

THE NATIONAL ARCHIVES
LITTEA SCRIPTA MANET
FEDERAL REGISTER
OF THE UNITED STATES
1934

VOLUME 12 NUMBER 181

Washington, Tuesday, September 16, 1947

TITLE 5—ADMINISTRATIVE PERSONNEL

Chapter I—Civil Service Commission

PART 6—EXCEPTIONS FROM THE COMPETITIVE SERVICE

LIST OF POSITIONS EXCEPTED

Effective upon publication in the FEDERAL REGISTER, § 6.4 (a) (9) is amended by the addition of a subdivision numbered (xxxii) and § 6.4 (a) (39) (xiv) is amended by the deletion of the positions of two special assistants to the Commissioner and the substitution in lieu thereof of the positions of First Assistant Commissioner and Assistant to the Commissioner. As amended, the section reads in pertinent parts as follows:

§ 6.4 Lists of positions excepted from the competitive service — (a) Schedule A.

(9) Department of Agriculture. . . . (xxxii) The Administrator and Assistant Administrator for the Research and Marketing Act.

(39) National Housing Agency. . . . Federal Housing Administration. (xiv) One First Assistant Commissioner, five Assistant Commissioners, one Assistant to the Commissioner, and five Zone Commissioners.

(Sec. 6.1 (a) and sec. 6.1 (d), E. O. 9830, Feb. 24, 1947, 12 F. R. 1259)

UNITED STATES CIVIL SERVICE COMMISSION,

[SEAL] ARTHUR S. FLEMMING,
Acting President.

[F. R. Doc. 47-8439; Filed, Sept. 15, 1947; 8:50 a. m.]

TITLE 6—AGRICULTURAL CREDIT

Chapter I—Farm Credit Administration, Department of Agriculture

Subchapter D—Federal Intermediate Credit Banks
[Farm Credit Administration Order 462]

PART 42—LOANS AND DISCOUNTS

RATES OF INTEREST OR DISCOUNT CHARGED NOTE-MAKERS BY FINANCING INSTITUTIONS

Section 42.308 of Title 6 of the Code of Federal Regulations, is hereby amended to read as follows:

§ 42.308 Rates of interest or discount charged note makers by financing institutions. On and after September 15, 1947, rates of interest or discount charged farmers and stockmen on notes or other obligations that may be discounted for, or accepted as collateral for loans to, production credit associations and other financing institutions, shall not exceed by more than 3¼ percent per annum the loan and discount rate of the Federal intermediate credit bank in effect at the time the loan is made. (Sec. 2, 42 Stat. 1456, 12 U. S. C. 1052)

[SEAL] I. W. DUGGAN,
Governor.

SEPTEMBER 10, 1947.

[F. R. Doc. 47-8447; Filed, Sept. 15, 1947; 8:51 a. m.]

TITLE 14—CIVIL AVIATION

Chapter II—Administrator of Civil Aeronautics, Department of Commerce

[Amdt. 1]

PART 600—DESIGNATION OF CIVIL AIRWAYS
MISCELLANEOUS AMENDMENTS

It appearing that: (1) The increased volume of air traffic at certain points necessitates, in the interest of safety in air commerce, the immediate establishment of control areas at such points;

(2) The immediate realignment of civil airways in certain areas is necessary to expedite traffic control in such areas; and

(3) The establishment of the control areas referred to in (1) above, and the realignment of civil airways referred to in (2) above, have been coordinated with the civil operators involved, the Army, and the Navy, through the Air Coordinating Committee, Airspace Subcommittee;

And finding that: The general notice of proposed rule making and public procedure provided for in section 4 (a) of the Administrative Procedure Act is impracticable and unnecessary;

Now, therefore, acting under authority contained in section 302 of the Civil Aeronautics Act of 1938, as amended, and pursuant to section 3 of the Administrative Procedure Act of 1946, I hereby

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Published daily, except Sundays, Mondays, and days following official Federal holidays, by the Division of the Federal Register, the National Archives, pursuant to the authority contained in the Federal Register Act, approved July 26, 1935 (49 Stat. 500, as amended: 44 U. S. C., ch. 8B), under regulations prescribed by the Administrative Committee, approved by the President. Distribution is made only by the Superintendent of Documents, Government Printing Office, Washington 25, D. C.

The regulatory material appearing herein is keyed to the Code of Federal Regulations, which is published, under 50 titles, pursuant to section 11 of the Federal Register Act, as amended June 19, 1937.

The FEDERAL REGISTER will be furnished by mail to subscribers, free of postage, for \$1.50 per month or \$15.00 per year, payable in advance. The charge for individual copies (minimum 15¢) varies in proportion to the size of the issue. Remit check or money order, made payable to the Superintendent of Documents, directly to the Government Printing Office, Washington 25, D. C.

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amend Part 600 of Title 14 of the Code of Federal Regulations as follows:

Redesignation of Civil Airways: Green Civil Airways Nos. 4 and 6; Amber Civil Airways Nos. 1, 6 and 8; Red Civil Airways Nos. 11, 21, 23, 38, 46, 56 and 62; Blue Civil Airways Nos. 7, 10, 14, 24, 29, 30, 38, 39, 48, 49 and 50

