application for a license shall be made within 120 days of the date the application is completed and received by SCDSS or the child placing agency. If SCDSS or the child placing agency has requested information that has not been provided by the applicant, then the decision is stayed pending receipt of all information.

(3) An initial standard license shall be issued or denied within thirty (30) calendar days of receipt of the licensing packet by the director of SCDSS or the director's designee based on the result of the assessment study and recommendation of SCDSS or the child placing agency.

(4) A standard license shall be renewed within thirty (30) calendar days of receipt of the licensing packet based on the results of the assessment study and recommendation of SCDSS or the child placing agency prior to the expiration of the existing standard license.

E. Licenses.

(1) The issued license shall not be transferable from either the address or foster parent specified on the license.

(2) A standard license shall be issued when all requirements of these regulations are met. A standard license is valid for two years from the date issued.

(3) A Standard with Temporary Waiver license may be issued for up to 90 days. The utilization of this type of license is warranted when SCDSS or the child placing agency is acting in the best interest of children already in placement and for whom stability is necessary. The Standard with Temporary Waiver license shall include language that reflects the expiration period and the reason for the temporary waiver. No additional children may be placed during temporary waiver periods. Standard with Temporary Waiver licenses can be issued under the following circumstances:

(a) A standard licensed foster parent moves to a new home and SCDSS or child placing agency is waiting to receive written documentation that the fire and health inspections have been completed and any noted deficiencies have been corrected; or

(b) A standard license has previously been issued to a foster family and subsequently a household member reaches the age of eighteen years, or a new adult household member has entered the home since licensure, and SCDSS or the child placing agency is waiting to receive written clearance on all background checks for that individual.

(4) The agency may issue a provisional license for kinship foster care. Except in extenuating circumstances, a provisional license should remain in effect for no more than 90 days. SCDSS shall provide a monthly stipend to kin during the period of provisional licensure. A provisional license for kinship foster care may be issued under the following circumstances:

(a) The child is in the legal and physical custody of the department; and

(b) Kin has indicated in writing that the kin wants to become a licensed kinship foster parent; and

(c) Kin is twenty-one years of age or older; and

(d) Kin and other adults living in the home have provided a written statement containing information necessary to determine whether a criminal history or history of child abuse or neglect exists and whether this history indicates there is a significant risk that a child would be threatened with abuse or neglect if placed in the home of the kin.

(e) The agency has completed a thorough review and home assessment to verify the information contained in the written statements provided pursuant to 114-550(E)(4)(d) by completing a check of the Central Registry of Child Abuse and Neglect and other relevant records, a sex offender registry check, a check of criminal records for the preceding five years of the State Law Enforcement Division, and to the extent reasonably possible, criminal records of other jurisdictions in which the kin or other adult resided during that period. The department must not agree to or acquiesce in a placement if the review and assessment indicate there is a significant risk that a child would be threatened with abuse or neglect if placed in the home. Kin and other adults living in the kin's home must consent to a check of records by the department.

F. Assessment Study.

(1) Each prospective foster family applicant and prospective adoptive family applicant shall be assessed by designated staff of SCDSS, a certified investigator, designated staff of a child placing agency, or other persons approved by the agency.

(2) The assessment for initial licensing and renewal to provide foster care and approval to become and an adoptive parent shall be conducted to determine the following:

(a) Whether the applicant complies with SCDSS licensing requirements and standards;

(b) Whether the applicant fully understands the purpose of foster care or adoptive placement; and

(c) Applicant's ability to provide quality foster care or adoptive placement.

(3) The assessment summary for initial family foster home licensing and renewal and adoptive home approval must include documentation of the following:

(a) motivations to be a foster parent or adoptive parent;

(b) preferences related to placements;

(c) family history, relationships, parenting experiences, and coping ability;

(d) education, mental health, physical health, and work history of applicant and household members;

(e) information on other household members, adult children, and related children not in the physical custody of the applicant or spouse;

(f) home environment and community resources;

(g) completion of required training;

(h) results of background checks;

(i) compliance with all requirements;

(j) financial status including financial resources, income, and expenses;

(k) appropriateness of day care arrangements for children placed in the home; and

(l) applicant's overall understanding of the purpose of foster care or adoption and ability to provide quality foster care and/or adoptive placement.

(4) The assessment and recommendation shall be explained to the applicant. If SCDSS or the child placing agency is not recommending family foster care licensure or renewal or approval to become an adoptive parent, the applicant should be offered the opportunity to elect to withdraw the application. If the applicant elects to continue their request to be licensed to provide family foster care or to receive approval to provide adoptive placement, the reasons for the denial shall be provided in writing. The applicant shall be advised regarding any right to appeal.

G. Eligibility Standards.

(1) All applicants must submit a complete application and accompanying documentation for a family foster home license or adoptive home approval. The agency or child placing agency must maintain copies of the application.

(2) To apply for a family foster home license or for renewal of a license or approval to become an adoptive parent, the following must apply:

(a) Non-kin applicants must be age twenty-one or older. Kin or fictive kin applicants must be age eighteen or older.

(b) There is a rebuttable presumption that applicants who are married or who reside with another adult resident of the household (e.g. a spouse, romantic partner, or roommate) must apply together with the spouse or other resident of the household. These individuals must have the required criminal history and abuse and neglect background checks. Other household members must be included in the assessment and support the applicants interest in fostering.

(c) Applicants must be able to communicate with the licensing agency and health care and other service providers.

(d) Applicants must have verifiable income or resources to make timely payments for shelter, food, utility costs, clothing, and other household expenses prior to the addition of a child in the home. Income may be verified through income tax records, pay stubs, bank account statements or other verifiable means. Promised gifts or donations do not constitute income or financial resources.

(3) The agency must not deny to any individual the opportunity to become a foster parent or adoptive parent on the basis of the race, color, or national origin of the individual, or of the child, as required by the federal Multiethnic Placement Act (MEPA), 42 U.S.C.A. sec. 1996b, and Title IV-E of the Social Security Act, 42 U.S.C.A. sec. 671(18). MEPA also provides that this law must not be construed to affect the application of the Indian Child Welfare Act, which contains preferences for the placement of eligible American Indian and Alaska Native children in foster care, guardianship, or adoptive homes. Furthermore, the agency must not discriminate with regard to the application or licensure of a foster family or approval of an adoptive family on the basis of age, disability, gender, religion, sexual orientation, gender identity or marital status.

H. Physical and Mental Health Standards.

(1) All applicants and household members must have physical exams completed by a licensed health care professional . The exam results must be current and within one year of application and must state that the applicant can care for additional children. In its discretion, the agency may require further documentation and evaluation to make such a determination.

(2) All children who are household members must be current on immunizations as recommended by the child's pediatrician or as required for compulsory school attendance jointly recommended by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Physicians, unless the immunization is contrary to the child's health as documented by a licensed health care professional or the department determines that other extenuating circumstances exist.

(a) All household members who will be caregivers of infants must have an up-to-date pertussis (whooping cough) vaccine consistent with the recommendations of the ACIP, unless the immunization is contrary to the individual's health as documented by a licensed health care professional or the department determines that other extenuating circumstances exist.

(b) All household members who will be caregivers of infants and children with special medical needs must have an up-to-date annual influenza vaccine consistent with the recommendations of the ACIP, unless the immunization is contrary to the individual's health as documented by a licensed health care professional or the department determines that other extenuating circumstances exist.

(3) Applicants and all household members must disclose any past or current mental health or substance abuse issues. The agency may require further documentation and evaluation to determine the suitability of the home.

I. Home Study Standards.

(1) The agency must conduct a written comprehensive family assessment and home study in collaboration with the applicants upon initial application and renewal to include the following:

(a) An initial application shall require a minimum of two (2) on-site visits to the home, unless the SCDSS Director or director's designee allows for a deviation due to a public health crisis or natural disaster. The visits will assess the safety of the home using the SCDSS licensing and adoption standards. An individual interview of each applicant must be conducted to observe family functioning and assess the family's capacity to meet the needs of a child in foster care. It is preferred that all additional household members be interviewed in the home; however, a virtual interview may be conducted if additional household members are unable to be interviewed in person at an alternative time. The agency will determine whether to interview or just observe each household member based on his or her age and development.

(b) For a renewal application, a minimum of one (1) on-site visit to the home, unless the SCDSS Director or director's designee allows for a deviation due to a public health crisis or natural disaster, shall be required. The visit will assess the safety of the home using the SCDSS licensing and adoption standards. Individual interviews of each applicant must be conducted to observe family functioning and assess the family's capacity to meet the needs of a child in foster care. It is preferred that all additional household members be interviewed in the home; however, a virtual interview may be conducted if additional household members are unable to be interviewed in person at an alternative time. The agency will determine whether to interview or just observe each household member based on his or her age and development.

(2) The agency or child placing agency must obtain at least three references, including at least one from a relative and one from a non-relative. All references must be documented in writing.

(3) Tribal agencies may also be involved in conducting home studies for American Indian and Alaska Native children. 42 U.S.C.A. sec. 671(26)(B) provides that any receiving state must treat any tribal home study report as meeting the requirements imposed by the state for the completion of a home study.

J. Capacity Standards.

(1) The total number of children in a family foster home or prospective adoptive home, including the family's own children living in the home, must not exceed eight, of which no more than five may be children in foster care. The agency may determine lower capacities based on the family assessment and home study.

(2) The maximum number of children may be increased with agency approval to allow for siblings to remain together, to allow applicants to provide care to a child who has an established, meaningful relationship with the applicants' family, such as a child who was formerly in foster care with the family, or in accord with Section 63-7-2400.

K. Sleeping Standards.

(1) Each child in foster care must have a sleeping space with an individual bed or crib, mattress and linens, as appropriate for the child's needs and age and similar to other household members.

(a) Children who are relatives may share a bed with agency approval.

(b) All cribs in the home must be in compliance with Consumer Product Safety Commission standards.

(c) All bunk beds in the home must be assembled and used per manufacturer's instructions.

(i) The second tier or above of a bed shall not be used by any children with conditions limiting mobility.

(ii) The second tier or above must not be used by a child under the age of six.

(2) There must be no more than four children total sharing a room used as a sleeping space except for extenuating circumstances as approved by SCDSS.

(a) A child over the age of five must not share a room used as a sleeping space with a child of the opposite gender.

(b) Children of the opposite gender who are relatives may share a room used as a sleeping space with agency approval.

(c) A child under twelve months of age in an individual crib may share a room used as a sleeping space with the foster parent or adoptive parent.

(d) A child over 12 months of age may share a room used as a sleeping space with the foster parent or adoptive parent with agency approval.

(3) Children shall sleep within calling distance of an adult member of the family, with no child sleeping in a detached building, unfinished attic or basement, stairway, hall, or room commonly used for other than bedroom purposes.

(4) No biological children of the foster family shall be displaced and made to occupy sleeping quarters prohibited above because of a foster or adoptive child being placed in the home.

L. Other Living Space Standards.

(1) The home may be a house, mobile home, housing unit, or apartment occupied by an individual or a family.

(2) The applicants' home and all structures on the grounds of the property must be maintained in a clean, safe, and sanitary condition and in a reasonable state of repair .

(3) The home must satisfy the following living space standards:

(a) Be free from objects, materials, and conditions that constitute a danger.

(b) Prevent or eliminate rodent and insect infestation.

(c) Regularly dispose of trash and recycling.

(d) Foster and adoptive parent and foster child must have access to a working phone at all times.

(e) Have at least one toilet, sink, and tub or shower in safe operating condition.

(f) Have kitchen facilities with a sink, refrigerator, stove, and oven in safe operating condition.

(g) Have safe operating heating and cooling system in the home as outlined by state fire regulations.

(h) Have ventilation where household members and children eat, sleep, study, and play.

(i) Have artificial lighting where household members and children study and read.

M. Fire Safety/Evacuation Plan Standards.

(1) The applicants' home must meet the following fire safety and evacuation plan standards:

(a) Have an approved carbon monoxide alarm installed and maintained outside of each separate sleeping area in the immediate vicinity of the bedrooms if the home has fuel fired appliances installed, attached garages (3 sides enclosed), or a Fireplace. Carbon monoxide alarms expire based on the manufacturer's guidelines. Bedrooms with fuel fired appliances or fireplaces shall have carbon monoxide alarms.

(b) Have at least one operable fire extinguisher that is readily accessible.

(c) Be free of obvious fire hazards, such as defective heating equipment or improperly stored flammable materials. Household heating equipment must be equipped with appropriate safeguards, maintained as recommended by the manufacturer.

(d) Have a written emergency evacuation plan to be reviewed with the child within 24 hours of placement in the home and posted in a prominent place in the home. The plan must identify multiple exits from the home and designate a central meeting place close to the home that is known to the child yet at a safe distance from potential danger. The plan must include evacuation from the home to an area outside the emergency evacuation zone in the event an emergency evacuation is ordered.

(2) Applicants must maintain a comprehensive list of emergency telephone numbers, including poison control, and post those numbers in a prominent place in the home. If there is a landline phone located in the home, the numbers must be posted next to the phone.

N. Additional Health and Safety Standards.

(1) The applicants' home must meet the following standards concerning weapons:

(a) The following weapons must be stored in an inoperative condition in a locked area inaccessible to children:

(i) Firearms;

(ii) Air guns;

(iii) BB guns;

(iv) Hunting slingshots; and

(v) Any other projectile weapon.

(b) All ammunition, arrows or projectiles for such weapons must be stored in a locked space separate from the weapons.

(c) Applicants who are also law enforcement officials and can document that their jurisdiction requires them to have ready and immediate access to their weapons may be exempt from these weapon requirements provided the applicants adopt and follow a safety plan approved by the agency.

(2) The applicants' home must meet the following standards concerning water:

(a) A family foster home or adoptive home must have a continuous supply of safe drinking water.

(b) If a home uses private well water or another source of drinking water other than water through the municipal water supply, then it must be tested for safety.

(c) The temperature of any water heaters must be set to no higher than 120 degrees.

(3) The applicants' home must meet the following standards concerning animals:

(a) Any animal that poses a threat to the safety or health of a child in must be confined away from and inaccessible to the child.

(b) Unless the department concludes that extenuating circumstances exist, pets that are required to be vaccinated by state or tribal law must be vaccinated against diseases that can transmit to humans, including rabies.

(4) The applicants' home must meet the following standards concerning swimming pools, wading pools, hot tubs, and spas:

(a) Access to swimming pools and wading pools shall be controlled by a device or method that promotes safety of children, including a latch, lock, protective fence, protective cover, or other device or method which enhances child safety.

(b) Swimming pools must be equipped with a life saving device, such as a ring buoy.

(c) If the swimming pool cannot be emptied after each use, the pool must have a working pump and filtering system.

(d) Hot tubs and spas must have safety covers that are locked when not in use.

(e) Applicants will closely supervise the child in foster care when the child is near any swimming pool or body of water. When applicants cannot supervise, they must restrict the child access to swimming pools or bodies of water. The child must never be left to swim alone.

(f) Applicants will provide water safety instruction to the child in foster care as appropriate for his or her age and development if the home is adjacent to any body of water or has a swimming pool. Water safety instruction addresses key knowledge and skills on how to be safe around water and does not necessarily mean swimming lessons.

(g) Applicants will maintain the swimming pool in safe condition, including testing and maintaining the chlorine and pH levels as required by the manufacturer's specifications.

(h) Applicants will lock all entry points when the swimming pool is not in use.

(i) Applicants will remove or secure any steps or ladders to the swimming pool to make them unusable when the pool is not in use.

(j) Applicants will set up and maintain wading pools according to the manufacturer's instructions, and empty and store them when not in use.

(5) The applicants' home must meet the following standards concerning hazardous materials and first aid supplies:

(a) Prevent the child's access, as appropriate for his or her age and development, to all medications, poisonous materials, cleaning supplies, other hazardous materials, and alcoholic beverages.

(b) Maintain first aid supplies.

O. Criminal History Records Check Standards.

(1) Applicants and any other household members who are adults age 18 or older must submit to fingerprint-based checks of national (Federal Bureau of Investigation ("FBI") and state (SLED) crime information databases before the applicants may be approved for placement of a child. Both national and state fingerprint-based background checks must be conducted at the time of initial application. Applications for renewal must include SLED checks conducted no earlier than one year prior to renewal and FBI checks conducted no earlier than five years prior to renewal.

(2) The agency must also check the National Sex Offender Registry and state sexual offender registries for mention of the applicants and any other household members who are age twelve or older. Both national and state sexual offender registry searches must be conducted at the time of initial application and no earlier than one year prior to renewal.

(3) If a record check reveals a conviction for a crime included in S.C. Code section 63-7-2350, approval for placement of a child must not be granted.

(4) If an applicant was convicted for a crime other than those included in S.C. Code section 63-7-2350, the agency must consider the following:

(a) the type of crime;

(b) the number of crimes;

(c) the nature of the offenses;

(d) the age of the individual at the time of conviction;

(e) the length of time that has elapsed since the last conviction;

(f) the relationship of the crime to the capacity to care for children;

(g) evidence of rehabilitation; and

(h) opinions of community members concerning the individual in question.

(5) Applicants and all household members have an ongoing duty to report any juvenile offenses committed by any member of the household. The existence of a household member with a juvenile offense does not

automatically exclude the applicants. The agency must consider the suitability of the home based on the criteria used to assess crimes set forth in subsection (O)(4) herein.

P. Abuse and Neglect Background Check Standards.

(1) The agency must meet the following abuse and neglect background checks standards:

(a) Check all child abuse and neglect registries maintained by the state for information on applicants and any other household members who are age eighteen or older. These checks must be conducted at the time of initial application and no earlier than one year prior to the time of renewal.

(b) Request that any other state in which applicants and other adult household members who are age eighteen and older have resided in the preceding five years also check all child abuse and neglect registries maintained by that state. These checks must be conducted at the time of initial application

(c) Comply with any request described in (1)(b) above that is received from another state.

(2) The applicant must not be licensed if the applicant or any household member who is an adult age eighteen or older has been the subject of a substantiated allegation of abuse or neglect.

(3) Applicants and all household members have an ongoing duty to report any juvenile offenses committed by any member of the household. The existence of a household member with a juvenile offense does not automatically exclude the applicants. The agency must consider the suitability of the home based on the criteria used to assess crimes set forth in subsection (O)(4) herein.

Q. Assurances from Applicants.

(1) Applicants must sign an agreement containing the following assurances that they and all household members will comply with their roles and responsibilities as discussed with the agency once a child is placed in their care:

(a) Applicants will not use any inhumane or corporal punishment on any child placed by the agency. Cruel, inhumane, and inappropriate punishment is prohibited. This includes, but is not limited to, the following: head shaving or any other dehumanizing or degrading act; deprival of food or family visits; deprival of mail; slapping or shaking; the use of handcuffs; a pattern of threats of removal from the home as punishment; use of profanity or any language that the foster parent or adoptive parent knows or should know may ridicule a child; authorizing, directing or asking a child to discipline another child; discipling a child for a medical or psychological problem over which the child has no control (e.g. bedwetting, stuttering, etc.); denial of communication and visits with family members; demeaning acts designed to embarrass children; denial of shelter, clothing, or personal needs; excessive physical exercise; excessive work tasks; and verbal abuse.

(b) Applicants will not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated.

(c) Applicants will not smoke in the family foster home or in the vehicle while transporting foster children. Furthermore, guests will not be allowed to smoke in the family foster home or in any vehicle while transporting children.

(d) Applicants will coordinate legal and safe transportation to and from health care, therapy, and agency appointments; school; extracurricular activities; social events; and scheduled meetings or visitation with parents, siblings, extended family members, and friends.

(e) Applicants will confirm that if a privately-owned vehicle, owned by the applicants, family or friends, is used to transport the child in foster care, it must be inspected (if applicable under state or tribal law), registered, and insured, and meet all applicable state or tribal requirements to be an operable vehicle on the road.

(i) The driver will have a valid driver's license.

(ii) Safety restraints will be used that are appropriate to the child's age, height, and weight.

(iii) Weapons must not be transported in any vehicle in which the child is riding unless the weapons are made inoperable and inaccessible.

(f) Applicants may need to take additional steps for the safety of the child in foster care, depending on the home, the area in which it is located, and the age and any cognitive and behavioral challenges of the child. For example, applicants may be required to child proof their home to prevent the child from accessing hazards.

(g) Applicants will adhere to the reasonable and prudent parent standard as defined and set forth in S.C. Code sections 63-7-20, 63-7-25, and 63-7-2310.

(2) The agency or the child placing agency will review the assurances agreement with the foster parents and adoptive parents at initial licensing and approval and when a child is placed in their care. Additionally, the agency or child placing agency will review the assurances agreement with foster parents annually thereafter.

R. Pre-License and Adoptive Home Training Standards.

(1) All applicants must complete at least 15 hours of pre-license and adoptive home training on care of the child.

(2) Pre-license training topics must include:

(a) An overview of the child welfare system:

(i) Legal rights, roles, responsibilities and expectations of foster parents and adoptive parents;

(ii) Agency purpose, policies, and services;

(iii) Courts, and applicable laws and regulations.

(b) Information, including, but not limited to, trauma concepts and behavioral management, to provide for the needs of the child who is or may be placed in the home; early learning; child and adolescent brain development; healthy eating; protective factors; child abuse and neglect prevention; grief, loss, trauma, and separation issues; independent living skills; internet and social media safety for kids; sex trafficking prevention and warning signs; and first aid (including cardiopulmonary resuscitation (CPR) for the ages of children in placement, and bloodborne pathogen.

(3) Foster parents will subsequently be required to complete at least fifteen (15) hours training each year, or thirty (30) hours prior to each subsequent license renewal

(4) Viewing standard television programs or reading popular news or magazine articles will not be accepted for training hours. The training shall be provided by SCDSS or another source approved by SCDSS.

S. Emergency Placement Standards.

(1) A child may be placed in a home on an emergency basis pending licensure for a maximum of ninety calendar days with kin. The applicants must agree to complete the full assessment and approval process for a family foster home license within ninety calendar days. For emergency placements of American Indian and Alaska Native children, agencies should work closely with tribal and urban Indian organizations that have expertise in recruiting and licensing tribal family foster care homes.

(2) The agency must complete the following prior to approving an emergency placement:

(a) State (SLED) criminal background check of applicants and any other household member who is an adult age eighteen or older. To determine eligibility, the results of the check will be assessed using the criteria set forth in S.C. Code section 63-7-2350 and SCDSS licensing regulation section (O) herein.

(b) State, tribal, and/or local child abuse and neglect registry check for information on applicants and any other household member who is age twelve or older, and national and state sex offender registry check for all household members twelve and older. To determine eligibility, the results of the check will be assessed using the criteria set forth in S.C. Code Section 63-7-2350 and SCDSS licensing regulation section (P) herein.

(c) For other states in which applicants and any other household member who is an adult age eighteen and older have resided in the preceding five years, applicants and household members must attest that they are not on the child abuse and neglect registry or the adult protective services registry. At that time, the agency will submit its request that the other states check their registries.

(d) Preliminary visual inspection to assess the safety of the home.

(e) Preliminary assessment of the ability of the applicants to meet the needs of the child.

(f) Discuss assurances agreement, as described in standard 12 above, with applicants and obtain their signatures on the agreement.

(3) If the home is not licensed within ninety calendar days, the child must be removed from the home, unless:

(a) A direct placement of the child in the home is ordered by the court while the child is still in the custody of the child welfare agency.

(b) The applicants petition for and receive care and custody of the child directly from the court.

(c) The agency grants an extension of up to ninety calendar days for applicants to complete licensure if it determines that removal of the child would be detrimental to the best interests of the child.

T. Records Required for Child Placing Agencies.

(1) All child placing agencies in the State shall keep records regarding each foster child placed by that agency, including records containing the following information:

(a) The child’s name;

(b) The child’s birth date;

(c) The date of his admission and discharge from each foster care placement;

(d) Name, address and telephone number of relatives;

(e) Place and hours of employment of child's relatives; and

(f) Name, address and telephone number of available physician.

(2) All child placing agencies in the State shall keep records regarding each of their foster homes and said records shall contain documentation of compliance with these regulations and SCDSS procedures related to foster home licensing.

U. Initial Licensing, Renewal, Denial, Revocation, and Termination of License.

(1) Licenses shall be studied for renewal every two years and prior to the expiration of the last license.

(2) Adoptive home approval will be updated in accordance with SCDSS policies and procedures, but if the waiting period for an adoptive placement exceeds one year from the date of the approval, the approval must be updated before the placement of a child for the purpose of adoption to determine any change in circumstances.

(3) License renewal process requirements and adoptive home approval updates include documentation of safety requirements, training hours, background checks, home visits, assessment of ongoing compliance with requirements and standards of care, and any additional requirements as SCDSS or the child placing agency staff may deem necessary.

(4) A license will not be issued or renewed, and adoptive home approval will not continue if licensing requirements are not met, or standards of care have not been maintained as prescribed within these regulations or if, in the opinion of SCDSS, it would be detrimental to a child to be placed in the home. The agency may also deny an application to renew a family foster home license if the family has a demonstrable record of refusing to accept placement of children in foster care. Written notification of the denial, signed by the director of SCDSS or the director's designee shall be mailed via certified mail from SCDSS to the applicant or license holder. The notification will inform the applicant or license holder of any right to appeal this decision pursuant to established SCDSS procedure.

(5) A license or adoptive home approval may be revoked by SCDSS if minimum licensing requirements or standards within these regulations are not met, or, if in the opinion of SCDSS or child placing agency staff, it would be detrimental for a child to be placed in the home. The agency may also revoke a family foster home license if the family has a demonstrable record of refusing to accept placement of children in foster care. Written notification of the revocation, signed by the director of SCDSS or the director's designee shall be mailed via certified mail from SCDSS to the license holder. The notification will inform the license holder of any right to appeal this decision pursuant to established SCDSS procedure.

(6) A license or adoptive home approval shall be terminated when:

(a) The time specified on the license has elapsed; or

(b) The foster parent or adoptive parent has moved to a new location without applying for a change in licensure or adoptive home approval; or

(c) The license or adoptive home approval has been revoked or renewal denied and the time frame for appeal has elapsed; or

(d) A foster parent voluntarily returns the current license to SCDSS or the child placing agency for cancellation or otherwise informs SCDSS or the child placing agency that he or she no longer desires to be licensed.

(e) An Adoptive parent voluntarily informs SCDSS that he or she no longer desires to be an approved adoptive home.

V. Kinship Foster Parents.

(1) Subject to the emergency placement standards set forth in section (S) above, kin must be licensed in accordance with the same requirements as nonrelative applicants. SCDSS may waive, on a case by case basis, for kin, non-safety elements as SCDSS deems appropriate. Safety elements such as abuse or neglect history or criminal history must not be waived. SCDSS must note on the standard license if there was a waiver of a non-safety element and identify the element being waived.

(2) Kin are given preference for placement, provided that such placement is in the best interest of the child.

W. Confidentiality.

(1) No foster family or adoptive placement home shall directly or indirectly disclose any information regarding foster children, their biological families, or other individuals who have had control of the foster children, other than to professionals treating, caring for, and providing services for the child or others as SCDSS or the licensed child placing agency deems appropriate.

(2) No foster family or adoptive placement home shall post identifying information about foster children placed in their homes, including pictures on any closed or open social media group. Schools, daycares, and other extracurricular or childcare services may post pictures of foster children with permission from the agency.

(3) Information about a foster child that is disclosed shall be limited to information that is necessary to provide for the child's needs and in their best interest.

X. Prior Regulation Repealed.

All regulations concerning foster family homes previously promulgated by the agency are hereby repealed.

Y. Regulations Review.

These regulations shall be evaluated at least every five years from the date of initiation, to assess the need for revision.

Z. Effective Date.

This Regulation shall become effective on September 12, 2021.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions.

Statement of Rationale:

These revised regulations are updated to ensure compliance with statutory authority, to correct previous errors, and to ensure the safety and wellbeing of children.

Document No. 5109
DEPARTMENT OF SOCIAL SERVICES
CHAPTER 114
Statutory Authority: 1976 Code Section 63-11-30

114-590 through 114-595. Residential Group Care Facilities for Children.

Synopsis:

The Department of Social Services proposes to amend regulations that address licensure of residential group care facilities for children.

The Notice of Drafting was published in the *State Register* on March 25, 2022.

Instructions:

Print the regulations as shown below. All other items remain unchanged.

Text:

SUBARTICLE 9

RESIDENTIAL GROUP CARE FACILITIES FOR CHILDREN

(Statutory Authority: 1976 Code Section 63-11-30)

114-590. Licensing of Residential Group Care Organizations for Children.

A. General Purpose and Compliance with Other Laws.

The South Carolina Department of Social Services is authorized to license residential group care organizations for children. In carrying out this authority, the overall purpose of licensing by the agency is to promote the provision of a temporary, safe, stable and humane environment for children who are placed in residential group care settings, and that these settings include adequate supervision, supports for mental and physical health, safe physical facilities, and opportunities for appropriate learning experiences to maximize the potential of each child to be well-adjusted, responsible and independent. When interpreting and enforcing these regulations, regulations that provide greater specificity supersede regulations that are more general in nature and are therefore, the controlling authority. All residential group care organizations shall comply with these regulations and all other applicable requirements of State and Federal law.

B. Definitions.

(1) "Age- or developmentally-appropriate activities" means activities that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally-appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group; and in the case of a specific child, activities or items that are suitable for the child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, and behavioral capacities of the child.

(2) "Behavior intervention" means any containment, management or treatment technique or procedure used to intervene in a child's behavior when that behavior poses a clear and present danger of serious physical harm to the child or to others.

(3) “Caregiver” means any of the following: A person who is, or is expected to be, an employee or contractor of a facility, who is or is expected to be under the control of the facility, as defined by the Agency by rule, and who has, or is expected to have, regular, direct unsupervised contact with children of the facility.

(4) “Care plan” means a written plan of services to meet the specific goals and care needs of a child.

(5) “Chemical restraints” mean drugs administered to temporarily restrain a child who poses a threat to harm themselves or others.

(6) “Child” means a person under the age of twenty-one.

(7) “Child Care Institution” means a private residential group care facility, or public residential group care facility which accommodates no more than twenty-five children, and is licensed by the Agency. The setting does not include wilderness camps or training schools, nor does it include any facility that exists primarily for the detention or correction of children.

(8) “Commercial Sex Act” means any sex act for which anything of value is given, promised or received, directly or indirectly, by any person.

(9) “Corporal punishment” means physical punishment inflicted directly upon the body.

(10) “CSEC” means Commercial Sexual Exploitation of Children.

(11) “De-escalation” means behavior that is intended to escape escalation of conflicts. It also refers to approaches in conflict resolution. De-escalation techniques may use verbal and non-verbal cues.

(12) “Department” means the Department of Social Services.

(13) “Fictive kin” means an individual who is not related by birth, adoption, or marriage to a child, but who has an emotionally significant relationship with the child.

(14) “Gender identity” means a person’s internal identification or self-image as male or female, which is usually established by age three.

(15) “Group care” means the care and services provided by group care facilities and child care institutions.

(16) “Group care facility” means a residential organization, including residential institutions, residential facilities, and child care institutions, licensed by the Department to provide temporary or long-term, full-time residential care for children on a year-round basis, emergency shelters, and group homes. State contracts may also further categorize group care facilities by population and services provided. Boarding schools that do not operate year-round or that do not offer services beyond those associated with school programming are not encompassed within these regulations. All group care facilities are considered “residential institutions” for purposes of S.C. Code Section 63-7-1210, governing institutional abuse and neglect.

(17) “Infant” means a child under one year of age.

(18) “Licensing agency” or “agency” means the South Carolina Department of Social Services.

(19) “LGBTQ+” means lesbian, gay, bisexual, transgender, questioning or other sexual identities.

(20) “Sex Trafficking” means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for a commercial sex act. For minors, under the age of 18, there is no requirement of

force, fraud, coercion or inclusion of a third party. No child or youth under the age of 18 can consent to commercial sex.

(21) "Victim of Child Trafficking" - a minor who is under 18 years old who is sex trafficked or labor trafficked as defined in S.C. Code Section 16-3-1210.

(22) "Normalcy" means a child's ability to easily engage in healthy and age or developmentally appropriate activities that promote his or her well-being, such as participation in social, scholastic, and enrichment activities.

(23) "Program director" means the person responsible for coordinating the general management, administration, and care of the children of a facility in accordance with licensing requirements and policies established by the advisory board.

(24) "Psychotropic medication" means any drug that affects the mind and is used to manage inappropriate behavior or psychiatric symptoms and may include an anti-psychotic, an antidepressant, lithium carbonate or a tranquilizer.

(25) "Qualified Residential Treatment Program (QRTP)" means a program that serves children with serious emotional or behavioral disorders or disturbances.

(26) "Residential Group Care Organization" means child care institutions, residential institutions, residential facilities, and group care facilities.

(27) "Reasonable and prudent parent standard" means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the State to participate in extracurricular, enrichment, cultural, and social activities.

(28) "Relative" means an adult who is related to a child or youth by blood, marriage, or adoption, as well as an adult who is not related by blood, marriage, or adoption, but who has a relationship with the child, youth, or young adult, or their family (fictive kin). Under the Indian Child Welfare Act (ICWA), a relative is defined as a family member who is related to the child by blood, marriage, or adoption only.

(29) "Restraint" means an emergency safety intervention defined as any manual method, physical or mechanical device, material, or equipment attached or adjacent to the child's body, that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.

(30) "Staff" means an adult who is employed within the group care facility full-time or part-time, including, but not limited to, management, administrative, caregiving, program, maintenance, food service, and service personnel. The term includes a person who has or is seeking a license to operate a group care facility. This definition does not include adults who are unpaid volunteers or whose presence in the group care facility or contact with children is incidental in nature. However, the group care facility must ensure that full-time or part-time staff provide line-of-sight supervision for any adult unpaid volunteer or whose presence in the facility or contact with children is incidental in nature.

(31) "Standard license" means a license issued when a facility meets all regulatory requirements to obtain a license.

(32) "Supervision" means guidance of the behavior and activities of a child by a staff member who is within sight or sound of a child to ensure the safety and well-being of the child.

(33) "Time out" means a behavior intervention technique that is defined as the temporary restriction of an individual for a period of time to a designated area from which the person is not physically prevented from leaving, for the purpose of providing the individual an opportunity to regain self-control. Time-out will last only for the shortest amount of time needed.

(34) "Toddler" means a child at least one year of age but less than 3 years of age.

(35) "Transgender person" means a person whose gender identity (their understanding of themselves as male or female) does not correspond with their anatomical sex. A transgender woman is a woman whose birth sex was male but who understands herself to be female. A transgender man is a man whose birth sex was female but who understands himself to be male.

(36) "Volunteer" means a person, who of their own free will, provide goods or services to a facility with no monetary or material compensation and has no opportunity for unsupervised contact with children.

(37) "Volunteer staff" means persons, who of their own free will, provide goods or services and works in a facility with no monetary or material compensation and have opportunity for unsupervised contact with children.

114-591. Organization and Administration.

A. Purpose and Need.

(1) At the time of application for licensing of a new facility, a facility shall submit:

(a) A detailed description of the why there is a need for this particular facility and any facts that support the applicant's assertion for that need.

(b) Letters of support documenting a need for their services from at least three community partners, including referral sources (e.g. Department of Social Services, Department of Juvenile Justice, Department of Disabilities and Special Needs, etc.).

(c) A concise written statement addressing the following:

(i) Definitive statement of purpose and objectives with respect to type of residential child care to be provided;

(ii) Description of services offered;

(iii) Ages and genders of children accepted;

(iv) Types of children accepted (e.g., abused/neglected, emotionally disturbed, dependent/neglected, status offenders, etc.);

(v) The geographical areas from which children are accepted.

(2) The facility shall reevaluate its functions periodically and redefine them as community needs change. A copy of the revised statement shall be submitted to the Agency when changes occur.

B. Board of Directors.

(1) A for-profit group care facility may elect to have a board of directors. If applicable, a list of names of board members shall be submitted annually or whenever there is a change, outlining the chain of command and the appropriate contact person(s), including names, addresses, electronic mail addresses, related phone numbers

and positions held on the board. In the absence of a board of directors, the group care facility shall submit names, addresses, electronic mail addresses, related phone number and positions held for executive management or any person or each person of an entity that oversees the group home director.

(2) A not-for-profit group care facility shall be chartered by the Secretary of State and shall have a board which functions in accordance with the organization's constitution and bylaws. A list of names of board members shall be submitted annually or whenever there is a change, outlining the chain of command and the appropriate contact person(s) including names, addresses, electronic mail addresses, related phone numbers and position held on the board. Facilities operated by a state agency are exempt from this requirement.

(3) The bylaws of a board of a not-for-profit group care facility shall provide for the following:

(a) At least one annual meeting held at the group care facility;

(b) A limitation on the number of consecutive terms a member may serve;

(c) An orientation for new board members; and

(d) A provision that prohibits board members from receiving financial compensation for their services.

(4) Responsibilities of a board of a not-for-profit group care facility shall include:

(a) Selecting the director to whom administrative responsibility is to be delegated;

(b) Assuring that adequate funds are available;

(c) Formulating or approving policies and procedures;

(d) Accounting for the expenditure of funds and providing financial oversight;

(e) Evaluating on an annual basis the performance of the director;

(f) Ensuring that the Agency is informed of changes in administration;

(g) Ensuring adherence to legal standard and ethical norms; and

(h) The board shall assist in developing the annual budget and ensure the inclusion of sound financial controls.