1. Section 600.4 (a) (4) is changed to read:

(4) *Green civil airway No. 4 (Los Angeles, Calif., to Philadelphia, Pa.). From the Municipal Airport, Los Angeles, Calif., via the Los Angeles, Calif., radio range station; the intersection of the north course of the Los Angeles, Calif., radio range and the southwest course of the Palmdale, Calif., radio range; Palmdale, Calif., radio range station; Daggett, Calif., radio range station; the Needles, Calif., radio range station; the Prescott, Ariz., radio range station; Winslow, Ariz., radio range station; El Morro, N. Mex., radio range station; Acoma, N. Mex., radio range station; Albuquerque, N. Mex., radio range station; Oito, N. Mex., radio range station; Tucumcari, N. Mex., radio range station; Amarillo, Tex., radio range station; the intersection of the east course of the Amarillo, Tex., radio range and the southwest course of the Gage, Okla., radio range; Gage, Okla., radio range station; Wichita, Kans., radio range station; Lebo, Kans., radio range station; Kansas City, Mo., radio range station; the intersection of*

the northeast course of the Kansas City, Mo., radio range and the west course of the Columbia, Mo., radio range; Columbia, Mo., radio range station; St. Louis, Mo., radio range station; Effingham, Ill., radio range station; Terre Haute, Ind., radio range station; Indianapolis, Ind., radio range station; the intersection of the east course of the Indianapolis, Ind., radio range and the west course of the Columbus, Ohio, radio range; Columbus, Ohio, radio range station; the intersection of the east course of the Columbus, Ohio, radio range and the west course of the Pittsburgh, Pa., radio range; Pittsburgh, Pa., radio range station; the intersection of the northeast course of the Pittsburgh, Pa., radio range and the west course of the Altoona, Pa., radio range; Altoona, Pa., radio range station; Harrisburg, Pa., radio range station; the intersection of the east course of the Harrisburg, Pa., radio range and the southwest course of the Philadelphia, Pa., radio range and the Philadelphia, Pa., radio range station to the Municipal Airport, Philadelphia, Pa.

2. Section 600.4 (a) (6) is changed to read:

(6) *Green civil airway No. 6 (Laredo, Tex., to Norfolk, Va.)*. From the Laredo, Tex., radio range station via the Alice, Tex., radio range station; Corpus Christi, Tex., radio range station; Palacios, Tex., radio range station; Houston, Tex., radio range station; Beaumont, Tex., radio range station; Lake Charles, La., radio range station; New Orleans, La., radio range station; Mobile, Ala., radio range station; Maxwell Field, Ala., radio range station; the intersection of the east course of the Maxwell Field, Ala., radio range and the southwest course of the Atlanta, Ga., radio range; Atlanta, Ga., radio range station; Spartanburg, S. C., radio range station; the intersection of the northeast course of the Spartanburg, S. C., radio range and the west course of the Charlotte, N. C., radio range; the intersection of the north course of the Charlotte, N. C., radio range and the southwest course of the Greensboro, N. C., radio range; Greenboro, N. C., radio range station; Blackstone, Va., radio range station; the intersection of the northeast course of the Blackstone, Va., radio range and the southwest course of the Richmond, Va., radio range; Richmond, Va., radio range station; and the Norfolk, Va., radio range station to the Municipal Airport, Norfolk, Va.

3. Section 600.4 (b) (1) is changed to read:

(1) *Amber civil airway No. 1 (United States-Mexican Border to Nome, Alaska)*. From the intersection of the southeast course of the San Diego, Calif., radio range and the United States-Mexican Border via the San Diego, Calif., radio range station; the intersection of the northwest course of the San Diego, Calif., radio range and the southeast course of the Long Beach, Calif., radio range and the Long Beach, Calif., radio range station to the Los Angeles, Calif., radio range station. From the intersection of the north course of the Los Angeles,

Calif., radio range and the southwest course of the Palmdale, Calif., radio range via the Bakersfield, Calif., radio range station; Fresno, Calif., radio range station and the intersection of the northwest course of the Fresno, Calif., radio range and the southeast course of the Oakland, Calif., radio range to the Oakland, Calif., radio range station. From the intersection of the northeast course of the Oakland, Calif., radio range and the south course of the Williams, Calif., radio range via the Williams, Calif., radio range station; Red Bluff, Calif., radio range station; Fort Jones, Calif., radio range station; Medford, Oreg., radio range station; Eugene, Oreg., radio range station; Portland, Oreg., radio range station; Toledo, Wash., radio range station; Seattle, Wash., radio range station; Everett, Wash., radio range station; the intersection of the north course of the Everett, Wash., radio range and the southeast course of the Bellingham, Wash., radio range and the Bellingham, Wash., radio range station to the intersection of the northwest course of the Bellingham, Wash., radio range and the United States-Canadian Border. From the intersection of the south course of the Annette Island, Alaska, radio range and the United States-Canadian Border via the Annette Island, Alaska, radio range station; the intersection of the west course of the Annette Island, Alaska, radio range and the southeast course of the Sitka (Biorka Island), Alaska, radio range; Sitka (Biorka Island), Alaska, radio range station; Yakutat, Alaska, radio range station; the intersection of the northwest course of the Yakutat, Alaska, radio range and the southeast course of the Cordova (Hinchinbrook Island), Alaska, radio range; Cordova (Hinchinbrook Island), Alaska, radio range station; the intersection of the northwest course of the Cordova (Hinchinbrook Island), Alaska, radio range and the southeast course of the Anchorage, Alaska, radio range; Anchorage, Alaska, radio range station; Skwentna, Alaska, radio range station; the intersection of the northwest course of the Skwentna, Alaska, radio range and the southeast course of the Farewell, Alaska, radio range; Farewell, Alaska, radio range station; McGrath, Alaska, radio range station and the Unalakleet, Alaska, radio range station to the Nome, Alaska, radio range station.

4. Section 600.4 (b) (6) is changed to read:

(6) *Amber civil airway No. 6 (Jacksonville, Fla., to United States-Canadian Border)*. From the Jacksonville, Fla., radio range station; via the Alma, Ga., radio range station; Macon, Ga., radio range station; Atlanta, Ga., radio range station; Chattanooga, Tenn., radio range station; Nashville, Tenn., radio range station; the intersection of the northwest course of the Nashville, Tenn., radio range and the southwest course of the Bowling Green, Ky., radio range; Bowling Green, Ky., radio range station; the intersection of the northeast course of the Bowling Green, Ky., radio range and the south course of the Louisville, Ky.,

radio range; Louisville, Ky., radio range station; the intersection of the southwest course of the Cincinnati, Ohio, radio range and the southwest course of the Dayton, Ohio, radio range to the Dayton, Ohio, radio range station. From the Columbus, Ohio, radio range station to the intersection of the northeast course of the Columbus, Ohio, radio range and the west course of the Cleveland, Ohio, radio range. From the intersection of the east course of the Cleveland, Ohio, radio range and the southwest course of the Clear Creek, Ontario, Canada, radio range to the intersection of the southwest course of the Clear Creek, Ontario, Canada, radio range and the United States-Canadian Border.