C. Finances.

(1) The group care facility shall utilize funds in a manner that is safe, child-centered, responsible, and free from fraud. Policies and practices shall be in accord with sound budgeting, disbursement, and audit control procedures.

(2) The group care facility shall maintain a system of business management and staffing to ensure complete and accurate accounts, books, and records are maintained.

(3) A new group care facility shall have a predictable source of funds to finance its first year of operation and reserve funds equal to the operating costs of the first six months. However, existing licensed group care facilities that are in good standing with the Agency and increasing the capacity by no more than twenty-five (25) percent are exempt from the requirements to submit evidence of reserve funds or available credit.

(4) The group care facility shall prepare a budget each year for its group care facility showing anticipated income (broken down by category, e.g.: private donations, government grants, community fundraisers, etc.) and expenditures. The budget shall include projected costs for administration, insurance, vehicles, equipment, programming, personnel expenses, shelter (mortgage, rent, maintenance, etc.), property taxes, food, utilities, clothing, and other household expenses. A copy shall be submitted to the Agency.

(5) All board administered accounts shall be reviewed at least annually by a certified public accountant who does not serve on the board nor is otherwise employed by the group care facility. The report shall be made a part of the group care facility's record and a copy of the balance sheet submitted to the Agency at the time of relicensing.

(6) In the event financial stability is questionable, the Agency may require a financial audit to be conducted by a certified public accountant. The group care facility is responsible for the cost of a financial audit.

D. Policies and Procedures.

(1) The facility shall develop and implement (and update as appropriate) a policy and procedural manual that includes all of the following:

(a) Services to Children- activity planning, admission of a child, allowances, behavior intervention, community involvement for children, complaints and grievances, confidentiality of child records, critical incident reporting, disaster plan, discharge of a child, electronic use, including cell phones, tablets, etc., emergency care in the event of a placement disruption, emergency safety intervention (if applicable), exploitation, family involvement and visitation, first aid and cardiopulmonary resuscitation (CPR) training, hospitalization, facility rules, procedures related to a child's absence from the group home without permission, independent living services (if applicable), LGBTQ+ youth, management of children's money, medical care of children (including dental care), medication administration, storage and disposal, out of state placements (if applicable), prohibition of smoking, prohibition of the use of child labor as a substitute for employment, reasonable and prudent parenting, religion, routine and emergency medical care, social media, suicide prevention, supervision of children on-site and off-site, the use of universal precautions, time-out, gang affiliation, drug paraphernalia, and weapons.

(b) Administration- designation of the chain of command or supervisory structure in the group care facility, finance, job descriptions and social media.

(c) Personnel- a workable plan for contacting the facility or a staff member when necessary, confidentiality of child records, disciplinary actions, documenting staff arrival and departure times, grievances, orientation for new staff, boundaries for staff, procedures for revisions of personnel policies, prohibition of smoking on the facility premises and in vehicles used to transport children, role of staff as mandated reporters, routine or universal health precautions and infection control, social media, training and staff development, volunteers and work schedule requirements.

(2) The staff of the facility shall be familiar with policy and procedural manuals and a copy of the manuals shall be made available to staff and the licensing agency.

E. Communications and Notifications.

(1) The facility shall be able to communicate with the child, the Agency, health care providers, and other service providers.

(2) A telephone that is operational shall be available on the premises at all times.

(3) The facility shall provide an electronic mail address to the Agency and be able to access the internet.

(4) The facility is subject to South Carolina laws relating to child abuse and neglect. The facility shall immediately report incidents of suspected abuse or neglect to the South Carolina Department of Social Services.

(5) The facility shall notify the Agency licensing unit in writing within 24 hours regarding occurrences involving children in care, including but not limited to:

(a) Any federal, state or private legal action by or against the facility which affects any child, the conduct of the facility or any person affiliated with the facility;

(b) Closure of a living unit due to disaster or emergency situations such as fires or severe weather;

(c) A decision to evacuate the facility (if possible) and the names and location of all children who have evacuated in the case of an emergency.

(6) The facility shall notify the Agency licensing unit in writing at least 30 calendar days before:

(a) Discontinuing operation of a facility;

(b) Any change in executive leadership responsible for the facility;

(c) Any planned construction or major structural changes to the facility;

(d) Any impending change that would necessitate a change in the conditions of the license, i.e., capacity, age range, gender, location or name.

F. Staff and Volunteer Responsibilities.

(1) A staff member, or volunteer who knows or has reasonable cause to suspect that a child has been abused or neglect as defined in S.C. Code Section 63-7-20 shall immediately inform by phone, in writing, or in person, the Agency or a local law enforcement agency.

(2) Staff members and volunteers shall keep information and records on children confidential pursuant to the requirements in S.C. Code Section 63-7-940 and S.C. Code Section 1990.

(3) Each staff member or volunteer shall notify the group care facility as soon as possible, but no later than the staff member's next working day of all of the following:

(a) A conviction of any crime.

(b) A current or past investigation by any governmental agency for any act, offense, or omission, including an investigation related to the abuse or neglect, or threat of abuse or neglect, to a child or other client, or an investigation related to misappropriation of a client's property.

(c) A governmental finding substantiated against them of abuse or neglect of a client or of misappropriation of a client's property.

(d) A denial, restriction, or other limitation of a license or credential from the Agency of safety and professional services.

(4) The staff member or volunteer shall demonstrate competency in the group care facility's program statement, policies and procedures, roles and responsibilities, and resident rights.

G. Directors.

(1) Executive Directors shall have qualifications consistent with the responsibilities of the position as determined by the governing board. Documentation of qualifications, i.e., application or resume, shall be on file at the facility and will be reviewed at the time of licensing and relicensing.

(2) Program Directors are employed full-time and are responsible for the daily operations of a facility and shall have the following qualifications and responsibilities:

(a) Be at least 21 years old;

(b) Have a bachelor's degree in one of the major fields of study including, social work, sociology, psychology, special education, counseling and guidance, criminal justice and any other area in the human services field as approved by the Agency;

(c) Have two (2) years of professional supervisory experience in child welfare;

(d) Oversee program operation and development, and

(e) Review the appropriateness of admission of each child to the facility, participate in developing, reviewing, and updating child assessments and care plans, provide technical assistance to the group care staff and agencies and periodically review and update facility policies and procedures.

(f) Qualifications for employment as outlined in this section shall be documented in an application which shall also include the requirements of Regulation 114-591(I).

(3) Program Directors employed prior to July 1, 2021 will have a transition period of six years to meet the educational requirements. Alternatively, work experience may be considered in lieu of a bachelor's degree at the Agency's discretion for program directors employed prior to July 1, 2021.

H. Caregivers.

(1) Caregivers have regular, direct contact with children and, at a minimum, shall be responsible for the care, nurture, monitoring and supervision of children; supporting and promoting parental involvement when appropriate; reporting suspected child abuse and neglect to the Out of Home Abuse and Neglect Unit of the South Carolina Department of Social Services and/or to a law enforcement agency in the county where the child resides or is found; and guidance on independent living services, as appropriate.

(2) A caregiver shall be at least twenty-one years old.

(3) Caregivers shall have a minimum of a high school diploma, certificate or equivalent.

I. Hiring and Employment.

(1) Before a group care staff applicant begins employment, the group care facility shall do all of the following:

(a) Ensure that the applicant meets the qualifications for their position.

(b) Conduct and document background checks pursuant to regulation 114-591(L), on each applicant.

(c) Conduct and document a general orientation to the facility.

(d) Determine that the caregiver applicant is at least twenty-one years old and at least one year of child caring experience, either paid or unpaid.

(e) Obtain and file documentation to confirm that the caregiver applicant has a high school diploma, certificate or equivalent.

(f) Conduct and document additional training, including CPR, bloodborne pathogen, first aid, and restraint training as needed.

J. Personnel Records.

(1) The facility shall establish and maintain on the premises a personnel record for each group care staff member and volunteer staff.

(2) Each personnel record shall contain all of the following for the staff member for which the record was created:

(a) A completed application for employment that shall include the staff member's name, address, date of birth, training, education, work experience, and date of hire and proof that educational requirements have been met, if applicable;

(b) Current address and all addresses within the five years prior to hire;

(c) A completed and current background information disclosure form;

(d) The results of all background checks required in 114-591 (L);

(e) A job description that is signed and dated by the staff member or volunteer;

(f) A completed physical examination for caregivers or volunteer staff;

(g) The staff member or volunteer staff's driver's record, if the staff member or volunteer is assigned to transport children;

(h) A training record that shall include documentation of the staff member or volunteer's receipt of the orientation, training, and continuing education and the training record shall be documented as specified in 114-591 (M) (4);

(i) Documentation of all first aid and CPR certifications, if applicable;

(j) Documentation of restraint training certification, if applicable;

(k) For RPPS decision makers, documentation of the training required;

(l) Any disciplinary actions issued to the group care staff person or volunteer.

K. Staff Medical Exams.

(1) Each caregiver and volunteer staff person shall be physically, mentally and emotionally able to provide responsible care for children and shall not pose an imminent threat of harm to children or to the quality and manner of their care.

(2) All caregivers and volunteer staff shall provide a medical statement on the medical history form approved by the Agency at the time of their hiring. This form should be kept in the caregiver's employee file for the duration of their employment.

(3) Caregivers and volunteer staff persons included in staff-to-child ratios shall have a medical examination conducted by a physician, physician assistant, or nurse practitioner no more than three months prior to employment or no later than thirty days after employment to certify that the caregiver meets the minimum physical requirements of the position and that the caregiver is in general good health that will not adversely affect the care of children in placement. The facility shall utilize the official Agency medical examination report form, which can be obtained from the Agency website.

(4) If the Agency has reason to believe that the physical or mental health of a caregiver or volunteer staff person or an applicant for employment may endanger a resident, the Agency may require that a written statement be submitted by a physician or, if appropriate, by a licensed mental health professional, that certifies the condition of the individual and the possible effect of that condition on the facility or the children in care.

(5) No more than three months prior to employment or no later than 30 days after employment, provide certification from a physician, physician assistant, or nurse practitioner that the caregiver meets the minimum physical requirements of the position and that the caregiver is in general good health. Physical examinations report forms can be obtained from the Agency website.

L. Criminal Activity.

(1) No child may be placed in a group care facility with a person working in the facility, including a caregiver, staff, and volunteer staff who:

(a) Has a substantiated history of child abuse or neglect; or

(b) Has pled guilty or nolo contendere to or has been convicted of:

(i) An 'Offense against the Person' as provided for in Chapter 3, Title 16;

(ii) An 'Offense against Morality or Decency' as provided for in Chapter 15, Title 16;

(iii) Contributing to the delinquency of a minor as provided for in Section 16-17-490;

(iv) The common law offense of assault and battery of a high and aggravated nature when the victim was a person seventeen years of age or younger;

(v) Criminal domestic violence as defined in Section 16-25-20;

(vi) Criminal domestic violence of a high and aggravated nature as defined in Section 16-25-65;

(vii) A felony drug-related offense under the laws of this State;

(viii) Unlawful conduct toward a child as provided for in Section 63-5-70;

(ix) Cruelty to children as provided for in Section 63-5-80;

(x) Child endangerment as provided for in Section 56-5-2947; or

(xi) Criminal sexual conduct with a minor in the first degree as provided for in Section 16-3-655(A).

(c) A person who has been convicted of a criminal offense similar in nature to a crime enumerated in L(1)(b), when the crime was committed in another jurisdiction or under federal law, is subject to the restrictions set out in this section.

(d) This section does not exclude any person in L(1) when a conviction or plea of guilty or nolo contendere for one of the crimes enumerated in L(1)(b) has been pardoned. However, notwithstanding the entry of a pardon, the Agency or other entity making placement or licensing decisions may consider all information available, including the person's pardoned convictions or pleas and the circumstances surrounding them, to determine whether the person is unfit or otherwise unsuited to work or volunteer in a group care facility.

(2) Prior to working in a facility, all persons referenced in L(1) shall undergo a background check to be conducted by the State Law Enforcement Division, a fingerprint review to be conducted by the Federal Bureau of Investigation, a check of the State Central Registry of Child Abuse and Neglect and department records, the equivalent registry system check for each state in which the person has resided in the previous five years, the National Sex Offender Registry, and the state sex offender registry.

(3) The background checks of all persons referenced in (L)(1) shall be submitted to the Agency upon request.

(4) If a person referenced in (L)(1) separates from the facility for any period of time, then all background checks shall be repeated prior to resuming work in the facility.

(5) A fingerprint review conducted by the Federal Bureau of Investigation shall be required for all persons referenced in (L)(1). The fingerprint review shall be required prior to working in the facility and every five years thereafter.

(6) A background check conducted by the State Law Enforcement Division, a check of the State Central Registry of Child Abuse and Neglect and department records, the equivalent registry system check for each state in which the person has resided in the previous five years, the National Sex Offender Registry, and the state sex offender registry shall be completed annually prior to re-licensure for all persons referenced in (L)(1).

(7) The chief executive officer or the person authorized to hire staff shall agree to comply with the conditions of the Memorandum of Agreement on Criminal Record Checks.

(8) When a group care staff person or volunteer staff person is under investigation by the Agency, then the Agency may restrict that staff person's access to children until the investigation is complete if the seriousness of the allegations warrant such action.

(9) Although background checks prescribed in this subsection are not required for children age 18-21 who reside in the facility, if the facility also engages in the full-time residential care of minor children and is not a facility that exists primarily for the detention or correction of children, the facility shall have policies and procedures to assess the criminal background and child protective services history of children age 18-21 to ensure the safety of minor children residing in the facility.

M. Staff Orientation and Continuing Education.

(1) The director shall submit an annual training plan to the licensing agency prior to implementation to ascertain that the plan will comply with this requirement. Training topics shall include trauma concepts and behavioral management, to provide for the needs of the children who are or may be placed in the group care facility, early learning, child and adolescent brain development, healthy eating, protective factors, and child abuse and neglect prevention. The annual training plan shall include proposed training topics, the planned month and number of training hours expected for each topic.

(2) Documentation of completed training shall be on file at the facility and shall be reviewed at the time of licensing, monitoring, or relicensing visits.

(3) The training record shall include documentation of the staff member's receipt of the orientation, training, and continuing education. Documentation shall include a summary training log for each caregiver for each license year followed by supporting documentation (e.g. certificates, training sign-in sheets if legible, etc.). The staff training log shall include all of the following:

(a) Date and time of orientation and each training session;

(b) Name of each person that conducted each orientation and training;

(c) Training topic;

(d) Total hours of training or continuing education received;

(e) Whether the staff member completed the requirements of the training or continuing education session.

(4) Each volunteer staff person included in staff-to-child ratios shall meet the training requirements specified for caregivers.

(5) Within the first week of hire and prior to working alone with children, the group care facility shall provide the group care staff member with all of the following:

(a) A job description and the job description shall be signed and dated by each staff member upon receipt by the staff member;

(b) The facility's program statement and policies and procedures, including the personnel policies and procedures;

(c) Requirements of child abuse and neglect reporting and information on how to identify and report abuse or neglect situations;

(d) Instruction on how to use fire extinguishers, and on emergency and evacuation procedures;

(e) Any other information that would orient the staff member to the facility.

(6) Each license year caregivers shall complete a minimum of fifteen (15) hours of training related to the population served by the group care facility (not including first aid and cardiopulmonary resuscitation). A maximum of four training hours can be carried over from the previous license year as long as the training hours did not count towards the previous license year's fifteen hour requirement. The Agency encourages the facility to offer training regularly throughout the license year.

(7) Types of training that may be acceptable to the Agency to meet continuing education requirements include all of the following:

(a) Formal courses resulting in credits or continuing education units;

(b) Training provided by the facility, a staff member, or a volunteer;

(c) Workshops, conferences, seminars, or lectures;

(d) Online training.

(8) Training topics include, but are not limited to: skill training in specific methods employed by the program, crisis management protocol, significance and value of birth and extended family, the importance of

maintaining meaningful connections between the child and parents, including regular visitation, identifying and reporting child abuse and neglect, role of staff as mandated reporters, basic communication, interviewing skills, information related to the transmission and prevention of infection or universal precautions, group dynamics, fire life safety, water safety (for staff who will provide supervision for children around bodies of water), history and development of the service being provided (from the facility) and its current status, grief and loss issues for children in care, specific organizational policies and procedures, supervision and teaching skills, working with children who may have emotional, behavioral, physical problems or developmental delays, treatment care specific to the needs of the population served, individualized education and development plans, developmental needs of children, behavior management, de-escalation techniques, suicide prevention, cultural competency and culturally responsive services, LGBTQ+ issues, gang activity, drug and alcohol education, sex education, medication administration, trauma-informed care, prudent parenting, psychotropic medications, medical consent, child-specific training and/or may address issues relevant to the general population of children and other education and/or training required by the state.

(9) The fifteen hour training requirement will be pro-rated for new caregivers based on the number of months worked during the license year.

Months Worked During License Year	Hours Required
1	1
2	2
3	3
4	5
5	6
6	7
7	8
8	9
9	10
10	12
11	13
12	15

(10) At all times at least one caregiver in each living space shall be certified in first aid and cardiopulmonary resuscitation appropriate to the age of the population served. The training shall be from the American Red Cross or a program or trainer certified by the American Red Cross, American Heart Association, or the Health and Safety Institute. The certification shall be renewed in accordance with training guidelines.

(11) If it is a facility's policy to implement physical restraints, then all caregivers shall complete restraint training. New staff cannot participate in a restraint prior to completing the facility's restraint training.

N. Volunteers.

(1) If volunteers are used as part of a group care facility's program of services, the group care facility shall have written policies to screen, select and supervise volunteers.

(2) Those volunteers who have opportunity for unsupervised contact with children shall be known as "volunteer staff" and shall supply a written application and have an interview with the staff who is responsible for the supervision of volunteers before volunteering.

(a) Volunteer staff may be used to meet the staff-to-child ratio requirements if the volunteer meets the requirements specified for caregivers under regulation 114-591 (H), (I), (L), (M) and (K).

(3) Volunteers shall be invited to participate in annual training required of other caregivers.

(4) Individuals or groups who offer to provide a one time or occasional voluntary service (parties, trainings, entertainment, etc.) and do not have unsupervised access to children, are not required to undergo a full background screening by the group care facility. At least one facility caregiver shall supervise the interaction between such individuals or groups and the children.

O. Record Storage and Retention.

(1) The facility shall retain in a locked or secured area all children's records for a minimum period of three years from the date the child is discharged from the program, and all staff records for a minimum period of three years from the date the staff separates employment.

(a) If any litigation, claim, or other action involving the records have been initiated prior to the expiration of the three year period, the records shall be retained until completion of the action and resolution of all issues that arise from it or until the end of the three year period, whichever is later.

(b) A facility that no longer operates shall secure the records until the requirements above are met.

(2) In accordance with the South Carolina Electronic Transactions Act (S.C. Code Ann. 26-6-10 et seq.), electronic records will be accepted assuming that the information is in a reasonably accessible format.

The Provider shall ensure that the electronic record is accessible to reviewers and auditors and the integrity of the record is preserved.

P. Supervision and Staff-to-Child Ratios.

(1) Caregivers shall be responsible for the daily supervision of children and direct care to children to ensure their safety and well-being. A facility shall staff each group care facility with caregivers in numbers sufficient to meet the staff to child ratios specified in regulation 114-591 (P)(3) and for any off-premise activities.

(a) A facility shall ensure that supervision is provided for each child appropriate to the child's age, maturity, behavior, and developmental level and sufficient to ensure the safety of all children in the facility.

(b) No child may be in the facility without supervision by a caregiver.

(c) A facility shall ensure that sufficient staffing is available to provide supervision of a child during suspensions and other extended absences from school.

(2) A minimum of two caregivers shall be available, accessible, and able to respond on-site within a reasonable amount of time during waking and sleeping hours.

(3) The staff-to-child ratios of the facility shall be 1:5 for children from birth to one year old. A facility shall have at least one caregiver awake and providing supervision for every 5 children in this age group during waking hours and during sleeping hours.

(4) The staff-to child ratios of the facility shall be 1:6 for children one to two years old. A facility shall have at least one caregiver awake and providing supervision for every 6 children in this age group during waking and sleeping hours.

(5) The staff-to-child ratios of the facility shall be 1:8 during waking hours and 1:10 during sleeping hours for children three years old and older.

(6) Any child of live-in staff shall be included in the staff-to child ratios.

(7) The staff-to-child ratios in regulation 114-591(P) are the minimum staffing requirements for caregivers. The number of caregiver staff on duty shall be increased as necessary to meet the needs of children and to ensure their safety and welfare.

(8) The Agency may require a higher staff-to-child ratio if an on-site review indicates that a child is at risk of abuse, and more supervision is needed to maintain appropriate control, discipline, adequate care and safety.

(9) The facility shall have a responsive system to provide for on-call caregivers (available, accessible and able to respond on-site) in the event of an emergency or disruption. A schedule of on-call caregivers shall be made immediately available to the Agency upon request.

Q. Time Off for Caregivers.

Each full-time caregiver shall have at least two consecutive days off each month in addition to one day off each week or the equivalent. The facility shall comply with state labor laws.

R. Effective Date.

This Regulation shall become effective on September 12, 2021.

114-592. Physical Environment and Safety.

A. Physical Plant and Environment.

(1) Zoning Compliance and Building Codes.

(a) The construction of a new facility, the conversion of an existing building for residential child care purposes, or the remodeling of a facility shall comply with all applicable local zoning regulations and local and state building and fire codes.

(b) Architectural plans for new construction or structural changes shall be approved by the appropriate authority and meet all required codes prior to construction.

(2) Acceptable Buildings.

(a) Group care facilities shall utilize single-family residences or single-owner properties and permanent structures.

(b) Neither mobile homes nor individual apartments or townhomes shall be licensed.

(c) If the facility will serve children under the age of six years old, it shall meet applicable lead base paint requirements, as established by the South Carolina Department of Health and Environmental Control (DHEC), pursuant to Section 44-53-1310, et seq., and regulation (61-85). 25 to prevent lead poisoning in children.

(3) Documentation of Buildings and Grounds.

(a) The facility shall provide a copy of a campus map to identify all buildings, common areas, recreational space and any distinguishing features or hazards on the property.

(b) The facility shall provide a floor plan for each residential building that identifies each sleeping quarter and bathroom.

(4) Condition.

(a) The group care facility, grounds, and all structures on the grounds of the property shall be properly maintained in a clean, safe, and sanitary condition and in a reasonable state of repair.

(b) The interior and exterior shall be free from dangerous objects and conditions, and from hazardous materials.

(c) The facility shall have adequate lighting, ventilation and proper trash and recycling disposal, if recycling is available.

(5) Water and Sewer.

(a) The group care facility shall have an adequate and safe water supply.

(b) If the facility's water supply is from a private well, the well shall be tested at least annually for bacteria and approved by the Department of Health and Environmental Control.

(c) If the facility population includes children under six years of age or expectant mothers, the water shall also be tested at least annually for lead and approved by the Department of Health and Environmental Control.

(d) The facility shall have an adequate sewage disposal system. If the facility has a private sewage disposal system, the system shall be approved by the appropriate governmental approving authority.

(e) The facility shall be equipped with a water heater sufficient to meet the needs of all children.

(f) The hot water delivered to the facility's sinks, tubs, and showers shall be no less than 100°F and shall be no more than 120°F.

(6) Heating and Cooling.

(a) There shall be proper equipment for adequately heating and cooling in living, sleeping, sanitary, and working areas.

(b) Heating equipment shall be capable of maintaining a room temperature of not less than 68 degrees Fahrenheit. Cooling equipment shall be capable of maintaining a room temperature of not more than seventy-five (75) degrees Fahrenheit.

(c) Safety barriers shall be placed around all heating and cooling sources, such as hot water pipes, wood, coal and gas burning fire places, hot water heaters, and radiators that are accessible to children to prevent accidents or injuries upon contact by the child.

(d) Rooms with toilets, bathrooms, and bedrooms without operable windows shall have adequate ventilation.

(7) Bedrooms and Acceptable Sleeping Conditions.

(a) Bedrooms for children shall provide a minimum of fifty square feet of space per child.

(b) Bedrooms rooms for children shall be suitable and comfortably furnished with beds that are placed at least two feet apart.

(c) Bedrooms shall have outside window exposure or auxiliary means of ventilation, both intake and exhaust, and means to egress.

(d) Each child shall have a separate bed with a level mattress long and wide enough to accommodate the child.

(e) Bunk beds shall be limited to no more than one (1) bed above the other bed.

(f) Children sleeping in the top bunk of a bunk bed shall be at least six years of age or older.

(g) The top bunk of a bunk bed shall not be used by children with conditions limiting mobility and shall have a safety rail if used by a child under eight years of age.

(h) There shall be at least five feet of space between bunk beds. The top of a mattress of a bunk bed shall be at least three feet below the lowest point of the ceiling and there shall be at least three feet between upper and lower bunks.

(i) Sleeping Conditions.

(j) Children shall not sleep in a bed with an adult under any circumstances.

(k) Children of the opposite sex who are five years of age or older shall not share a bedroom except:

(i) When it is necessary to facilitate the placement of sibling groups; or

(ii) To meet the needs of transgender children.

(l) A child who is 18 years of age or older may not share a bedroom with a child who is under 18 years of age, unless the child who is 18 years of age or older is continuing to share a bedroom with a child he or she had already been sharing the bedroom with before turning 18 years of age.

(m) No child shall sleep in a detached unsafe building, an unfinished attic or basement, a stairway, hall, or room designated or commonly used for other than bedroom purposes.

(n) Sufficient bed coverings to include linens appropriate to the climate shall be provided.

(o) Waterproof mattresses, pillows and coverings shall be provided as needed.

(p) Bedding provided by the facility shall be clean and sanitary. All bedding shall be laundered, at minimum, between assignments to different children.

(q) Linens shall be changed as often as required for cleanliness and sanitation, but not less frequently than once a week.

(r) There shall be a quiet area in the facility well-lit, furnished and suitable for study.

(8) Bathrooms.

(a) There shall be at least one lavatory with adequate hot and cold water for every six children, a tub or shower and one indoor flush toilet for every eight children. Multiple toilets in one area shall be in separate compartments.

(b) Separate bathroom facilities shall be provided for girls and boys over five years of age.

(c) Ventilation shall be provided with either an open screened window or functioning exhaust fan.

(d) Mirrors or non-breakable reflective surfaces shall be provided in the bathrooms at levels easily accessible to children.

(e) Easily cleanable receptacles with lids shall be available in all bathrooms.

(f) Liquid or granular soap and disposable towels or cloth towels designated for individual use shall be provided at each sink.

(9) Laundry.

(a) A facility shall have as many clothes washing machines and clothes dryer as needed to adequately launder clothing for the population served.

(b) Any laundry equipment in the facility shall be installed and vented in accordance with the manufacturer's recommendations.

(10) Video Monitoring in Facilities.

(a) Facilities that utilize video monitoring are prohibited from the placement of cameras in areas where persons dress and undress.

(b) Facilities that utilize restraints must be equipped with video monitoring and must maintain video footage for a minimum of 30 days.

(c) Facilities that use utilize restraints must retain any audio associated with video footage for a minimum of 30 days.

(d) Facilities that utilize restraints must make video footage available to the Agency in an accessible format within 24 hours of request.

(11) Staff Facilities.

(a) Staff who reside on campus shall be provided with sleeping quarters separate from the children. An exception for sleeping areas will be provided for facilities with staff awake during the night.

(b) Staff shall be provided with bathroom facilities that are separate from the children.

(12) Outside Recreational Space.

(a) The outdoor space shall be free from hazards and litter.

(b) Outdoor walkways shall be free from debris, leaves, ice, snow, and obstruction.

(c) Children shall be restricted from unsafe areas and conditions such as traffic, parking areas, ditches, and steep slopes by a fence or natural barrier that is at least four feet high and in good repair.

(d) Outdoor recreational equipment shall be age-appropriate for the population served and meet the standards of the US Consumer Products Safety Commission (CPSC), if applicable. Recalled products listed by the CPSC shall not be accessible to children.

(e) Outdoor recreational equipment shall be made of durable, non-rusting, non-poisonous materials, and shall be sturdy and well-maintained.

(f) Stationary outdoor equipment shall be firmly anchored and shall not be placed on a concrete or asphalt surface.

(g) Swings shall be located to minimize accidents and shall have soft and flexible seats.

(h) Cushioning material such as mats, wood chips or sand shall be used under climbers, slides, swings, and large pieces of equipment. Cushioning material shall extend at least six feet beyond the equipment and swings.

(i) Slides shall have secure guards along both sides of the ladder and be placed in a shaded area.

(j) Outdoor metal equipment that is uncoated shall be located in shaded areas or otherwise protected from the sun. Staff shall check the temperature by touch prior to children playing on it.

(k) Outdoor equipment shall be arranged so that children can be seen at all times.

(l) A properly fitting bicycle helmet that is approved by American National Standards Institute, Snell Memorial Foundation, or American Society for Testing and Materials, shall be worn by each child when riding a bicycle, skateboard, roller blades, or skates. Helmets are optional for use with tricycles.

(13) Water Safety.

(a) Swimming pools located at the facility or used by the facility shall conform to the regulations of DHEC for construction, use, and maintenance.

(b) Swimming and wading pools shall be enclosed with protective fencing at least four feet high, secured with a safety device (i.e. latch, lock, etc.) to restrict children's access, and any method of access must be through the safety device.

(c) Swimming pools shall be equipped with a life saving device, such as a ring buoy.

(d) If the swimming pool cannot be emptied after each use, the pool shall have a working pump and filtering system.

(e) At any swimming or boating activity provided by or arranged for children, the facility must adhere to the following:

(i) A certified lifeguard is preferred for all swimming activities; however, the facility must enforce written policies and procedures that ensure that on each outing, each child demonstrates their level of swimming proficiency when first entering the water. The demonstration must provide staff with sufficient information to allow staff to make basic judgments as needed relative to the child's safe use of the swimming facilities (i.e., limiting access to shallow swimming areas as opposed to deeper swimming areas, diving boards, etc.). If any child is unable to demonstrate an ability to swim, the facility will require the child to wear a Coast Guard approved vest.

(ii) The facility must document in each child's record the child's level of swimming proficiency, once known.

(iii) A buddy system must be employed for children.

(iv) Staff must actively supervise children during swimming and boating, including, but not limited to, maintaining line-of-sight supervision of each child, staff communicating with one another, remaining aware, and being accountable for each child at all times.

(v) Any boats utilized for recreational purposes must comply with any required federal, state, or local registration, and meet safety standards.

(vi) All children and staff engaged in boating activities must wear a Coast Guard approved vest.

(f) The following staff to child ratios must be utilized during water activities:

(i) Birth to two years: 1:1

(ii) Two to three years: 1:2

(iii) Three to four years: 1:3

(iv) Four to five years: 1:6

(v) Five years and older: 2:25

B. General Safety.

(1) Fire Safety.

(a) Each facility shall comply with the regulations and codes of the State Fire Marshal.

(b) The facility shall have an annual fire safety inspection. The results of the inspection shall be reported to the Agency.

(c) Based on the recommendations of the fire authorities, the Agency will decide as to whether the facility meets standards of fire safety for child caring purposes.

(d) A facility is responsible for any fees or related expenses for the fire inspection.

(e) A fire escape plan shall be posted in the facility in areas accessible to staff and children.

(2) Power or Vocational Tools.

(a) Staff shall supervise children (on campus) while using equipment or tools.

(b) All equipment shall be well maintained and in good working order.

(c) Power tools shall have intact safety devices.

(d) Power tools shall be stored in a locked area not accessible to children.

(3) Pets and Animals.

(a) Healthy animals which present no apparent threat to the health and safety of the children shall be permitted, provided they are cleaned, properly housed, fed and cared for and have had required vaccinations, as appropriate. Live animals shall be excluded from areas where food for human consumption is stored, prepared or served.

(b) Animals shall not be permitted if a child in the room or area is allergic to the specific type of animal.

(c) Pens, cages, litter boxes and outside areas used by pets shall be kept clean.

(d) Animal litter and waste shall not be accessible to children.

(e) Reptiles and rodents shall not be accessible to children.

(f) Children and adults shall wash their hands after touching animals.

(g) Pets shall be vaccinated in accordance with state and/or local law.

(h) A pet suspected of being ill or infected shall be treated immediately for its condition or removed from the facility. Each pet shall be kept and handled in a manner that protects the safety and well-being of children and the pet.

(4) Poisons.

(a) Poisons or harmful agents shall be kept locked, stored in the original containers, labeled and inaccessible to children.

(b) Poisons or harmful agents shall be purchased in childproof containers, if available.

(c) Pesticides shall be of a type applied by a licensed exterminator in a manner approved by the United States Environmental Protection Agency. Pesticides shall be used in strict compliance with label instructions and should not be used while children are present. Pesticide containers shall be prominently and distinctly marked or labeled for easy identification of contents and stored in a secure site accessible only to authorized staff.

(5) Other Safety Requirements.

(a) Weapons, firearms, or ammunition are not permitted in the facility or on the premises. This does not apply to a guard, law enforcement officer, or member of the armed forces, or student of military science.

(b) The facility shall be effectively safeguarded against insects and rodents.

(c) Knives, lighters, matches, tobacco products and other items that could be hazardous to children shall not be readily accessible to children.

(d) State laws prohibiting minors from smoking shall be enforced. The facility shall assure that children are not exposed to second-hand smoke while at the facility or in the presence of staff.

(e) Floors, walls, ceilings, windows, doors and other surfaces shall be free from hazards such as peeling paint, broken or loose parts, loose or torn flooring or carpeting, pinch and crush points, sharp edges, splinters, exposed bolts and openings that could cause head or limb entrapment.

C. Sanitation.

(1) General Sanitation.

(a) Clean and sanitary conditions shall be maintained indoors and outdoors, including indoor and outdoor recreational equipment and furnishings.

(b) The facility shall have an annual safety and sanitation inspection.

(c) Based on the safety and sanitation inspection, the Agency will decide as to whether or not the facility meets standards of safety and sanitation for child caring purposes.

(d) A facility is responsible for any fees or related expenses for the health inspection.

(2) Staff Health.

(a) Staff persons shall wash their hands with soap and warm running water before preparing or serving food, before assisting a child with eating, after assisting a child with toileting or diapering, before and after toileting, after administering medication, after cleaning, after assisting with wiping noses, after contact with body fluids, after contact with animals, and after using cleaning materials. Hands shall be washed even if gloves are worn to perform these tasks.

(3) Food Safety and Preparation.

(a) All food shall be properly labeled and stored and shall be protected against contamination.

(b) The facility shall provide refrigeration units and insulated facilities, as needed, to ensure that all potentially hazardous foods are maintained at 45 degrees Fahrenheit or below or 130 degrees Fahrenheit or above, except during necessary periods of preparation.

(c) Thermometers shall be accurate to plus or minus 3 degrees and conspicuously placed in the warmest area of all cooling and warming units to ensure proper temperatures.

(d) Containers of food, food preparation equipment and single service articles shall be stored at least 6" above the floor, on clean surfaces, and in such a manner to be protected from splash and other contamination.

(e) Food not subject to further washing or cooking before serving shall be stored in such a manner to be protected against contamination from food requiring washing.

(f) Single-service articles shall be stored in closed cartons or containers to protect them from contamination.

(g) Adequate hand-washing facilities, separate from food preparation sinks, equipped with hot and cold water under pressure supplied through a mixing faucet, shall be provided in the food preparation area.

(h) Hot water shall meet current health and safety regulation 61-25 for Retail Food Establishments. Facilities shall not be required to install an additional hand-washing sink in the food preparation area if, in the opinion of the health authority, the existing hand-washing facilities are adequate.

(i) Sanitary soap and towels shall be provided.

(j) Utensils, such as forks, knives, tongs, spoons, and scoops shall be provided and used to minimize handling of food in all food preparation areas.

(k) Staff shall thoroughly wash their hands and exposed areas of arms with soap and warm water in an approved hand-washing sink before starting work, during work as often as is necessary to keep them clean, e.g., after smoking, eating, drinking, or using the toilet. Staff shall keep their fingernails clean.

(l) The outer clothing of all staff shall be clean. The facility shall ensure proper hair restraints are worn to protect from falling hair.

(m) Potentially hazardous foods requiring cooking shall be cooked to heat all parts of the food to an internal temperature of at least 140 degrees Fahrenheit, with the following exceptions:

(i) Hamburger shall be cooked to at least 155 degrees Fahrenheit.

(ii) Poultry, poultry stuffing, stuffed meats, and stuffing-containing meat shall be cooked to heat all parts of the food to at least 165 degrees Fahrenheit with no interruption of the cooking process.

(iii) Pork and any food containing pork shall be cooked to heat all parts of the food to at least 150 degrees Fahrenheit.

(iv) Rare roast beef and rare beefsteak shall be cooked to surface temperature of at least 130 degrees Fahrenheit.

(n) Spoiled or deteriorated food shall be disposed of immediately.

(o) Prepared food shall be covered and stored at temperatures that protect against spoilage. Dry foods shall be dated and stored in rigid, covered containers or single use food storage plastic bags with a zip top closure. Food in deeply dented, bulging or leaking cans, or in cans without labels, may not be used and must be discarded. A deep dent is one into which a finger can be placed. Deep dents often have sharp points. A sharp dent on either the top or side seam can damage the seam and allow bacteria to enter the can. Discard any can with a deep dent on any seam. If a can containing food has a small dent, but is otherwise in good condition, the food should be safe to eat.

(p) Leftover food that is not served shall be marked with the date of preparation and refrigerated or frozen immediately for later use.