5. Section 600.4 (b) (8) is changed to read:

(8) *Amber civil airway No. 8 (Los Angeles, Calif., to The Dalles, Oreg.)*. From the Los Angeles, Calif., VHF radio range station via the intersection of the west course of the Los Angeles, Calif., VHF radio range and the southeast course of the Santa Barbara, Calif., VHF radio range; Santa Barbara, Calif., VHF radio range station; the intersection of the northwest course of the Santa Barbara, Calif., VHF radio range and the southeast course of the Paso Robles, Calif., VHF radio range; Paso Robles, Calif., VHF radio range station; the intersection of the northwest course of the Paso Robles, Calif., VHF radio range and the southeast course of the Salinas, Calif., VHF radio range; Salinas, Calif., VHF radio range station; the intersection of the northwest course of the Salinas, Calif., VHF radio range and the southwest course of the Fairfield-Suisun, Calif., radio range; Fairfield-Suisun, Calif., radio range station to the intersection of the northeast course of the Fairfield-Suisun, Calif., radio range and the northwest course of the Sacramento, Calif., radio range. From the Red Bluff, Calif., radio range station via the Whitmore, Calif., radio range station; the intersection of the northeast course of the Whitmore, Calif., radio range and the south course of the Klamath Falls, Oreg., radio range; the Klamath Falls, Oreg., radio range station; the intersection of the north course of the Klamath Falls, Oreg., radio range and the southwest course of the Redmond, Oreg., radio range and the Redmond, Oreg., radio range station to The Dalles, Oreg., radio range station.

6. Section 600.4 (e) (11) is changed to read:

(11) *Red civil airway No. 11 (Tulsa, Okla., to Boston, Mass.)*. From the Tulsa, Okla., radio range station via Springfield, Mo., radio range station and the Vichy, Mo., radio range station to the intersection of the northeast course of the Vichy, Mo., radio range and the west course of the St. Louis, Mo., radio range. From the intersection of the east course of the St. Louis, Mo., radio range and the west course of the Evansville, Ind., radio range via the Evansville, Ind., radio range station; Louisville, Ky., radio range station and the intersection of the east course of the Louisville, Ky., radio

range and the southwest course of the Huntington, W. Va., radio range to the Huntington, W. Va., radio range station. From the Elmira, N. Y., radio range station via the Albany, N. Y., radio range station; the Boston, Mass., radio range station to the intersection of the east course of the Boston, Mass., radio range and the northeast course of the Squantum, Mass. (Navy), radio range.

7. Section 600.4 (c) (21) is changed to read:

(21) *Red civil airway No. 21 (Lansing, Mich., to Boston, Mass.)*. From the Lansing, Mich., radio range station to the intersection of the southeast course of the Lansing, Mich., radio range and the west course of the Romulus, Mich., radio range. From the Romulus, Mich., radio range station to the intersection of the southeast course of the Romulus, Mich., radio range and the west course of the Cleveland, Ohio, radio range. From the intersection of the west course of the Cleveland, Ohio, radio range and the northwest course of the Akron, Ohio, radio range via the Akron, Ohio, radio range station; Pittsburgh, Pa., radio range station; the intersection of the northeast course of the Pittsburgh, Pa., radio range and the north course of the Altoona, Pa., radio range to the Sunbury, Pa., radio marker station. From the intersection of the northeast course of the Allentown, Pa., radio range and the west course of the Newark, N. J., radio range to the Newark, N. J., radio range station. From the intersection of the east course of the New York, N. Y. (La Guardia), radio range and the southwest course of the Bridgeport, Conn., radio range via the Bridgeport, Conn., radio range station to the intersection of the northeast course of the Bridgeport, Conn., radio range and the southeast course of the Hartford, Conn., radio range. From the Providence, R. I., radio range station via the Squantum, Mass. (Navy), radio range station, excluding that portion which lies more than 4 miles east of the southwest course of the Squantum, Mass. (Navy), radio range between the Providence, R. I., radio range station and a point 5 miles northeast to the intersection of the northeast course of the Squantum, Mass. (Navy), radio range and the east course of the Boston, Mass., radio range.

8. Section 600.4 (c) (23) is changed to read:

(23) *Red civil airway No. 23 (United States-Canadian Border to New York, N. Y.)*. From the intersection of the southeast course of the Fort William, Ont., Canada, radio range and the United States-Canadian Border via the Houghton, Mich., radio range station; Grand Marais, Mich., radio range station; the Sault Ste. Marie, Mich., radio range station to the intersection of the southeast course of Sault Ste. Marie, Mich., radio range and the United States-Canadian Border. From the intersection of the southeast course of the Toronto, Ont., Canada, radio range and the United States-Canadian Border, via the intersection of the southeast course of the Toronto, Ont., Canada, radio range and the northeast course of the Buffalo,

N. Y., radio range; the intersection of the east course of the Buffalo, N. Y., radio range and the northwest course of the Elmira, N. Y., radio range; the Elmira, N. Y., radio range station; the New York, N. Y. (La Guardia Field), radio range station to the intersection of the east course of the New York, N. Y. (La Guardia), radio range and the northeast course of the Mitchell Field, N. Y. (Army), radio range.

9. Section 600.4 (c) (38) is changed to read:

(38) *Red civil airway No. 38 (Big Spring, Tex., to San Antonio, Tex.)*. From the intersection of the southeast course of the Big Spring, Tex., radio range and the southwest course of the San Angelo, Tex., radio range via the San Angelo, Tex., radio range station to the intersection of the southeast course of the San Angelo, Tex., radio range and the southeast course of the Big Spring, Tex., radio range. From the intersection of the northwest course of the San Antonio, Tex. (Kelly), radio range and the west course of the San Antonio, Tex. (Alamo), radio range to the San Antonio, Tex. (Alamo), radio range station.