(q) Trash in kitchen areas shall be kept in closed, plastic lined receptacles.

(4) Cleaning, Storage, and Handling of Utensils and Equipment.

(a) Tableware shall be washed, rinsed, and sanitized after each use.

(b) All kitchenware and food-contact surfaces of equipment shall be washed, rinsed, and sanitized.

(c) The cooking surfaces of cooking devices shall be cleaned as often as necessary and shall be free of encrusted grease deposits and other soil.

(d) Non-food contact surfaces of all equipment, including tables, counters, and shelves, shall be cleaned at such frequency as is necessary to be free of accumulation of dust, dirt, food particles, and other debris.

(e) After sanitation, all equipment and utensils shall be air-dried.

(f) Prior to washing, all equipment and utensils shall be rinsed or scraped, and when necessary, presoaked to remove gross food particles and soil.

(g) When manual dishwashing is employed, equipment and utensils shall be thoroughly washed in a detergent solution that is kept reasonably clean, be rinsed thoroughly of such solution, sanitized by one of the following methods:

(i) Complete immersion for at least 30 seconds in a clean solution containing at least 50 parts per million of available chlorine as a hypochlorite and at a temperature of at least 75 degrees Fahrenheit;

(ii) Complete immersion for at least 30 seconds in a clean solution containing at least 12.5 parts per million of available iodine and having a pH no higher than 5.0 and at a temperature of at least 75 degrees Fahrenheit;

(iii) Complete immersion for at least 30 seconds in a clean solution containing at least 200 parts per million of quaternary ammonium at a temperature of at least 75 degrees Fahrenheit; or

(iv) Complete immersion in hot water at a temperature of 170 degrees Fahrenheit in a three-compartment sink.

(h) Other chemical sanitizing agents may be used which have been demonstrated to the satisfaction of the health authority to be effective and non-toxic under use conditions, and for which suitable field tests are available. Such sanitizing agents, in use solution, shall provide the equivalent bactericidal effect for a solution containing at least 50 parts per million of available chlorine at a temperature not less than 75 degrees Fahrenheit.

(i) A sanitizing test kit or other device that accurately measures the parts per million concentration of the solution shall be available and used.

(j) Food-contact surfaces of cleaned and sanitized equipment and utensils shall be handled in such a manner as to be protected from contamination.

(k) Cleaned and sanitized utensils shall be stored above the floor in a clean, dry location so that food-contact surfaces are protected from contamination.

(l) Clean spoons, knives, and forks shall be picked up and touched only by their handles. Clean cups, glasses, and bowls shall be handled so that fingers and thumbs do not contact inside surfaces or lip-contact surfaces.

(m) Dish tables or drain boards of adequate size to properly handle soiled utensils prior to washing and for cleaned utensils following rinsing and sanitizing shall be provided.

114-593. Services to Children.

A. Principles for Nurturing Care.

(1) The facility shall do all of the following:

(a) Provide a safe, stable, and humane environment.

(b) Encourage a child's autonomy, respect a child's need for privacy, and consider a child's preferences and choices while providing care, supervision, and training.

(c) Provide care that is respectful toward the beliefs, interpersonal styles, attitudes and behaviors of children and families of various cultures.

B. Admissions.

(1) Intake policies shall be clearly defined, and admission shall be in keeping with the intake policies and limited to those children who fall within the scope of the facility's purpose.

(2) Decisions about admissions shall be based upon an intake study (gathered by the facility prior to admission) of the needs of the child and their family. If an emergency admission is made, the facility shall compile an intake study in partnership with the placing agency within 72 hours upon the reception of the child.

(3) The intake study shall be maintained in the child's record. The study shall include a summary of the following information, if available:

(a) General and demographic information;

(b) Placement need;

(c) Child characteristics;

(d) Family members/siblings;

(e) Sociocultural factors;

(f) Placement history;

(g) Medical and health history;

(h) Mental and behavioral health (including substance abuse);

(i) Trauma screening;

(j) Education;

(k) Legal involvement and history, including court orders if available;

(l) Permanency goal and visitation;

(m) Contact information for the placement authority;

(n) An inventory of the child's belongings.

(4) The facility is required to complete an assessment and individualized care plan for each child within 30 days of admission.

(5) Decisions regarding admissions shall be the responsibility of either the director and/or a case committee (which may include the director, the facility's social worker, caregivers, etc.) and shall be limited to those persons to whom this responsibility is assigned.

(6) The facility shall comply with the Interstate Compact on the Placement of Children when admitting children from another state.

(7) Before or upon admission to a facility each child shall be provided with all of the following:

(a) Information on exits and evacuation routes.

(b) Oral notification and a written copy of the child's rights. If the child is 17 years of age or younger, a copy shall also be made available to the child's parent or guardian, and legal custodian, if available.

(c) A copy of the facility rules.

(d) A copy of the facility rules shall also be provided to the child's parent, guardian, or legal custodian, as appropriate.

C. Care Plans.

(1) The director or his/her designee shall develop a care plan with the participation of the placing agency; the child; a parent if the child is under 18 years of age; a guardian and legal custodian, if applicable and available; and the persons who will provide the required services to the child.

(2) A completed care plan for each child shall be placed in the child's record and shall identify individualized goals and objectives, including all of the following:

(a) A description of the child's strengths, needs, and preferences;

(b) Any court ordered conditions;

(c) Service goals for the child and the time frames for achieving those goals;

(d) Specific services and supports to be provided to achieve the service goals, and names of persons, agencies or position titles responsible for providing services and implementing any of the service goals;

(e) Specific indicators that service goals have been achieved;

(f) Plan for child's discharge;

(g) Successful transition goals into adulthood, if the child is 14 years of age or older;

(h) Plans for visits to the child by parents, other family members and fictive kin with the approval of the placing agency and in accordance with clients' right standards to ensure that an appropriate relationship is maintained between the child and family members;

(i) Arrangements for public school attendance.

(3) At least once every six months, the facility shall conduct a care plan review and revise the care plan as needed, consistent with the child's needs, care plan goals, and the permanency planning goals of the placing agency, parent or guardian. If available, the individuals who participated in the development of the child's assessment and care plan shall be invited to participate in the review.

D. Discharge and Aftercare.

(1) The governing board shall adopt and update, as appropriate, written policies concerning discharge and aftercare, including those regarding the securing and safekeeping of each child's property and funds, the disbursement of allowances or money earned.

(2) Preparation for discharge shall begin at the time of admission with the outlining of goals to be achieved in a documented discharge plan. Ongoing modifications shall be made as progress towards goals dictates. The facility shall document in the child's record efforts made by staff members to prepare the child and the child's family for discharge.

(3) Careful evaluation shall be made on an ongoing basis by both the facility and the placing agency in order to assess when and if a child may be returned to the child's home, placed in a foster home or with relatives or fictive kin, or transferred to another facility better suited to meet the child's needs.

(4) A facility will complete a discharge summary for any child residing in the facility.

The discharge summary shall be available to the Agency or legal guardian within ten business days of discharge.

(5) The discharge summary shall include all of the following:

(a) Dates of the child's stay;

(b) Reason for discharge;

(c) Person or entity to whom the child discharged;

(d) A list of all services received, as well as any follow-up scheduled and recommended appointments with service providers, including the service provider's contact information and any available information;

(e) Summary of incidents involving the child;

(f) Description of type of admission;

(g) If appropriate, any recommendations or suggestions for future placement needs, or services;

(h) Any other relevant information.

(6) The child; the parent, guardian, or legal custodian; and the placing agency shall be given an opportunity to participate in developing a post-discharge plan. The plan shall include recommendations for continuing or additional services upon discharge and the name of the person or agency to receive the child upon discharge, if applicable.

(7) A copy of the summary shall be placed in the child's record.

(8) All of the child's personal belongings, including medical equipment shall accompany the child upon discharge. A complete accounting of these items shall be placed and maintained in the child's record. Medication shall be handled as required under regulation 114-593(R)(1)(e), (f) and (g).

(9) A facility shall allow the placing agency at least ten days to make plans for a child whom the facility requests that the placing agency remove from the facility unless both parties agree to earlier removal. This requirement may be waived for private placements.

(10) The facility shall comply with the Interstate Compact on the Placement of Children when discharging children from another state.

E. Personal Belongings and Hygiene.

(1) Each child shall be permitted to bring safe and appropriate personal belongings with him/her and to acquire belongings of his/her own.

(2) Each child shall have a place separate from that of other children to keep his/her personal belongings (toys, books, pictures, etc.) as well as his/her clothing. Appropriate storage for personal belongings include dressers, chest of drawers, wardrobe, closets, trunks, desks, and night stands.

(3) Each child shall be provided with sufficient amounts of individually dispensed soap, clean towels, toilet paper, toothpaste, shampoo, deodorant, and other personal hygiene products that are gender specific to the child.

(4) A facility shall not withhold personal belongings as a means of behavior management.

F. Clothing.

(1) The facility shall ensure that each child is provided with clothing and shoes individually selected, properly fitted, clean, and in good repair. The facility shall request that the parent, legal guardian or placing

agency provides each child with clothing and shoes individually selected, properly fitted, clean, and in good repair.

(2) Clothing shall be appropriate to the season and comparable to that worn by other reasonably dressed children in the community.

(3) Whenever possible, children shall be involved in the purchase and selection of new or donated clothing. Donated clothing may be used if in good condition.

(4) Clothing belonging to child shall be taken with them upon discharge.

(5) Children will be provided with the necessary equipment and supplies for outdoor activities at the facility.

G. Nutrition.

(1) Food shall be available and provided to children in sufficient quantities and varieties and shall provide for nutritional and dietary needs. Food or modified diets ordered by a physician shall be provided for those children who have special needs. In planning menus, the religious practices and cultural patterns of the children shall be considered, and foods offered accordingly.

(2) Meals that conform to the dietary guidelines issued by the USDA shall be provided three times per day.

(3) Menus.

(a) Prior to licensure the facility shall submit a menu encompassing four weeks that has been approved by a licensed dietician to demonstrate that the facility understands the minimum nutritional requirements.

(b) When the USDA recommendations are revised the facility shall submit for re-licensure an updated menu encompassing four weeks that has been approved by a licensed dietician to demonstrate that the facility understands the minimum nutritional requirements.

(c) Weekly menus shall:

(i) Be planned in advance of the date of service;

(ii) Specify the actual food served;

(iii) Posted in the food serving area or in another place where children can read them;

(iv) Kept on file and available for at least 30 days after meals have been served.

(d) When it is necessary to substitute one item for another item on a menu, the facility shall ensure that the replacement item has the same nutritional value as the item replaced.

(4) Meals and Snacks.

(a) Meals shall be served at regular times comparable to normal mealtimes in the community.

(b) Food served at a meal shall consist of adequate portions based on the ages of children.

(c) Nutritious snacks shall be provided between meals to children at the facility.

(d) No child shall be deprived of a meal or snack.

(e) Children shall not be forced to eat.

(f) Adults shall be present during the preparation and serving of meals.

(g) The same meal shall be provided for staff and children with the exception of the beverage unless a modified diet is required by a physician or for religious reasons.

H. Activities.

(1) The facility shall establish and implement a written plan of general age or developmentally-appropriate activities for children that shall include all of the following:

(a) Leisure-time activities;

(b) Opportunities to engage in social and community activities;

(c) Self-expression and communication;

(d) Opportunities for physical exercise to encourage gross and fine motor development;

(e) Guidance and assistance in the development of daily living skills;

(f) Activities appropriate to a child's ethnic culture;

(g) Opportunities for activities geared towards the individual interests of children.

(2) Appropriate activities for children's participation shall include but not be limited to extracurricular activities, social activities, sports, school events, field trips, afterschool programs or functions, church activities, utilization of community recreation facilities, participation in community affairs, attendance at cultural events, vacations lasting up to two weeks, overnight activities away from the placement lasting up to one week, employment opportunities; and in-state or out-of-state travel, excluding overseas travel.

(3) The facility shall obtain consent from the placing agency, legal guardian or parent(s) to allow such activities for children who are not in the custody of the Agency. The following shall be taken into consideration when deciding the appropriateness of a child's participation in any off-campus event:

(a) Stipulations of a court order;

(b) The child's background, presenting problems, abilities and interests; and

(c) Whether the activity is suitable, positive, and will contribute to the child's development.

(4) A variety of indoor and outdoor recreational activities and developmentally appropriate play equipment shall be offered.

(5) Documentation of recreational activities that were implemented and were appropriate to the developmental needs, and interests of children shall be on file in the facility and available for review by the Agency licensing representative.

(6) Prior to licensure, the facility shall submit an activity plan including three months of proposed activities.

(7) Prior to re-licensure, the facility shall submit activity plans encompassing at least three consecutive months of completed activities.

I. Promoting Normalcy and the Reasonable and Prudent Parent Standard.

(1) Normalcy.

(a) A facility shall promote normalcy and the healthy development of a child by supporting the child's right to participate in extracurricular, enrichment, cultural, and social activities and have experiences that are similar to those of the child's peers of the same age, maturity, or development.

(2) Reasonable and Prudent Parent Decision Maker.

(a) The facility shall ensure the presence on-site of at least one caregiver at all times who is authorized to apply the reasonable and prudent parent standard to decisions involving the participation of each child placed by the Agency in age or developmentally-appropriate activities, and who is provided with training in how to use and apply the reasonable and prudent parent standard.

(b) A reasonable and prudent parent decision maker may be an authorized representative of the facility, executive director, program director, or group care staff member.

(c) A reasonable and prudent parent decision maker shall have knowledge of a child and access to the child's care plan and other child records.

(d) A reasonable and prudent parent decision maker shall document decisions made under this section for activities that do not take place in the facility and are not supervised by a caregiver.

(e) A reasonable and prudent parent decision maker shall document any decision made under this section that requires written permission from the facility in lieu of the child's parent or guardian. The completed form shall be placed in the child's record.

(3) Reasonable and Prudent Parent Standard.

(a) All facilities serving children placed by the Agency shall satisfy the reasonable and prudent parent standard when facilitating age- and developmentally-appropriate extracurricular, enrichment, cultural, and social activities for children in their care.

(b) When using the reasonable and prudent parent standard, a facility shall consider:

(i) the best interests of the child, based on information known by the placement;

(ii) the overall health and safety of the child;

(iii) the child's age, maturity, behavioral history, and ability to participate in the proposed activity;

(iv) the potential risks and the appropriateness of the proposed activity;

(v) the importance of encouraging the child's emotional and developmental growth; and

(vi) any permissions or prohibitions outlined in an existing court order.

(c) All facilities serving children placed by the Agency shall be permitted use of the reasonable and prudent parent standard.

(d) The Agency shall not require that the facility receive official agency authorization prior to any exercise of the reasonable and prudent parent standard.

(e) The Agency shall require that the facility inform agency staff during routine visits about the activities in which the foster children in their care participate.

(f) If an activity involves one of the following situations, the Agency shall require reasonable notice in advance of the commencement of such an activity:

(i) Out-of-state or otherwise significant travel (excluding overseas travel, which shall require agency authorization);

(ii) Supervision of the child by another adult or allowance of a child to be temporarily unsupervised;

(iii) Contravenes a birth family's expressed wishes or belief system (if parental rights have not been terminated or if a relationship between the child and his or her kin still exists after termination);

(iv) An important social, cultural, or religious event (e.g., baptism, confirmation, bar mitzvah, etc.);

(v) Any increased level of risk to the child (whether physical or otherwise); or

(vi) Any divergence from plans and/or needs previously discussed by the Agency and the foster placement.

(g) Notice shall be in the form of a phone call, text message, email, letter, or in-person conversation with the child's caseworker.

(h) If one of the above activities is to take place routinely, the Agency shall (unless special circumstances exist or the situation changes) only require advance notice for the initial occurrence of the activity.

(i) The facility shall seek agency authorization in situations in which the Agency or birth parent must sign or consent as the child's legal guardian.

(j) Special authorization by the Agency shall be required for applications to obtain a driver's license for the child.

(k) Nothing in this section shall give the facility the authority to change the child's placement status, including through reunification with family members, violate the Standards of Care set forth agency policy, including those related to discipline practices; or violate or obstruct a court order or court-ordered plan. The following activities shall not constitute reasonable and prudent parenting decisions and shall require agency authorization:

(i) arranging for a child's travel outside of the United States;

(ii) changing a child's school, school attendance, IEP, or participation in a GED program;

(iii) making drastic, permanent, or long-term changes to a child's physical appearance (e.g., through body piercings, tattoos, etc.);

(iv) changing a child's psychotropic or other prescribed medication, altering the administration of such medication, and/or altering a child's treatment regimen;

(v) changing a child's religion or involving a child in activities related to a religion against the birth family's wishes (if parental rights have not been terminated or if a relationship between the child and his or her kin still exists after termination);

(vi) consenting to medical procedures (except in emergency situations as described in Agency policy);

(vii) disclosing the child and/or birth family's image, name, or other personal information in situations other than those specified in Agency policy;

(viii) changing a child's visitation plan in any way;

(ix) changing the communication or visitation plan between the child and his or her siblings;

(x) altering or disrupting a child's case plan or transition plan.

(xi) Nothing in this section shall give the facility the authority to:

(l) A facility shall require each RPPS decision maker to document and communicate with other group care staff and RPPS decision makers about all of the following for children placed by the Agency:

(i) Each child's location, behavior, and program participation;

(ii) Significant incidents involving a child, as specified in the facility's policy and procedures;

(iii) Reasonable and prudent parenting requests and decisions made for children for activities that do not take place in the facility and are not supervised by a caregiver.

(m) All facilities serving children placed by the Agency shall receive training and training materials about knowledge and skills relating to the reasonable and prudent parent standard, including:

(i) The importance of a child's participation in age- and developmentally-appropriate activities;

(ii) The benefits of such activities to a child's well-being;

(iii) Knowledge and skills relating to the developmental stages of the cognitive, emotional, physical, and behavioral capacities of a child; and

(iv) Knowledge and skills relating to applying the standard to decisions such as whether to allow the child to engage in social, extracurricular, enrichment, cultural, and activities, including sports, field trips, and overnight activities lasting one or more days, and to decisions involving the signing of permission slips and arranging of transportation for the child to and from extracurricular, enrichment, and social activities.

(n) All decisions made by the facility in accordance with the reasonable and prudent parent standard shall, when possible and appropriate, include consideration and/or involvement of the child's birth family (as set forth in the principles of Shared Parenting).

J. Behavior Intervention.

(1) The facility shall adopt, and revise as appropriate, a written behavior intervention plan, which shall include:

(a) All facility rules, including a description of acceptable and unacceptable child conduct, curfew requirements, a description of the consequences for violations of facility rules, and procedures related to a child's absence from the group home without permission;

(b) All other policies, procedures and practices related to behavior intervention which are to be utilized by staff, including procedures to be followed in administering the plan and reporting behavior issues.