10. Section 600.4 (c) (46) is changed to read:

(46) *Red civil airway No. 46 (Aberdeen, S. Dak., to Watertown, S. Dak.)*. From the Aberdeen, S. Dak., radio range station to the Watertown, S. Dak., radio range station.

11. Section 600.4 (c) (56) is added to read:

(56) *Red civil airway No. 56 (Red Bluff, Calif., to Whitmore, Calif.)*. From the intersection of the northwest course of the Red Bluff, Calif., radio range and the northwest course of the Whitmore, Calif., radio range to the Whitmore, Calif., radio range station.

12. Section 600.4 (c) (62) is added to read:

(62) *Red civil airway No. 62 (Toledo, Ohio, to Akron, Ohio)*. From the intersection of the southeast course of the Romulus, Mich., radio range and the west course of the Cleveland, Ohio, radio range via the Wellington, Ohio, VHF radio range station to the Akron, Ohio, radio range station.

13. Section 600.4 (d) (7) is changed to read:

(7) *Blue civil airway No. 7 (Paso Robles, Calif., to Hamilton Field, Calif.)*. From the Paso Robles, Calif., VHF radio range station via the intersection of the northwest course of the Paso Robles, Calif., VHF radio range and the southeast course of the Oakland, Calif., radio range to the intersection of the southeast course of the Oakland, Calif., radio range and the northwest course of the Fresno, Calif., radio range. From the intersection of the southeast course of the San Francisco, Calif., radio range and the southeast course of the Oakland, Calif., radio range to the San Francisco, Calif., radio range station. From the Oakland, Calif., radio range station to a point at 38°02'45" north latitude and 122°31'40" west longitude.

14. Section 600.4 (d) (10) is changed to read:

(10) *Blue civil airway No. 10 (Fresno, Calif., to Williams, Calif.)*. From the Fresno, Calif., radio range station via the Sacramento, Calif., radio range station to the Williams, Calif., radio range station.

15. Section 600.4 (d) (14) is changed to read:

(14) *Blue civil airway No. 14 (El Centro, Calif., to Williams, Calif.)*. From the Mt. Laguna, Calif., nondirectional radio marker beacon to the Oceanside, Calif., nondirectional radio marker beacon. From the Riverside, Calif., radio range station via the intersection of the northwest course of the Riverside, Calif., radio range and the southeast course of the Palmdale, Calif., radio range and the Palmdale, Calif., radio range station to the intersection of the northwest course of the Palmdale, Calif., radio range and the south course of the Bakersfield, Calif., radio range. From the intersection of the southeast course of the Sacramento, Calif., radio range and the southeast course of the Stockton, Calif., radio range via the Stockton, Calif., radio range station to the intersection of the northwest course of the Stockton, Calif., radio range and the south course of the Williams, Calif., radio range.

16. Section 600.4 (d) (24) is added to read:

(24) *Blue civil airway No. 24 (El Centro, Calif., to Riverside, Calif.)*. From the El Centro, Calif., radio range station via the intersection of the northwest course of the El Centro, Calif., radio range and the southeast course of the Indio, Calif., radio range; Indio, Calif., radio range station to the intersection of the northwest course of the Indio, Calif., radio range and the east course of the Riverside, Calif., radio range.

17. Section 600.4 (d) (29) is added to read:

(29) *Blue civil airway No. 29 (Raleigh, N. C., to Lynchburg, Va.)*. From the intersection of the northeast course of the Raleigh, N. C., radio range and the southeast course of the Lynchburg, Va., radio range to the Lynchburg, Va., radio range station.

18. Section 600.4 (d) (30) is changed to read:

(30) *Blue civil airway No. 30 (Brownsville, Tex., to Big Spring, Tex.)*. From the intersection of the southeast course of the Alice, Tex., radio range and the southwest course of the Corpus Christi, Tex., radio range via the Corpus Christi, Tex., radio range station, excluding that portion which lies more than 2 miles southeast of the southwest course of the Corpus Christi, Tex., radio range; the intersection of the northwest course of the Corpus Christi, Tex., radio range and the southeast course of the San Antonio, Tex. (Kelly), radio range; San Antonio, Tex. (Kelly), radio range station; the intersection of the northwest course of the San Antonio, Tex. (Kelly), radio range and the southeast course of the Big

Spring, Tex., radio range to the Big Spring, Tex., radio range station.

19. Section 600.4 (d) (38) is changed to read:

(38) *Blue civil airway No. 38 (Annette Island, Alaska, to United States-Canadian Border)*. From the Annette Island, Alaska, radio range station via the Petersburg, Alaska, radio range station; the intersection of the northwest course of the Petersburg, Alaska, radio range and the southeast course of the Gustavus, Alaska, radio range; Gustavus, Alaska, radio range station; Haines, Alaska, radio range station to the intersection of the northeast course of the Haines, Alaska, radio range and the United States-Canadian Border.

20. Section 600.4 (d) (39) is changed to read:

(39) *Blue civil airway No. 39 (Knoxville, Tenn., to United States-Canadian Border)*. From the Tri-City, Tenn., radio range station via a point located at latitude 37°20' and longitude 81°52'40" to the Charleston, W. Va., radio range station. From the intersection of the west course of the Elkins, W. Va., radio range and the southwest course of the Morgantown, W. Va., radio range via the Morgantown, W. Va., radio range station to the intersection of the northeast course of the Morgantown, W. Va., radio range and the east course of the Pittsburgh, Pa., radio range. From the intersection of the northeast course of the Altoona, Pa., radio range and the northeast course of the Pittsburgh, Pa., radio range via the intersection of the northeast course of the Altoona, Pa., radio range and the southwest course of the Elmira, N. Y., radio range; the Elmira, N. Y., radio range station to the intersection of the northeast course of the Elmira, N. Y., radio range and the south course of the Syracuse, N. Y., radio range. From the Syracuse, N. Y., radio range station via the intersection of the northwest course of the Syracuse, N. Y., radio range and the southwest course of the Watertown, N. Y., VHF radio range; Watertown, N. Y., VHF radio range station; the intersection of the northeast course of the Watertown, N. Y., VHF radio range and the southwest course of Massena, N. Y., VHF radio range station to the intersection of the northeast course of the Massena, N. Y., VHF radio range and the United States-Canadian Border.

21. Section 600.4 (d) (45) is changed to read:

(45) *Blue civil airway No. 45 (Lake Charles, La., to Baton Rouge, La.)* From the intersection of the west course of the New Orleans, La., radio range and the southwest course of the Baton Rouge, La., radio range to the Baton Rouge, La., radio range station.

22. Section 600.4 (d) (48) is added to read:

(48) *Blue civil airway No. 48 (New York, N. Y., to New Hackensack, N. Y.)*. From the intersection of the northeast course of the Newark, N. J., radio range and the southeast course of the Stewart Field, N. Y., radio range to the intersec-

tion of the southeast course of the Stewart Field, N. Y., radio range and the south course of the New Hackensack, N. Y., radio range.

23. Section 600.4 (d) (49) is added to read:

(49) *Blue civil airway No. 49 (Millville, N. J., to Philadelphia, Pa.)*. From the intersection of the northeast course of the Millville, N. J., radio range and the southeast course of the Philadelphia, Pa., radio range to the Philadelphia, Pa., radio range station.

24. Section 600.4 (d) (50) is added to read:

(50) *Blue civil airway No. 50 (Bangor, Maine, to United States-Canadian Border)*. From the intersection of the northeast course of the Bangor, Maine, radio range and the southwest course of the Pennfield Ridge, New Brunswick, Canada, radio range to the intersection of the southwest course of the Pennfield Ridge New Brunswick, Canada, radio range and the United States-Canadian Border.

This amendment shall become effective 0001 e. s. t., September 15, 1947.

(Sec. 302 52 Stat. 985, 54 Stat. 1233, 1235, 1236; 49 U. S. C. 452)

[SEAL]

C. I. STANTON,
Acting Administrator
of Civil Aeronautics.

[F. R. Doc. 47-8441; Filed, Sept. 15, 1947;
8:50 a. m.]

[Amdt. 1]

PART 601—DESIGNATION OF AIRWAY TRAFFIC CONTROL AREAS, AIRPORT APPROACH ZONES, AIRPORT TRAFFIC ZONES, AND RADIO FIXES

MISCELLANEOUS AMENDMENTS

It appearing that: (1) The increased volume of air traffic at certain points necessitates, in the interest of safety in air commerce, the immediate establishment of control areas, including airport traffic zones and radio fixes, at such points;

(2) The immediate realignment of civil airways in certain areas is necessary to expedite traffic control in such areas; and

(3) The establishment of the control areas referred to in (1) above, and the realignment of civil airways referred to in (2) above, have been coordinated with the civil operators involved, the Army and the Navy through the Air Coordinating Committee, Airspace Subcommittee; And finding that: The general notice of proposed rule making and public procedure provided for in section 4 (a) of the Administrative Procedure Act is impracticable and unnecessary.

Now, therefore, acting pursuant to the authority vested in me by section 308 of the Civil Aeronautics Act of 1938, as amended, and Special Regulation No. 197 of the Civil Aeronautics Board, I hereby amend Part 601 of the Regulations of the Administrator of Civil Aeronautics as follows:

Redesignation of Airway Traffic Control Areas: Green Civil Airway No. 6; Amber Civil Airway No. 8; Red Civil Airways Nos. 21, 23, 46, 56, and 62; Blue Civil Airways Nos. 7, 14, 24, 29, 30, 39, 45, 48, 49, and 50. Redesignation of Airport Traffic Zones. Redesignation of Radio Fixes: Green Civil Airways Nos. 3, 4, and 6; Amber Civil Airway No. 8; Red Civil Airways Nos. 6, 13, 17, 21, 46, 56, and 62; Blue Civil Airways Nos. 7, 14, 24, 29, 30, 39, 48, 49, and 50.

1. Section 601.4 (a) (6) is changed to read:

(6) *Green civil airway No. 6 airway traffic control areas (Laredo, Tex., to Norfolk, Va.)*. All of Green civil airway No. 6.

2. Section 601.4 (b) (8) is changed to read:

(8) *Amber civil airway No. 8 airway traffic control areas (Los Angeles, Calif., to The Dalles, Ore.)*. All of Amber civil airway No. 8.

3. Section 601.4 (c) (21) is changed to read:

(21) *Red civil airway No. 21 airway traffic control areas (Lansing, Mich., to Boston, Mass.)*. All of Red civil airway No. 21.

4. Section 601.4 (c) (23) is changed to read:

(23) *Red civil airway No. 23 airway traffic control areas (United States-Canadian Border to New York, N. Y.)*. All of Red civil airway No. 23 between the intersection of the southeast course of the Toronto, Ontario, Canada, radio range and the United States-Canadian Border and the intersection of the east course of the New York, N. Y. (La Guardia), radio range and the northeast course of the Mitchel Field, N. Y. (Army), radio range.

5. Section 601.4 (c) (46) is changed to read:

(46) *Red civil airway No. 46 airway traffic control areas (Aberdeen, S. Dak., to Watertown, S. Dak.)*. All of Red civil airway No. 46.

6. Section 601.4 (c) (56) is added to read:

(56) *Red civil airway No. 56 airway traffic control areas (Red Bluff, Calif., to Whitmore, Calif.)*. All of Red civil airway No. 56.

7. Section 601.4 (c) (62) is added to read:

(62) *Red civil airway No. 62 airway traffic control areas (Toledo, Ohio, to Okron, Ohio)*. All of Red civil airway No. 62.