(2) The behavior intervention plan shall be submitted at the time of licensing or relicensing and when revisions occur.

(3) The written behavior intervention plan shall be shared, initially, and when changes occur, with all staff members, school-aged children, parents, guardians and referral sources.

(4) Cruel, inhumane and inappropriate punishment is prohibited. This includes, but is not limited to, the following: head shaving or any other dehumanizing or degrading act; deprival of food or family visits; deprival of mail; slapping or shaking; the use of handcuffs; a pattern of threats of removal from the facility as a punishment; using profanity, or any language that the staff member knows or should know may ridicule a child; authorizing, directing or asking a child to discipline another child; disciplining a child for a medical or psychological problem over which the child has no control (e.g., bedwetting, stuttering, etc.); denial of communication and visits with family members; demeaning acts designed to embarrass children; denial of essential program services; denial of shelter, clothing, or personal needs; excessive physical exercise; excessive work tasks; verbal abuse; use of any mechanical restraint or equipment that restricts the movement of an child or a portion of the child's body; use of a prone restraint that places a child in a face down position; use of chemical restraints.

(5) Efforts will be made to ensure the language of the behavior intervention plan shall be within each child's cognitive ability.

(6) All behavior intervention techniques shall begin with the least restrictive methods, including de-escalation. Children shall not be subjected to corporal punishment.

K. Time Out.

(1) As used in this subsection, "time-out" means a behavior intervention technique that is defined as the temporary restriction of an individual for a period of time to a designated area from which the person is not physically prevented from leaving, for the purpose of providing the individual an opportunity to regain self-control.

(2) Time-out shall not be used for the convenience of staff members or volunteers, as a means of coercion, discipline, or retaliation.

(3) Time-out shall not be used for a child who is in danger of harming himself or herself or for a child under 3 years old.

(4) Areas used for time-outs shall be free of objects with which a child could self-inflict bodily harm, shall provide a view of the child at all times, shall be equipped with adequate ventilation and lighting, shall not be enclosed by a door and shall comply with the safety requirements as required by the State Fire Code.

(5) The use of time-outs shall be appropriate to the developmental level and the age of the child and may not be for a period longer than the period of time necessary for the child to regain control.

(6) The maximum length of time that a child may be in time-out on each occurrence of time-out shall be one minute per the age of the child, but in no event shall time-out be utilized for a child who is under the age of three (3).

(7) The need for continued use of a time-out shall be reviewed at least every ten (10) minutes and documented in the child's record.

(8) A child that is in a time-out shall be permitted use of the toilet if requested.

(9) Any child that is in a time-out shall be within hearing of a staff member.

(10) A child that is in a time-out shall be permitted to leave the time-out room to eat meals.

(11) Within twelve (12) hours of occurrence, there shall be documentation in the child's record of each time-out, including the name of each staff member involved, the length of the time-out, and rationale for use.

L. Emergency Safety Intervention.

(1) Facilities that use physical restraints shall have a written restraint policy.

(2) All caregivers of a facility shall be trained and certified through the same nationally accredited restraint-training curriculum (i.e. Therapeutic Crisis Intervention, Crisis Prevention Institute, etc.) before participating in a restraint.

(3) The facility staff shall be aware of each child's medical and psychological conditions to ensure that the emergency safety intervention that is utilized does not pose any undue danger to the physical or mental health of the child.

(4) A staff member may not use any type of physical restraint on a child unless the child's behavior presents an imminent danger of harm to self or others and physical restraint is necessary to contain the risk and keep the child and others safe.

(5) A staff member shall attempt other feasible alternatives to de-escalate a child and situation before using physical restraint.

(6) A staff member may not use physical restraint as disciplinary action, for the convenience of the staff member, or for therapeutic purposes.

(7) If physical restraint is necessary, a staff member may only use the physical restraint in the following manner:

(a) With the least amount of force necessary and in the least restrictive manner to manage the imminent danger of harm to self or others;

(b) That lasts only for the duration of time that there is an imminent danger of harm to self or others;

(c) That does not include any of the following:

(i) Any mechanical restraint or equipment that restricts the movement of a child or a portion of the child's body;

(ii) A prone restraint that places a child in a face down position as behavior intervention;

(iii) Any maneuver or technique that does not give adequate attention and care to protection of the child's head;

(iv) Any maneuver that places pressure or weight on the child's chest, lungs, sternum, diaphragm, back, or abdomen causing chest compression;

(v) Any maneuver that places pressure, weight, or leverage on the neck or throat, on any artery, or on the back of the child's head or neck, or that otherwise obstructs or restricts the circulation or blood or obstructs an airway, such as straddling or sitting on the child's torso;

(vi) Any type of choke hold;

(vii) Any technique that uses pain inducement to obtain compliance or control, including punching, hitting, hyperextension of joints, or extended use of pressure points for pain compliance;

(viii) Any technique that involves pushing on or into a child's mouth, nose, or eyes, or covering the child's face or body with anything, including soft objects, such as pillows, washcloths, blankets, and bedding.

(8) After an episode of physical restraint, a debriefing shall take place with the child and staff that were involved in the physical restraint.

(9) Each staff member who uses a physical restraint or who witnesses the use of a physical restraint shall, within 24 hours of each incident, give the director or director's designee a written description of the incident. The director or director's designee shall document each incident, including date, time, and a description of the circumstances of the incident, and complete a critical incident report. Each description shall include all of the following:

(a) The name, age, and sex of each child involved;

(b) The date, time, and location of the incident;

(c) The name and job title of each staff member involved in the restraint and each staff member or volunteer who witnessed the use of the restraint;

(d) Circumstances leading up to the use of restraint, the behavior that prompted the restraint, efforts made to de-escalate the situation and the alternatives to restraint that were attempted;

(e) A description of the administration of the restraint, including the holds used and the reasons the holds were necessary;

(f) The beginning and ending time of the restraint and how the restraint ended;

(g) Behavior of the child during and after the use of the restraint;

(h) Any injuries sustained by a child or staff member and any medical care provided, including the name and title of the person providing the care;

(i) Any follow-up debriefing provided to children and staff.

(10) At least once per quarter, the facility, utilizing a master restraint log and the child's case record, shall review the use of all restraints for each child and staff member, including the type of intervention used and the length of time of each use, to determine whether there was a clinical basis for the intervention, whether the use of the restraint was warranted, whether any alternatives were considered or employed, the effectiveness of the intervention or alternative, and the need for additional training. Written documentation of all such reviews shall be maintained. Where the facility identifies opportunities for improvement as a result of such reviews or otherwise, the facility shall implement these changes through an effective quality improvement plan.

M. Family Involvement and Visitation.

(1) Unless a child has been removed from the custody of the child's family and visitation is specifically prohibited by a court order or other legal document, the child shall not be denied opportunities to maintain relationships with family or fictive kin and every effort shall be made (in coordination with the placing agency when one is involved) to strengthen these relationships. These efforts shall include, but not be limited to,

interaction by face-to-face contact; telephone calls; letters; emails; and attendance at routine activities, such as counseling sessions, medical appointments, school events, and faith-related activities.

(2) Plans for family visitation shall be included in the written care plan for the child. The Agency shall provide the facility with the court-ordered visitation plan for children in the Agency's custody and the facility shall implement the visitation plan in coordination with the Agency.

(3) Documentation of family strengthening effort shall be included in the child's record.

(4) Correspondence between the child and the family shall not be censored, except in extreme circumstances (e.g., sending/receipt of contraband, dangerous materials, sexually explicit, etc.) with those involved being advised that their correspondence is being censored. The reason for censorship shall be documented in the child's record.

N. Exploitation.

(1) A facility shall not use a child for solicitation of funds, without the written permission of the parent or legal guardian and the child (if more than ten years of age). This shall include the child making or giving public statements pertaining to his/her history or dependency on or gratitude to the facility; the facility making such public statements about a particular child; or having a child collect or solicit donations on behalf of the facility.

(2) A facility shall obtain the written consent of the child's parent(s), or legal custodian before using the child's name, photograph or other identifying information in any form of written, visual or verbal communication which will be made public (e.g., social media, newspaper, television or radio articles/publicity materials; materials mailed or otherwise distributed by the facility to the public, etc.).

O. Medical Care.

(1) There shall be adequate provision for health care, with services available at all times. A child's general health care shall be under the direction of one specific doctor, clinic, or other licensed health facility.

(2) A facility shall comply with Agency policy regarding medical consent for each child placed by the Agency.

(3) All necessary medical care with respect to treatment of illness and correction of physical disabilities shall be carried out promptly.

(4) Each child shall be provided with all required inoculations as well as such additional inoculations as may be appropriate under the circumstances, except with a documented medical or religious exemption obtained from a licensed physician or from the Department of Health and Environmental Control.

(5) The facility, in partnership with the parent, legal guardian, or placing agency, shall ensure that each child receives medical and dental care as needed and shall be responsible for seeking care, scheduling medical appointments, transporting the child to and from medical appointments, supervising medical appointments and communicating with medical staff.

(6) Within six months prior to or within seventy-two hours after admission to a facility, the parent, legal guardian, or placing agency shall ensure a child has a recorded medical examination conducted by a licensed physician or a licensed nurse practitioner.

(7) At a minimum, annual health examinations by a licensed physician or a licensed nurse practitioner shall be provided for each child except those less than two (2) years of age, who shall have an examination at least

every six months. Children in the Agency's custody must complete health examinations in compliance with Agency policy.

(8) Children shall have had a dental examination by a licensed dentist within the six months prior to admission. Dental treatment shall be provided every six months for children over the age of two.

(9) A facility shall maintain on file a record as to each child's health, including a continuous medical record reflecting each child's growth and development, illnesses, treatments, inoculations, dental care, annual health examination and requests for medical records from the placing authority.

(10) The person or entity with legal custody shall be responsible for payment of any medical services received.

P. Hospitalization.

(1) The facility shall make provision and establish procedures for hospitalization when needed for a child under its care.

(2) Medical consent for planned hospitalization or a medical treatment shall be obtained from the child's legal guardian, parent or an appropriate Agency representative.

(3) If a child needs hospitalization or medical treatment, the child's parent, legal guardian, or placing agency shall be notified as soon as possible.

(4) In the case of an emergency event requiring an evaluation or treatment, a group home staff person shall remain with the child at the hospital or emergency location at all times and the child's parent, legal guardian, or placing agency shall be notified immediately but no later than two hours. A group home staff person shall remain with the child until a plan can be agreed upon between the group home and the child's parent, legal guardian or placing agency.

Q. Illness and First Aid.

(1) Each caregiver shall be able to recognize the common symptoms of illness of children and to note any obvious physical disability.

(2) Each building and vehicle used to transport children shall have a first aid kit or first aid supplies that will provide care to the maximum number of children allowed under the facility license. The first aid kit or first aid supplies shall be inventoried and re-supplied as needed.

(3) A first aid kit shall be readily available to caregivers on site and away from the facility.

R. Medications.

(1) Medication Storage and Disposal.

(a) Medication including over-the-counter medication, shall be kept in the container in which it was purchased or prescribed. No person may transfer medication that has been prescribed or purchased over-the-counter to another container or change the label on any medication, unless the person is a pharmacist.

(b) Medication shall be locked and stored in a location that is inaccessible to children. Only staff members who are designated in writing by the director shall have access to keys to the medication. Prescription and over-the-counter medication shall not be stored next to chemicals or other contaminants.

(c) Medication shall be kept under acceptable conditions of sanitation, temperature, light, moisture, and ventilation according to the requirements of each medication. Medication that requires refrigeration shall be stored in a separate locked compartment or container that is properly labeled, stored separately from food items, and kept inaccessible to children.

(d) If children are away from the facility with staff during the time they need to take their medication or over 24 hours, facility staff shall keep medicines locked, in the original container and kept with the staff person who is responsible and trained to administer medication. The medication administration record shall accompany the medication and be completed as detailed under Regulation 114-593(R)(2).

(e) Within 72 hours of the medication's expiration date, the date the medication is no longer in use by the child for whom the medication was prescribed or purchased, or the date the child is discharged, unused medication shall be returned to a parent, guardian, or the placing agency or destroyed.

(f) Unused medications shall be destroyed by the director following the recommendations of the South Carolina Department of Health and Environmental Control or returned to the prescribing pharmacy to be destroyed.

(g) The facility shall maintain a log of medication destroyed. The information logged shall be written in ink and shall include the amount of medication destroyed, the name of the staff member who destroyed the medication, and the name of the child to whom the medication belongs. Whenever medication is released to a child's parent, guardian or legal custodian, that information, including the name of the medication, the amount of the medication released and the person receiving the medication, shall be documented in the child's record.

(2) Medication Administration.

(a) A monthly medication administration record shall be maintained. Immediately upon administering medication to a child, the staff member administering shall record all of the following on the medication administration record:

(i) Full name of the child to whom the medication was administered;

(ii) Date and time the medication was administered;

(iii) Name and dosage of the medication administered, or medical treatments received;

(iv) Signature of the staff member who administered or supervised the administration of medication;

(v) Any refusal of medication;

(vi) Any adverse reaction to the medication and steps taken to notify the child's health care provider, parent, guardian, or legal custodian;

(vii) Documentation from the prescribing physician regarding any medication changes within the current month;

(viii) Any error in medication administration (e.g. failure to administer a medication at the prescribed time, administering an incorrect dosage of medication or administering the wrong medication) and the steps taken to address it.

(b) Each entry made under this subsection shall be written in ink.

(c) Medication administration records shall be reviewed monthly, at a minimum, to ensure medication errors or events are documented and addressed appropriately.

(d) A facility shall designate and authorize specific staff to administer medications and supervise the taking of medications. Only designated and authorized staff shall administer and supervise the taking of medication. Staff will ensure medication has been taken by the person to whom it is prescribed.

(e) Staff administering medication shall have received medication training. Documentation of training shall be filed in the staff person's personnel record.

(f) If a designated and/or authorized staff member makes three medication errors in 30 days, then that staff member shall not administer medications until the staff member receives additional training by the director or designated staff as appropriate to the specific circumstances. Documentation of how the issue was addressed shall be maintained by the facility.

(3) Psychotropic Medications Non-Emergency Procedures.

(a) A facility serving a child for whom psychotropic medication is newly prescribed shall ensure that all of the following requirements are met:

(i) A medical evaluation of the child is completed by a physician detailing the reason for the psychotropic medication prescribed. The evaluation or screening shall be documented in the child's record within the first 45 days after the child has first received a psychotropic medication. Subsequent evaluations of the child related to the administration of psychotropic medications shall be completed as recommended by the prescribing physician and the results documented in the child's record.

(ii) The child, if 16 years of age or older, and a parent, or guardian of the child, have signed written consent forms unless psychotropic medications are administered per court order. If the medication is administered per court order, there shall be a copy of the order in the child's record.

(iii) For children in custody of the Agency, the Agency case manager and/or supervisor shall be contacted for consent when a child is prescribed any new psychotropic medication unless the Agency has designated a caregiver to consent on their behalf. In addition, Agency staff shall be consulted and only the case manager and/or supervisor can consent to newly prescribed psychotropic medications when the child is age six or less, the child is prescribed an antipsychotic, or the child is prescribed four or more psychotropic medications.

(4) Psychotropic Medications Emergency Procedures For emergency administration of a psychotropic medication to a child, a facility shall do all of the following:

(a) Have authorization from a physician;

(b) Whenever feasible, obtain written informed consent before using the medication from the child's parent or guardian and legal custodian, if any, and from the child if 16 years of age or older;

(c) If written informed consent of the child's parent or guardian and legal custodian, if any, was not obtained before administration of the medication, notify by phone the parent or guardian and legal custodian if any, as soon as possible following emergency administration, and document the dates, times and persons notified in the child's treatment record;

(d) Document in the child's treatment record the physician's reasons for ordering emergency administration of psychotropic medication.

(5) Refused Medications When a child refuses to take a prescribed psychotropic medication, the facility shall do all of the following:

(a) Document the child's reasons for refusal in the child's record;

(b) Notify the child's physician, the parent or guardian or legal custodian and the child's placing person or agency within 72 hours of the medication refusal. Notification shall be immediate if the child's refusal threatens the child's well-being and safety.

S. Academic and Vocational Training.

(1) The facility shall comply with all state and federal laws regarding education.

(2) Each facility shall be responsible for providing an opportunity for academic training and/or vocational training in accordance with the abilities and needs of the children.

(3) School age children shall be enrolled in school as soon as possible after admission to the facility. The facility shall ensure that each child meets the school attendance requirements unless otherwise excused by school officials.

(4) School attendance shall be in accordance with state law requirements and be in accordance with the ability and best interests of the child.

(5) Facilities providing on-campus educational programs shall meet compulsory education requirements as defined by the South Carolina Department of Education. The education program of choice shall be accredited and provide transferrable Carnegie units.

(6) Educational services provided and documented in each child's record shall include the following:

(a) Placement of the child in an educational program;

(b) Documentation of each child's attendance, courses and grades and academic progress;

(c) Notifying and inviting parents, guardians and placing agency representatives, as appropriate, to attend any school related conferences or events;

(d) Ensuring that any child experiencing difficulty in school is considered for assistance;

(e) Providing each child with structured study time and homework assistance;

(f) Providing opportunities for participation in school related extra-curricular activities.

T. Religion.

Each child shall be provided with opportunities for voluntary religious expression and participation in religious education and attendance at services compatible with the religious preference of the child, or a parent or guardian of the child.

U. Disaster Plans.

(1) Each licensed facility shall file a disaster plan with the Agency that would allow the Agency to identify, locate, and ensure continuity of services to children. A disaster plan shall include all of the following information:

(a) Plans for responding to disasters that may occur in the facility's location to include, but not limited to: hurricanes, severe thunderstorms, tornadoes, earthquakes, chemical emergencies, power outages, wildfires, heat waves, floods and winter storm;

(b) Where facility staff and children would go in an evacuation, including one location in the nearby area and one location out of the area;

(c) A plan for transporting children in case of an emergency;

(d) Phone numbers, electronic mail addresses, and other contact information for the facility staff;

(e) A list of items that the facility staff will take if evacuated, including any medication and medical equipment for children;

(f) Phone numbers the facility will call to check in with the Agency;

(g) Plans for responding to a public health emergency.

(2) A facility shall review the disaster plan on an annual basis to ensure it is current and accurate, document the annual review, and provide any updated documentation to the Agency as part of the annual relicensing requirements.

(3) The facility shall have written procedures for all of the following:

(a) Contacting the Agency, parent, guardian, or legal custodian, and emergency service providers as appropriate, in case of emergency;

(b) Fire safety, evacuation drills and response, including evacuation of children with limited mobility, limited understanding, or hearing impairment in case of fire;

(c) Phone numbers of staff members to be notified in case of an accident, the name, address, and telephone number of each child's health care provider and written consent from the child's parent, guardian, or legal custodian for emergency medical treatment shall easily accessible;

(4) In the event of a mandatory evacuation order due to a disaster, children are to be evacuated to a designated shelter or a safe location that is not threatened by the disaster.

V. Critical Incident Reporting.

(1) The Agency considers the following situations to be critical incidents that shall be reported to the placing agency, legal guardian or parent no more than two hours after the incident:

(a) Death of client;

(b) Attempted suicide by client;

(c) Emergency change in placement (e.g. hospitalization, incarceration);

(d) Absence without leave/Runaway.

(2) The Agency considers the following situations to be critical incidents that shall be reported to the placing agency, legal guardian or parent within 24 hours:

(a) Any serious injury or illness;

(b) Suicidal gesture, not life threatening;

(c) Prescription medication error;

(d) Off-site emergency medical treatment;

(e) Off-site emergency medical assessment;

(f) Possession of a weapon;

(g) Possession of an illegal substance;

(h) Removal from school (e.g. suspension, expulsion, homebound);

(i) Report/involvement of an outside regulatory agency;

(j) Placement in seclusion or restraints;

(k) Emergency change in placement;

(l) Attempt to contact prohibited persons and/or contact with person that suggest the potential child/youth has been a victim of sex trafficking.

(3) A facility shall document critical incidents using a critical incident reporting form provided by the Agency and retain one copy in the child's record and a second copy in a comprehensive critical incident log book.

(4) The critical incident documentation must include:

(a) A description of the incident and the circumstances surrounding it;

(b) Details regarding the precipitating factors that may have contributed to the incident;

(c) A description of the behavior management or intervention technique used to de-escalate the resident and the resident's response; as well as

(d) Any other follow-up actions taken;

(e) The appropriate internal and external persons must be notified of the incident, including internal staff, the referring agency, parents or guardians, the regulatory agency, law enforcement, etc. as applicable and these notifications shall also be documented on the critical incident reporting form.

W. Child's Record.

(1) Every facility shall maintain on the premises a confidential (as required by Section 63-7-1990 case record) for each current child stored in a locked or secure area, which may not be disclosed except for purposes directly connected with the administration of the facility or for the care and well-being of a child. The file shall contain the following:

(a) Application for services and an intake study. An application may meet the requirements of the intake study, as specified in Section 114-593(B)(3), if complete;

(b) Voluntary placement agreement or court order or both to clarify who holds physical and legal custody of the child. Group care licensing staff may accept a statement of custody in lieu of court documentation for children in the Agency's custody;

(c) Recent photograph of the child;

(d) Inventory of the child's clothing and other possessions;

(e) A copy of the birth certificate provided by the placing agency;

(f) Authorization for medical treatment signed by placing agency representative, parent or guardian;

(g) Name, address, and telephone number of the person or placing agency and physician to be called in an emergency;

(h) Reports on medical care, medications, immunizations, dental care, and psychological and psychiatric reports, if any are available;

(i) The child's care plan and reviews, if appropriate;

(j) Current record of the child's physical, emotional, social and academic progress in and relationships with family or fictive kin while the child is placed at the facility;

(k) For children in the custody of the Agency, documentation that the designated prudent parent has brought to the child's attention multiple age or developmentally-appropriate activities as required by the Reasonable and Prudent Parent Standard;

(l) Non-medical signed releases and consents;

(m) Discharge plan in preparation for the child's temporary placement at the facility or a discharge summary if the child is no longer placed at the facility;

(n) Documentation that the placing agency, legal guardian or parent has been informed whenever a child has been involved in a critical incident;

(o) Documentation of critical incidents for all children. This documentation shall be completed as required by agency policy for children in the custody of the Agency;

(p) Any other information as appropriate.

X. Transportation.

(1) The facility shall provide safe transportation of children.

(2) Each staff member or volunteer staff person that transports a child shall be at least twenty-one years of age, have at least one year of experience as a licensed driver, and hold a current and valid driver's license issued by the State in which the staff member resides and for the type of vehicle the staff member drives.

(3) The Vehicles shall be clean, uncluttered, and free of obstructions on the floors, aisles and seats.

(4) Vehicles transporting children must comply with all state and federal laws.

(5) No vehicle shall transport more children than the manufacturer's rated seating capacity.

(6) Staff and children shall wear seatbelts or safety restraints as appropriate for the child at all times when the vehicle is in motion. Safety restraints shall be used in accordance with the manufacturer's instructions.

(7) Use of tobacco products or vaping is prohibited in the vehicle.

(8) Each vehicle shall be equipped with an adequately supplied first aid kit.

(9) At least one occupant shall be certified in cardiopulmonary resuscitation and first aid.

(10) The facility shall have a policy and tentative plan for transporting children in the event of an emergency or disaster.

Y. Tasks.

(1) Assigned tasks shall be appropriate to the age and abilities of the child and assigned for the purpose of training in skills and attitudes and in the proper assumption of personal responsibility.

(2) The facility shall differentiate between tasks of daily living, jobs to earn spending money, and jobs to gain vocational training.

(3) Daily living tasks shall be made known to the child during orientation and the child shall be given some choice in chores with duties that provide a variety of experiences.

(4) The rules related to jobs to earn spending money or gain vocational training shall be made known to all age appropriate children. Opportunities to participate shall be made available in accordance with the child's age and abilities and so as not to interfere with other educational activities.

(5) Children shall not substitute for staff nor regularly perform tasks more appropriately assigned to staff.

(6) The facility shall comply with all child labor laws.

114-594. Additional Requirements for Specified Group Home Populations.

A. Care for LGBTQ+ Youth.

(1) The facility shall not automatically isolate or segregate LGBTQ+ youth. The facility shall not assign transgender youth to the boys or girls unit strictly according to their anatomical sex. The facility shall accept the gender identity of the youth in question.

(2) The facility shall work with individual LGBTQ+ youth to identify the most appropriate housing assignment in a facility, given the youth's specific preferences, needs, and characteristics.

(3) The facility shall make assignments to a unit, room, or roommate according to the youth's preferences, personality, background, age, developmental status, health status, sophistication, social skills, behavioral history, and other factors that might influence his or her adjustment and contribute to a safe and successful experience.

(4) The facility shall never place an LGBTQ+ youth in a room with another youth who is overtly hostile toward or demeaning of LGBTQ+ individuals.

(5) To avoid subjecting a transgender youth to unnecessary risk of harm, the facility shall work with the youth to determine the best solution for using bathroom and shower facilities. Appropriate solutions might include:

(a) Installing privacy doors or other barriers on bathroom stalls and showers that also permit reasonable staff supervision;

(b) Making single-use bathroom and shower facilities available to transgender youth;

(c) Permitting transgender youth to use the bathroom and shower facilities before or after the other youth on the unit.

(6) Facilities shall make similar accommodations to ensure that transgender youth have sufficient privacy when dressing and undressing.

B. Requirements for Child Care Institutions Providing Care for Prenatal, Post-Partum, or Parenting Youth.

(1) A Child Care Institution that is licensed to provide care to custodial parents or expectant mothers, shall meet the additional requirements of this section.

(2) The care plan developed shall include goals and approaches for all of the following:

(a) Parenting skills instruction that includes all of the following:

(i) Prenatal and other health care services;

(ii) Child development;

(iii) Bathing and hygiene;

(iv) Child safety;

(v) Child guidance and behavior management;

(vi) Domestic violence issues, sudden infant death syndrome, shaken baby syndrome, and mental health and alcohol and other drug abuse counseling as appropriate;

(vii) Nutrition and meal preparation;

(viii) Childcare options.

(b) Life skills instruction that includes all of the following:

(i) Family planning and relationships;

(ii) Independent living skills, economic self-sufficiency, budgeting and job skills;

(iii) Parental rights and responsibilities, including child support;

(iv) Choosing and monitoring child care providers;

(v) Accessing community resources, transportation, and transitional housing.

(3) An expectant mother shall be provided prenatal and postnatal care from a physician or a nurse-midwife. The facility shall ensure that the expectant mother gives birth in a medical facility.

(4) The facility shall ensure the health, safety, and welfare of the children of custodial parents and provide care to those children in compliance with these regulations.

(5) If the child is not on the premises or is otherwise unable to care for his or her child, childcare may be provided on the premises only as follows:

(a) The staff member or volunteer staff used to meet staff to child ratios shall have completed the training requirements for a caregiver;

(b) Childcare may be provided off premises only by a child care provider that is licensed or registered by the Agency.

(6) The facility shall give children of custodial parents the opportunity and encouragement to maintain involvement with non-custodial parents.

C. Requirements for Child Care Institutions Caring for Children Six Years of Age or Younger.

APPLICABILITY. A child care institution admits children under six years of age as children or if the child care institution provides care to a child who is the custodial parent of a child under the age of six, the facility shall meet the additional requirements of this section.

(1) Infant and Toddler Care.

(a) Stimulation and nurturing

(i) Children shall not remain in their cribs or play equipment for other than sleeping and specific, short time-limited quiet play.

(ii) Infants and toddlers shall be routinely held, talked to, rocked, caressed, carried, nurtured, read to, sung to and played with throughout the day.

(iii) There shall be toys and materials that encourage and stimulate children through seeing, feeling, hearing, smelling and tasting.

(iv) Feeding chairs shall be used only for eating or a specific, short time-limited tabletop play activity.

(b) Programs for infants and toddlers

(i) Staff shall provide appropriate attention to the needs of children.

(ii) The daily program for infants and toddlers shall include goals for children, which promote healthy child development and allow for individual choice and exploration.

(iii) Information about the child’s daily needs and activities shall be shared with parents.

(2) Infant and Toddler Sleep.

(a) Children over one year of age shall not share a bedroom with an adult unless:

(i) The infant has a physician documented illness; or

(ii) The infant’s parent is a child of the facility, the parent is requesting this arrangement, there is adequate space for both, and Agency approval is obtained.

(b) Cribs shall meet the requirements of the US Consumer Products Safety Commission (CPSC) and have a firm crib mattress and tight-fitting crib sheet.

(c) Each infant, toddler, two year old and preschool child shall be assigned an individual, clean, and developmentally appropriate crib, toddler bed, or bed used only by that child.

(d) Infants shall be placed on their backs to sleep.

(e) Infants shall always be placed in cribs alone, with no blankets, bumpers, pillows or toys.

(f) Infants shall never sleep on sofas, chairs, recliners, waterbeds, pillows, cushions or blankets.

(3) Infant and Toddler Feeding.

(a) Bottles shall not be propped. A child unable to hold a bottle shall be held whenever a bottle is given.

(b) Infants and toddlers shall not be put to bed with a bottle.

(c) Microwaving of breastmilk, formulas, or other beverages is prohibited. If used, crock pots, bottle warmers, or other electronic devices shall be in an area not accessible to children.

(d) All warmed bottles shall be shaken well and the temperature tested before feeding to a child.

(e) Any excess formula, juice, or food shall be discarded after each feeding. Formula, juice and food requiring refrigeration shall be maintained at 45 degrees Fahrenheit or below.

(f) Toddlers shall be offered water routinely throughout the day.

(g) If more than one infant is served, then breast milk and formula shall be dated and labeled with the child's name and refrigerated until ready to use.

(h) Round, firm foods shall not be offered to children younger than four years old. Examples of such foods include: hot dogs, grapes, hard candy, nuts, peanuts, and popcorn. Hot dogs may be served if cut lengthwise and quartered; grapes may be served if cut in halves.

(4) Infant and Toddler Sanitation.

(a) Staff shall ensure that children's faces and hands are clean.

(b) Furniture, toys, and equipment that are used by more than one unrelated child and come into contact with children's mouths shall be washed, rinsed, and sanitized daily and more often if necessary.

(c) Furniture, toys and equipment soiled by secretion or excretion shall be sanitized before reuse.

(d) Linens and blankets as well as cribs, cots, and mats shall be cleaned at least weekly.

(e) Each child shall have a separate toothbrush.

(5) Diapering and Toilet Training.

(a) Facilities caring for infants shall provide a diaper changing area.

(b) Diaper changing procedures shall be consistent with those recommended by the Center for Disease Control and Prevention.

(c) Diapering surfaces shall be sanitized.

(d) Diapering surfaces shall be clean, seamless, waterproof and sanitary.

(e) Diapering surfaces shall be cleaned and sanitized after each use by washing to remove visible soil followed by wiping with an approved sanitizing solution (e.g. 1 tablespoon of chlorine bleach per 1 quart of water) and/or disposable, non-absorbent paper sheets approved for this purpose and shall be discarded immediately after each diapering.

(f) Blood contaminated materials and diapers shall be discarded in a plastic bag with a secure tie. Surfaces contaminated with blood or blood-containing body fluids shall be cleaned with a solution of chlorine bleach and water.

(g) Diapering shall occur only at a diapering changing area or in a bathroom.

(h) Diaper changing areas shall not be used for any purpose other than for diapering.

(i) Individual wipes shall be used at each diaper change and shall be placed in a plastic-lined, covered container and washed or disposed of properly, and kept out the reach of children.

(j) Soiled disposable diapers and disposable wipes shall be kept in a closed, plastic lined receptacle within reach of diaper changing area separate from other trash. Soiled non-disposable items shall be kept in a sealed plastic bag after feces is disposed of through the sewage.

(k) Disposable non-absorbent paper sheets shall be disposed of immediately after diapering is completed.

(l) Soiled disposable diapers shall be disposed outside the building daily. Soiled non-disposable diapers shall be kept in a sealed plastic bag and washed regularly.

(m) Staff shall ensure that diapers and clothing are checked at a frequency that ensures prompt changing of diapers and clothing.

(n) No child shall be left unattended while being diapered.

(o) If seat adapters are used for toilet training, they shall be cleaned and sanitized after each use.

(p) Toilet training equipment shall be provided to children who are being toilet trained.

(q) Toilets, toilet seat adapters, sinks and restrooms shall be cleaned at least daily and shall be in good repair.

(6) Furniture, toys and recreational equipment shall:

(a) Be clean and free from hazards such as broken or loose parts, rust or peeling paint, pinch or crush points, unstable bases, sharp edges, exposed bolts, and openings that could cause head or limb entrapment;

(b) Meet the standards of the US Consumer Products Safety Commission (CPSC), if applicable. Recalled products listed by the CPSC shall not be accessible to children;

(c) Be developmentally and size appropriate, accommodating the maximum number of children involved in an activity at any one time;

(d) All arts and crafts and play materials shall be nontoxic;

(e) The height of play equipment shall be developmentally and size appropriate;

(f) Sand in a sand box shall be securely covered when not in use and, if outdoors, constructed to provide for drainage;

(g) Indoor recreational equipment and furnishings shall be cleaned and disinfected when they are soiled or at least once weekly and shall be of safe construction and free of sharp edges and loose or rusty points;

(h) Mobile walkers are not permitted;

(i) The facility shall provide eating utensils and cups, infant seats, high chairs, car seats, strollers, rocking chairs, tables and seating and other furnishings and equipment appropriate for size and developmental level and the needs of children under 6 years of age.

(7) Infant and Toddler Indoor Space and Conditions.

(a) Indoor space shall be protected from general walkways where crawling children may be on the floor.

(b) Protective gates shall be of the type that do not block emergency entrances and exits and that prevent finger pinching and head or limb entrapment.

(c) Children shall not have access to a door that swings open to a descending stairwell or outside steps, unless there is a landing that is at least as wide as the doorway at the top of the stairs.

(d) Interior stairs that are not enclosed shall have a barrier to prevent falls.

(e) Electrical outlets shall be securely covered with childproof covers or safety plugs when not in use in all areas accessible to children.

(f) No electrical device accessible to children shall be located so that it could be plugged into the outlet while in contact with a water source, such as sinks, tubs, shower areas, or swimming/wading pools, unless ground fault devices are utilized.

(g) Infants and toddlers shall not be left unattended in a bathtub or shower.

(h) The following items shall be secured or inaccessible to children for whom they are not age appropriate:

(i) Items that may cause strangulation such as blind cords, plastic bags, necklaces, and drawstrings on clothing and string;

(ii) Items that may cause suffocation such as sand, beanbag chairs, pillows, soft bedding, and stuffed animals; and

(iii) Items that may cause choking such as materials smaller than 1 1⁄4 inch in diameter, items with removable parts smaller than 1 1⁄4 inch in diameter, Styrofoam objects and latex balloons.

D. Requirements for a Qualified Residential Treatment Program that Serves Children with Serious Emotional or Behavioral Disorders or Disturbances.

(1) A Qualified Residential Treatment Program (QRTP) must be a child care institution that:

(a) Has a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and are able to implement the treatment identified for the child in the required 30 day assessment of the appropriateness of the QRTP placement.

(b) To the extent appropriate, and in accordance with the child's best interest, facilitates participation of family members in the child's treatment program.

(c) Facilitates outreach to the family members of the child, including siblings, documents information for any known biological family and fictive kin of the child.

(d) Documents how family members are integrated into the treatment process for the child, including post-discharge planning and family-based aftercare support for at least six months post-discharge.

(e) Is licensed by the state in accordance with title IV-E requirements and is accredited by any of the following independent, not-for-profit organizations: The Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA), the Teaching Family Association (TFA), the Educational Assessment Guidelines Leading Toward Excellence (EAGLE), or any other independent, not-for-profit accrediting organization approved by the Agency.

(f) Has registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice as defined by state law, are on-site according to the treatment model, and are available 24 hours a day and 7 days a week.

(i) This requirement shall not be construed as requiring a QRTP to acquire nursing and behavioral staff solely through means of a direct employer to employee relationship.

(2) A QRTP shall not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent.

E. Requirements for Child Care Institutions Serving At-Risk and Confirmed Victims of Child Sex Trafficking.

(1) The facility shall accommodate victims of child sex trafficking safely in a separate section or wing from youth who are not victims of child sex trafficking.

(a) Youth at risk of being victims of trafficking must be placed in a separate section to avoid the possibility of recruitment.

(b) There shall be no more than twelve individuals in a separate wing or unit.

(c) There shall be no more than two females (or males) sharing the same room.

(d) Youth of similar ages must be housed together.

(2) The facility must offer blended educational opportunities for students. This could take place in a traditional school setting or through monitored online education. Instruction make take place with:

(a) A teacher who is available in person for assistance and offers a traditional classroom.

(b) Online educational materials, which should be monitored by the teacher and staff.

(c) In person learning at a traditional school facility. This should occur only if the child is not at risk of elopement or recruitment.

(3) The facility must have a policy that clearly states that a youth will not be discriminated against based on their religious preferences. Services must not be contingent upon their engagement in religious activities. Mandated religious activities are prohibited.

(a) Religious and spiritual issues must be addressed as part of the comprehensive case management process and agencies must follow the youth's lead in determining appropriate engagement or participation. If federally funded, religious programming must be conducted outside of the funded program.

(4) Staff must have the necessary background and experience to do the specific work for which they are hired. The program must be clear as to the staff roles that will engage with clients, and in what ways, versus the staff roles that are strictly public awareness and training.