8. Section 601.4 (d) (7) is changed to read:

(7) *Blue civil airway No. 7 airway traffic control areas (Paso Robles, Calif., to Hamilton Field, Calif.)*. All of Blue civil airway No. 7.

9. Section 601.4 (d) (14) is changed to read:

(14) *Blue civil airway No. 14 airway traffic control areas (El Centro, Calif., to Williams, Calif.)*. All of Blue civil airway No. 14.

10. Section 601.4 (d) (24) is added to read:

(24) *Blue civil airway No. 24 airway traffic control areas (El Centro, Calif., to Riverside, Calif.)*. All of Blue civil airway No. 24.

11. Section 601.4 (d) (29) is added to read:

(29) *Blue civil airway No. 29 airway traffic control areas (Raleigh, N. C., to Lynnhburg, Va.)*. All of Blue civil airway No. 29.

12. Section 601.4 (d) (30) is changed to read:

(30) *Blue civil airway No. 30 airway traffic control areas (Brownsville, Tex., to Eg Spring, Tex.)*. All of Blue civil airway No. 30.

13. Section 601.4 (d) (39) is changed to read:

(39) *Blue civil airway No. 39 airway traffic control areas (Knoxville, Tenn., to United States-Canadian Border)*. All of Blue civil airway No. 39 from the Tri-City, Tenn., radio range station to a line extended at right angles across such airway through a point 25 miles northeast of the Tri-City, Tenn., radio range station; from a line extended at right angles across such airway through a point 25 miles south of the Charleston, W. Va., radio range station; from the intersection of the west course of the Elkins, W. Va., radio range and the southwest course of the Morgantown, Pa., radio range to the United States-Canadian Border.

14. Section 601.4 (d) (45) is added to read:

(45) *Blue civil airway No. 45 airway traffic control areas (Lake Charles, La., to Baton Rouge, La.)*. No control areas designation.

15. Section 601.4 (d) (48) is added to read:

(48) *Blue civil airway No. 48 airway traffic control areas (New York, N. Y., to New Hackensack, N. Y.)* All of Blue civil airway No. 48.

16. Section 601.4 (d) (49) is added to read:

(49) *Blue civil airway No. 49 airway traffic control areas (Millville, N. J., to Philadelphia, Pa.)*. All of Blue civil airway No. 49.

17. Section 601.4 (d) (50) is added to read:

(50) *Blue civil airway No. 50 airway traffic control areas (Bangor, Maine, to United States-Canadian Border)*. All of Blue civil airway No. 50 between the intersection of the northeast course of the Bangor, Maine, radio range and the southwest course of the Pennfield Ridge, New Brunswick, Canada, radio range and the intersection of the southwest course of the Pennfield Ridge, New Brunswick, Canada, radio range and the United States-Canadian Border.

18. The following airports are added to § 601.8 (a):

Baton Rouge, La.: East Baton Rouge Parish Airport.
Cochise, Ariz.: CAA Intermediate Field.

Daggett, Calif.: Daggett Municipal Airport.
El Dorado, Ark.: Goodwin Field.
New Orleans, La.: New Orleans Airport.
Santa Monica, Calif.: Clover Field.

19. The following airports are added to § 601.8 (b):

Langley Field, Va.: Langley Field.
Mason City, Iowa: Mason City Municipal Airport.

20. Section 601.8 (c) (62) *Mason City, Iowa, Airport Traffic Zone* is deleted.

21. Section 601.8 (c) (92) is changed to read:

(92) *Detroit, Mich., Airport Traffic Zone*. Within a 5-mile radius of the Detroit City Airport excluding that portion which lies outside the continental limits of the United States.

22. Section 601.8 (c) (174) is changed to read:

(174) *Burbank, Calif., Airport Traffic Zone*. Within a 5-mile radius of the Lockheed Air Terminal and extending within 2 miles either side of a line from the Burbank, Calif., radio range station via the Simi intersection (intersection of the northwest course of the Burbank, Calif., radio range and the southwest course of the Newhall, Calif., radio range); the Newhall, Calif., radio range station to the intersection of the southeast course of the Newhall, Calif., radio range and the northwest course of the Burbank, Calif., radio range.

23. Section 601.9 (a) (3) is changed to read:

(3) *Green civil airway No. 3 (San Francisco, Calif., to New York, N. Y.)*. San Francisco, Calif., radio range station; Oakland, Calif., radio range station; the intersection of the northeast course of the Oakland, Calif., radio range and the southeast course of the Williams, Calif., radio range; Sacramento, Calif., radio range station; Donner Summit, Calif., radio range station; Reno, Nev., radio range station; Humboldt, Nev., radio range station; Battle Mountain, Nev., radio range station; Elko, Nev., radio range station; Lucin, Utah, radio range station; Ogden, Utah, radio range station; Fort Bridger, Wyo., radio range station; Rock Springs, Wyo., radio range station; Sinclair, Wyo., radio range station; Cheyenne, Wyo., radio range station; the intersection of the southeast course of the Scotts Bluff, Nebr., radio range and the west course of the North Platte, Nebr., radio range; North Platte, Nebr., radio range station; Grand Island, Nebr., radio range station; Omaha, Nebr., radio range station; Des Moines, Iowa, radio range station; Moline, Ill., radio range station; Joliet, Ill., radio range station; Goshen, Ind., radio range station; Toledo, Ohio, radio range station; the intersection of the southeast course of the Romulus, Mich., radio range and the west course of the Cleveland, Ohio, radio range; Cleveland, Ohio, radio range station; Youngstown, Ohio, radio range station; Philipsburg, Pa., radio range station; the intersection of the east course of the Philipsburg, Pa., radio range and the south course of the Williamsport, Pa., radio range; Allentown, Pa., radio range station; the intersection of the southwest course of the New York, N. Y. (La Guardia), radio range and the

northwest course of the Floyd Bennett, N. J. (Navy), radio range.