(a) For all staff, training must include human trafficking facts and information; trauma-informed practice and victim centered approach; trauma-informed interviewing and screening, cultural awareness and diversity; boundaries, confidentiality, and privacy; safety planning; and other training deemed appropriate by SCDSS or other certification bodies.

(b) For staff working directly with youth, staff should receive Human Trafficking Victim Service Provider (VSP) certification.

(5) Each provider must develop a formal written safety plan that strategically addresses steps to prevent and reduce the risk of harm as well as response procedures. This safety plan will be written by the provider for their child sex trafficking population and details:

(a) A secured identified safe room with emergency communication equipment capable of calling 911 in the event of an intruder;

(b) A formal safety plan that addresses:

(i) Medical emergencies

(ii) Elopement

(iii) Evacuation plan for a natural disaster

(6) Twenty-four hour supervision shall be provided at all times. This means someone will be on duty and awake during the hours of 10 pm until 7 am, or the staff change over.

(7) The facility must always maintain staff secured doors either via video monitoring, door alarms or visual sight.

(8) The facility must maintain audible window and door alarms.

(9) The facility must maintain audible interior motion sensors for nighttime monitoring.

(10) The facility must have cameras in all open area rooms capable of recorded video and playback and review. Cameras shall be monitored for the safety of the youth. Written documentation must be maintained to include when the cameras are reviewed, who reviewed them, the time reviewed, and any notable observations.

(11) The facility must maintain exterior cameras and floodlights to enhance security on the property.

(12) The facility must have child protection policy outlining gender specific restrictions (e.g., no male staff or visitor/female client one-on-one interactions), no staff or visitor use of social media or geo-tagging devices, and no use of cell phones by visitors of the facility.

(13) The Facility must monitor all visitors and phone contacts between client and visitor.

(14) All cell phones and electronic devices will be confiscated upon youth entering the facility and stored in a secure place.

(15) Memorandum of Understanding (MOU) with local, county and state law enforcement including appropriate responses in the case of an emergency and steps to prevent and reduce harm.

(16) Length of stay is based on individual youth's progression that should be reviewed by the treatment team on a quarterly basis. The team should anticipate that a youth may need services for an estimated 12-24 months to enhance likelihood of comprehensive restorative care.

(a) A shorter stay can occur, but there should be flexibility to extend if needed.

(i) At risk youth should have some flexibility in their length of stay.

(ii) At risk youth should receive psycho education on at risk behaviors that lead to trafficking and discussions on completing a safety plan.

(b) This time frame will allow for rapport to be established, therapy to be effective and a treatment plan to be implemented.

(c) The program must maintain a highly structured schedule for its youth.

(17) A qualified program staff member should review any DSS assessments, and DSS Form 1544, (Child Sex Trafficking Tool), to carefully determine the appropriateness of a referral to ensure that potential Youth are victims of CSEC and a match for the program.

(18) The facility must clearly outline how the program addresses the needs of the youth, including behavioral health, physical and dental health, education, vocational training, employment, legal services, life skills, and facilitated reconnections with family, as appropriate.

(19) Clinical mental health services and other counseling must be provided by a licensed professional counselor and there must be clear quality assurance mechanisms to ensure treatment models adhere to evidence-based model efficacy.

(a) The facility must have access to mental health services that offer counseling in Spanish or should be able to request a counselor that is bilingual.

(20) The facility shall use evidence-based, evidence informed, and best practices treatment models, specific to the population being served, that are clearly delineated in the policy and procedure manual. Examples include:

(a) Trauma-focused Cognitive Behavioral Therapy (TF-CBT)

(b) Risk Reduction through Family Therapy (RRFT), if family is not the perpetrator.

(c) Dialectal Behavior Therapy (DBT)

(21) The facility shall have clinical staff or a representative present at all Multi-Disciplinary Team (MDT) when a client's safety, well-being and permanency is being discussed.

(22) Discharge requirements should be documented in the policies and procedures manual.

(a) Discharge planning should be carefully coordinated and begin 90 days prior to anticipated discharge date.

(b) The process should include the safety of the transitional placement and supplemental supports that may be needed in the next placement setting.

(c) Facility staff or a representative must participate in an MDT staffing prior to a client being discharged. All parties of the MDT team must agree to the plan.

114-595. Licensing and Enforcement.

A. License.

(1) The terms of the license and the number, age and gender of children to be served will be stated on the license issued.

(2) The license shall be displayed at the facility at all times.

(3) The facility shall not deviate from the provisions specified in the license issued.

(4) The license is not transferable, is specific to the location, owner, and existing buildings at the time of licensure. However, when there is a change in ownership, in determining whether the new owner meets the requirements for issuance of a standard license, the department may accept current findings and conclusions that support issuing a standard license when the findings and conclusions were made within one year of the change in ownership.

(5) Standard License.

(a) A standard license will be issued when a facility meets all applicable regulations. A Standard License is effective for two years from the date of issuance.

(6) Standard with Temporary Waiver License.

(a) A Standard with Temporary Waiver License may be granted at the discretion of the State Director of the Agency when a facility temporarily lacks a requirement that does not affect the health and safety of children.

(b) To change the status of the license to a Standard License, the facility shall submit to the Agency written notification and evidence that the deficiency has been corrected. This documentation is subject to verification at the discretion of the Agency.

B. Inquiries.

(1) Requests for information regarding an application for a license shall be sent to the Agency. The Agency will then send a copy of the rules and regulations governing the license. Consultation will be available upon request.

C. Procedures for Application and Initial Licensing.

(1) Prior to licensure the applicant shall submit a complete initial licensure packet to the Agency. Licensure will be based on a review of this material and a visit(s) by a representative of the Agency to tour the facility, review the program, and interview staff as appropriate. The material to be submitted includes the following:

(a) A completed application form, including all forms assuring compliance with Federal and State laws;

(b) Contact information, including contact names, phone numbers and electronic mail addresses;

(c) A detailed description of why there is a need for this particular facility and any facts that support the applicant's assertion for that need;

(d) Letters of support documenting a need for the facility's services from at least three community partners, including referral sources;

(e) A copy of the charter or law establishing the facility;

(f) A copy of the constitution or bylaws;

(g) A copy of a map for the entire campus;

(h) A copy of the floor plan for each building used for sleeping;

(i) A statement of the purpose, scope of services to be provided, intake policy specifying age, sex, type of children to be accepted for care, and the geographical area from which children are accepted;

(j) A current list of governing board members, including names, positions, addresses and phone numbers for each, and committees;

(k) Documentation of reserve funds equal to the operating costs of the first six (6) months;

(l) A current budget showing anticipated income (broken down by category, e.g.: private donations, government grants, community fundraisers, etc.) and expenditures;

(m) A copy of the current policy and procedural manual;

(n) Disaster plan, including plan for transportation of children;

(o) The number of buildings and a statement regarding the general condition of the facility;

(p) Verification of local building and zoning compliance;

(q) A current fire inspection report;

(r) A current safety and sanitation inspection report;

(s) An activity plan including three months of proposed activities;

(t) Menu encompassing four weeks that has been approved by a licensed dietician;

(u) Job descriptions, including education and work experience requirements for staff and volunteer staff;

(v) Names and job titles of staff and volunteer staff, and proof of education and work experience as evidenced by completed applications or resumes;

(w) Medical examination reports for all caregivers and volunteer staff;

(x) Memorandum of Agreement on Criminal Record Checks;

(y) A fingerprint review for all group care staff and all volunteer staff;

(z) State Law Enforcement Division (SLED) criminal records checks for all group care staff and volunteer staff;

(aa) State Central Registry of Child Abuse and Neglect checks for all group care staff and volunteer staff using the approved Agency form;

(bb) The equivalent Central Registry of Child Abuse and Neglect system check for each state in which any group care staff person or volunteer staff has resided in the previous five years;

(cc) The National Sex Offender Registry for all group care staff or volunteer staff;

(dd) The state sex offender registry check for all group care staff and volunteer staff;

(ee) Documentation of orientation and training completed by each caregiver and volunteer staff;

(ff) Documentation of current nationally accredited restraint training certification for all caregivers who may restrain children; and

(gg) Documentation of current first aid and cardiopulmonary resuscitation certification for at least one staff member per working shift.

(2) As soon as possible after the receipt of the complete licensure packet, a representative of the Agency will visit the facility and will secure information upon which to evaluate the program in relation to licensing standards.

(3) Any deficiencies or citations noted shall be corrected prior to the issuance of the license.

(4) The Agency shall issue an initial license within 120 days of receipt of a complete licensure packet.

(5) If the facility wishes to operate a foster home or adoptive home program in addition to caring for children in residential group care; it will be necessary to submit additional information as required for a license to operate a Child Placing Agency.

D. Review and Relicensing.

(1) Once issued, as long as a group care facility remains in good standing, a license remains effective for two years. Every two years, the licensed facility shall submit the material listed below to the Agency. Continued licensing will be based on a review of this material and a visit(s) by a representative of the Agency to tour the facility, review the program, audit children's records, and interview staff and/or children as appropriate. The material to be submitted includes the following:

(a) A completed application form;

(b) An annual population report;

(c) Updated contact information, including contact names, phone numbers and electronic mail addresses;

(d) A report of any major changes in program or the physical facility planned for the coming year;

(e) A current list of governing board members, including names, positions, addresses and phone numbers for each, and committees;

(f) The most recent annual financial review by a certified public accountant, including the balance sheet;

(g) A current budget showing anticipated income (broken down by category, e.g.: private donations, government grants, community fundraisers, etc.) and expenditures;

(h) A current copy of the policy and procedural manual, if updated;

(i) Behavior intervention plan, if revised during the licensing period;

(j) Disaster plan, including plan for transportation of children;

(k) A current fire inspection report that was completed within the licensing period;

(l) Record of monthly fire drills for fire and emergency evacuation that were held at different times during the licensing period;

(m) A current safety and sanitation inspection report that was completed within the licensing period;

(n) An updated menu encompassing four weeks that has been approved by a licensed dietician, if USDA recommendations have been revised;

(o) Activity plans encompassing at least three consecutive months during the licensing period;

(p) Names and job titles of staff and volunteer staff, and proof of education and work experience as evidenced by completed applications or resumes (including staff and volunteer staff who separated during the licensing period);

(q) Medical examination reports for all caregivers and volunteer staff hired during the licensing period, including caregivers and volunteer staff who separated during the licensing period;

(r) Memorandum of Agreement on Criminal Record Checks, if there is a change in executive leadership;

(s) A fingerprint review for all group care staff and all volunteer staff, including caregivers and volunteer staff who separated during the licensing period;

(t) State Law Enforcement Division (SLED) criminal records checks completed during the licensing period for all group care staff and volunteer staff, including caregivers and volunteer staff who separated during the licensing period;

(u) State Central Registry of Child Abuse and Neglect checks completed during the licensing period for all group care staff and volunteer staff using the approved Agency form, including caregivers and volunteer staff who separated during the licensing period;

(v) The current equivalent Central Registry of Child Abuse and Neglect system check for each state in which any group care staff person or volunteer staff has resided in the previous five years, including caregivers and volunteer staff who separated during the licensing period;

(w) The National Sex Offender Registry completed during the licensing period for all group care staff or volunteer staff, including caregivers and volunteer staff who separated during the licensing period;

(x) The state sex offender registry check completed during the licensing period for all group care staff and volunteer staff, including caregivers and volunteer staff who separated during the licensing period;

(y) Documentation of orientation and training completed during the licensing period by each caregiver and volunteer staff, including caregivers and volunteer staff who separated during the licensing period;

(z) Documentation of current nationally accredited restraint training certification for all caregivers who may restrain children;

(aa) Documentation of current first aid and cardiopulmonary resuscitation certification for at least one staff member per working shift;

(bb) Documentation from a county building inspector may be required if the Agency suspects a new or existing building or structure poses a risk of harm to children;

(cc) Any deficiencies or required corrective actions previously cited shall be cleared prior to the renewal of the license unless otherwise approved by the Agency.

E. Agency Requests for Information.

(1) During an inspection, a facility shall provide all of the following:

(a) Any documentation of facility administration and operations requested by the Agency;

(b) Any child records requested by the Agency.

(2) A facility shall promptly respond to requests for information from the Agency, a placing agency, or any other governmental agency.

(3) A facility shall ensure that information that the facility or facility staff submits or shares with the Agency, a placing agency, or any other governmental agency is current and accurate.

F. Authorized Actions by the Agency.

(1) Licensing staff from the Agency may visit and inspect a facility without prior notice and shall be given unrestricted access to the premises to ascertain continued compliance with these requirements.

(2) The Agency shall investigate complaints to determine if the facility is meeting licensing requirements and shall take appropriate and necessary actions based on its findings.

(3) The Agency shall inform the director of the facility of any deficiencies or corrective action plans that have been implemented.

(4) If the director is the subject of the complaint, the chairman of the board or executive management, as appropriate, will be notified.

G. Denial or Revocation of a License.

(1) The Agency may refuse to issue or revoke a license to a facility/applicant who:

(a) Fails to comply with residential group care licensing regulations;

(b) Violates state or federal laws;

(c) Abuses or neglects children as defined in Section 63-7-20, S.C;

(d) Knowingly employs a person with a past or current history of child abuse or is on the South Carolina Central Registry of Child Abuse and Neglect or fails to terminate the employment once the record is known;

(e) Makes a false statement or a misrepresentation to the Agency that adversely impacts the care and safety of children;

(f) Refuses to submit licensing or child specific information or reports to the Agency as it relates to care and safety of children;

(g) Fails to cooperate, withholds information, or impedes an investigation of child abuse or neglect;

(h) Fails to provide, maintain, equip, and keep safe and sanitary the facility to care for children;

(i) Fails to provide adequate financial resources to maintain the facility;

(j) Fails to notify the Agency of any planned construction or major structural changes to the facility less than thirty (30) days prior to action;

(k) Has a demonstrable record of refusal to accept the placement of children who meet placement criteria.

(2) The Agency is empowered to seek an injunction against the continuing operation of a facility as provided in Section 63-7-1210(C):

(a) When a facility is operating without a license;

(b) When the Agency determines threat of harm to children in the facility.

(3) Written notice shall be given to an applicant or facility by certified mail or hand delivered by an Agency representative, if the license is revoked or denied.

(4) Upon receipt of a notice of revocation of the facility license and during any revocation proceedings that may result, the facility may not admit a child as a resident.

(5) Any facility whose application has been denied or revoked, may request a hearing within thirty (30) days of receipt of notification of the Agency's decision. Requests for appeals shall be forwarded to the Agency, Office of Administrative Appeals.

H. Termination of License.

(1) A Standard License expires automatically at the end of twelve months from the date of the issuance of the license unless renewed prior to that date.

(2) Standard License with Waivers may be granted for non-safety related items.

I. Effective Date.

This Regulation shall become effective on September 12, 2021.

Fiscal Impact Statement:

There will be no increased costs to the State or its political subdivisions.

Statement of Rationale:

Regulations 114-590 through 114-595 (Residential Group Care Organizations for Children) are being revised to reinforce requirements established by the Family First Prevention Services Act of 2018 (Public Law 115-123), to enhance clarity, and to improve consistency in the interpretation of the regulations.

Document No. 5131
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
CHAPTER 67
Statutory Authority: 1976 Code Section 42-3-30

67-610. Continuing Obligation to Update, Request for Hearing, and Answer.

Synopsis:

The South Carolina Workers' Compensation Commission proposes to amend the regulation that addresses a party's continuing obligation to update a request for hearing and answer to allow for a streamlined process by which to add or remove a party and to clarify procedures for filing and responding to such amended forms.

Section-by-Section Discussion:

67-610. Continuing Obligation to Update, Request for Hearing, and Answer.

1. Revises subparagraph A for clarity and allows for the filing of an amended form to indicate a change in the responsible parties subject to current limitations in the regulations.
2. Revises subparagraph A to mandate that an amended form identify the amendment.
3. Revises subparagraph B to change the time period to file amended forms.
4. Revises subparagraph B (1) to require the amended form be timely filed and served.
5. Revises subparagraph B (2) to allow for a postponement.
6. Revises subparagraph B (3) to allow for the filing of additional amended forms.
7. Deletes subparagraph B (4).
8. Deletes subparagraph B (5).
9. Revises subparagraph C to allow a party to be added or removed by the filing of an amended form.
10. Adds subparagraph C (1) to require an amended form adding or removing a party to be timely filed and served.
11. Adds subparagraph C (2) to set the time period for a response to an amended form adding or removing a party if a hearing has been previously requested and to set the time period to hold a hearing or to allow a postponement.
12. Adds subparagraph C (3) to allow subsequent amendments adding or removing a party only with leave of the Commission and a showing of good cause.

The Notice of Drafting was published in the *State Register* on July 22, 2022.

Instructions:

Print the regulation as shown below. All other items remain unchanged.

Text:

67-610. Amending Pleadings and Adding or Removing a Party.

A. Amendments Generally: After a Form 21, 50, 51, 52 or 53 is filed with the Commission, an "Amended" Form 21, 50, 51, 52 or 53 may be filed to indicate a change in the nature of the claim, responsible parties, relief requested, or defense subject to the limitations under R. 67-603. A party must indicate that a form has been amended by typing or printing the word "Amended" boldly across the top of the form and identify the amendment in the appropriate section of the form.

B. Amending the Nature of the Claim or Relief Requested: A party must amend Forms 21, 50, or 52 indicating a change in the nature of the claim or relief requested no later than 15 days prior to a hearing either by filing an amended form or by filing a Form 58 Pre-Hearing Brief according to R. 67-611. If no hearing has been scheduled, a party may amend Forms 21, 50 or 52 at any time.

(1) An amended form must be timely filed and served on all interested parties according to R. 67-211.

(2) If, after a hearing has been scheduled, a party makes an amendment to a pleading that materially changes the nature of the claim, a postponement may be granted to prepare and file responsive pleadings and to conduct additional discovery as permitted under R. 67-613(B).

(3) A party may file subsequent amended Forms 21, 50, or 52 indicating a change in the nature of the claim or the relief requested upon discovery of the additional claim or relief within a reasonable time.

C. Adding or Removing a Party: A party may be added or removed by amending a Form 21, 50 or Form 52. A party may not be added or removed by filing a Form 58 Pre-Hearing Brief.

(1) An amended form must be timely filed and served on all interested parties according to R. 67-211.

(2) If a hearing has been requested, any party added to the claim shall have 30 days from the date of service of the amended form to file a response. The hearing will not be held less than 30 days from the date the added party files and serves a response. Thereafter, a postponement to file a response may be granted under R. 67-613(B) or a hearing may be held on the issues as amended at the commissioner's discretion.

(3) A party shall not file a second or subsequent Amended Form 50 or 52 adding or removing parties without a showing of good cause and upon leave of the Commission.

Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions.

Statement of Rationale:

Regulation 67-610 is being revised to streamline and clarify the existing process by which litigants before the Commission amend pleadings and add or remove parties to a claim.