24. Section 601.9 (a) (4) is changed to read:

(4) *Green civil airway No. 4 (Los Angeles, Calif., to Philadelphia, Pa.)*. Los Angeles, Calif., radio range station; the intersection of the north course of the Los Angeles, Calif., radio range and the southwest course of the Palmdale, Calif., radio range or the Newhall, Calif., radio range station; Palmdale, Calif., radio range station; Daggett, Calif., radio range station; Needles, Calif., radio range station; Prescott, Ariz., radio range station; Winslow, Ariz., radio range station; El Morro, N. Mex., radio range station; Acomita, N. Mex., radio range station; Albuquerque, N. Mex., radio range station; Tucumcari, N. Mex., radio range station; Amarillo, Tex., radio range station; Gage, Okla., radio range station; Wichita, Kans., radio range station; Lebo, Kans., radio range station; Kansas City, Mo., radio range station; Columbia, Mo., radio range station; St. Louis, Mo., radio range station; Effingham, Ill., radio range station; Terre Haute, Ind., radio range station; Indianapolis, Ind., radio range station; the intersection of the north course of Dayton, Ohio, radio range and the west course of the Columbus, Ohio, radio range; Columbus, Ohio, radio range station; the intersection of the west course of the Pittsburgh, Pa., radio range and the southeast course of the Cleveland, Ohio, radio range; Pittsburgh, Pa., radio range station; Altoona, Pa., radio range station; Harrisburg, Pa., radio range station; the intersection of the coast course of the Harrisburg, Pa., radio range and the southwest course of the Allentown, Pa., radio range; Philadelphia, Pa., radio range station.

25. Section 601.9 (a) (6) is changed to read:

(6) *Green civil airway No. 6 (Laredo, Tex., to Norfolk, Va.)*. Alice, Tex., radio range station; Palacios, Tex., radio range station; the intersection of the southeast course of the Richmond, Tex., radio range and the southwest course of the Houston, Tex., radio range; Houston, Tex., radio range station; Beaumont, Tex., radio range station; Lake Charles, La., radio range station; New Orleans, La., radio range station; Mobile, Ala., radio range station; Maxwell Field, Ala., radio range station; Atlanta, Ga., radio range station; Spartanburg, S. C., radio range station; Greensboro, N. C., radio range station; Blackstone, Va., radio range station; Richmond, Va., radio range station.

26. Section 601.9 (b) (8) is changed to read:

(8) *Amber civil airway No. 8 (Los Angeles, Calif., to The Dalles, Oreg.)*. Santa Barbara, Calif., VHF radio range station; Paso Robles, Calif., VHF radio range station; Salinas, Calif., VHF radio range station; the intersection of the northwest course of the Salinas, Calif., VHF radio range and the southwest course of the San Francisco, Calif., radio range; Fairfield-Suisun, Calif., radio range station; Whitmore, Calif., radio range station; the Klamath Falls, Oreg., radio range station; the Redmond, Oreg.,

radio range station; The Dalles, Oreg., radio range station.

27. Section 601.9 (c) (6) is changed to read:

(6) *Red civil airway No. 6 (Las Vegas, Nev., to Omaha, Nebr.)*. Grand Junction, Colo., VHF radio range station; Eagle, Colo., VHF radio range station; Akron, Colo., radio range station; Hayes Center, Ncbr., radio range station; Lincoln, Nebr., radio range station.

28. Section 601.9 (c) (13) is changed to read:

(13) *Red civil airway No. 13 (Sunbury, Pa., to Boston, Mass.)*. Wilkes-Barre, Pa., radio range station; Stewart Field, N. Y., radio range station; Providence, R. I., radio range station.

29. Section 601.9 (c) (17) is changed to read:

(17) *Red civil airway No. 17 (Ft. Wayne, Ind., to Baltimore, Md.)*. Findlay, Ohio, nondirectional marker beacon; Hayesville, Ohio, nondirectional marker beacon; Baltimore, Md., radio range station.

30. Section 601.9 (c) (21) is changed to read:

(21) *Red civil airway No. 21 (Lansing, Mich., to Boston, Mass.)*. The intersection of the northeast course of the Pittsburgh, Pa., radio range and the north course of the Altoona, Pa., radio range; the intersection of the southeast course of the Boston, Mass., radio range and the northeast course of the Squantum, Mass. (Navy), radio range.

31. Section 601.9 (c) (46) is changed to read:

(46) *Red civil airway No. 46 (Aberdeen, S. Dak., to Watertown, S. Dak.)*. No radio fix designation.

32. Section 601.9 (c) (56) is added to read:

(56) *Red civil airway No. 56 (Red Bluff, Calif., to Whitmore, Calif.)*. No radio fix designation.

33. Section 601.9 (c) (62) is added to read:

(62) *Red civil airway No. 62 (Toledo, Ohio, to Akron, Ohio)*. Wellington, Ohio, VHF radio range station.

34. Section 601.9 (d) (7) is changed to read:

(7) *Blue civil airway No. 7 (Paso Robles, Calif., to Hamilton Field, Calif.)*. Hamilton Field, Calif., nondirectional marker beacon.

35. Section 601.9 (d) (14) is changed to read:

(14) *Blue civil airway No. 14 (El Centro, Calif., to Williams, Calif.)*. No radio fix designation.

36. Section 601.9 (d) (24) is added to read:

(24) *Blue civil airway No. 24 (El Centro, Calif., to Riverside, Calif.)*. Indio, Calif., radio range station.

37. Section 601.9 (d) (29) is added to read:

(29) *Blue civil airway No. 29 (Raleigh, N. C., to Lynchburg, Va.)*. No radio fix designation.

38. Section 601.9 (d) (30) is changed to read:

(30) *Blue civil airway No. 30 (Brownsville, Tex., to Big Spring, Tex.)*. The intersection of the west course of the San Antonio, Tex. (Alamo), radio range and the northwest course of the San Antonio, Tex. (Kelly), radio range.

39. Section 601.9 (d) (39) is added to read:

(39) *Blue civil airway No. 39 (Knoxville, Tenn., to United States-Canadian Border)*. No radio fix designation.

40. Section 601.9 (d) (48) is added to read:

(48) *Blue civil airway No. 48 (New York, N. Y., to New Hackensack, N. Y.)*. No radio fix designation.

41. Section 601.9 (d) (49) is added to read:

(49) *Blue civil airway No. 49 (Millville, N. J., to Philadelphia, Pa.)*. No radio fix designation.

42. Section 601.9 (d) (50) is added to read:

(50) *Blue civil airway No. 50 (Bangor, Maine, to United States-Canadian border)*. No radio fix designation.

This amendment shall become effective 0001 E. S. T. September 15, 1947.

(Sec. 308, 52 Stat. 986, 54 Stat. 1233, 1235, 1236; 49 U. S. C. 458)

[SEAL] C. I. STANTON,
Acting Administrator
of Civil Aeronautics.
[F. R. Doc. 47-8442; Filed, Sept. 15, 1947;
8:50 a. m.]

PART 651—PROCEDURE OF THE CIVIL AERONAUTICS ADMINISTRATION

MISCELLANEOUS AMENDMENTS

Acting pursuant to the authority vested in me by the Civil Aeronautics Act of 1938, as amended, (52 Stat. 973, 1011, 1015, 54 Stat. 1233, 1235, 1236; 49 U. S. C. 401, 559, 621) and in accordance with the Administrative Procedure Act (Public Law 404, 79th Congress, 2d Session), I hereby amend Part 651, Procedure of the Civil Aeronautics Administration as follows:

1. By amending § 651.21 (b) (1) (12 F. R. 41) by changing the sentence which reads "The Administrator, or the Deputy Administrator, may accept or refuse the offer of compromise" to read as follows: "The Administrator in all cases, or a Deputy Administrator in all cases except those involving scheduled air carriers, may accept or refuse the offer of compromise."

(52 Stat. 973, 1015, 54 Stat. 1233, 1235, 1236; 49 U. S. C. 401, 621).

2. By adding a new section, § 651.23 to read as follows:

§ 651.23 *Emergency suspensions.* (a) Pursuant to the provisions of section 609 of the Civil Aeronautics Act of 1938, as amended (52 Stat. 973, 1011, 54 Stat. 1233, 1235, 1236; 49 U. S. C. 401, 559), the Administrator: (1) In cases of emergency, may suspend, in whole or in

part, for a period not in excess of thirty days without regard to any requirement as to notice and hearing, any type certificate, production certificate, airworthiness certificate, airman certificate, air carrier operating certificate, air navigation facility certificate or air agency certificate; (2) shall immediately give notice of such suspension to the holder of such certificate and shall enter upon a hearing which shall be disposed of as speedily as possible; and (3) may, during the pendency of the proceeding, further suspend such certificate, in whole or in part, for an additional period not in excess of thirty days.

(b) In the event the condition or conduct of a certificated airman or the operation of a certificated air agency or aircraft is such as to indicate immediate danger of injury to any person or damage to property, and the immediate suspension of the airman, aircraft, or air agency certificate might reasonably be expected to avert such injury or damage, an emergency shall be deemed to exist within the meaning of section 609 of the Civil Aeronautics Act of 1938, as amended. Under such circumstances any officer or employce of the Administration charged with the duty of examining airman, inspecting aircraft or air agencies or enforcing such act and the Civil Air Regulations shall be, and is hereby authorized to suspend such certificate for and on behalf of the Administrator for a period not to exceed 30 days. The officer or employee making the emergency suspension shall, if practicable, orally notify the party or parties involved that an emergency suspension of the particular certificate is made pursuant to the authority of section 609, and shall within a reasonable time thereafter confirm such notification in writing. Formal proceedings shall be immediately instituted during the pendency of which the Regional Administrator of the region in which the violation occurred, the Administrator or Deputy Administrator may further suspend such certificate, in whole or in part, for an additional period not in excess of 30 days.

(52 Stat. 973, 1011, 54 Stat. 1233, 1235, 1236; 49 U. S. C. 401, 559)

This amendment shall become effective upon publication in the FEDERAL REGISTER.

[SEAL] C. I. STANTON,
Deputy Administrator.
[F. R. Doc. 47-8440; Filed, Sept. 15, 1947;
8:50 a. m.]

TITLE 24—HOUSING CREDIT
Chapter VIII—Office of Housing
Expediter

PART 851—ORGANIZATION DESCRIPTION INCLUDING DELEGATIONS OF FINAL AUTHORITY

DESIGNATION OF ACTING HOUSING EXPEDITER

§ 851.22 *Designation of Acting Housing Expediter.* A. H. Zwerner is hereby designated to act as Housing Expediter during my absence on September 15 and 16, 1947, with the title "Acting Housing Expediter" with all the powers, duties, and rights conferred upon me by the Housing and Rent Act of 1947, or any

other act of Congress or Executive Order, and all such powers, duties, and rights are hereby delegated to such officer for such period. (P. L. 129, 80th Cong.)

Issued this 12th day of September, 1947.

FRANK R. CREEDON,
Housing Expediter.

[F. R. Doc. 47-8472; Filed, Sept. 15, 1947;
8:49 a. m.]

TITLE 42—PUBLIC HEALTH

Chapter I—Public Health Service, Federal Security Agency

Since June 1, 1938, the effective date of the original codification of Title 42, Chapter I, of the Code of Federal Regulations, there have been numerous amendments and additions to the Chapter, as well as changes in its organization. In order to facilitate use of the material, the Chapter has been rearranged and is reprinted in its entirety in this issue of the **FEDERAL REGISTER**.

In preparing the reprint no changes have been made in substance. Section numbering has been adjusted throughout to conform with the revised organization of the material.

All the material incorporated in the reprint was currently effective on August 30, 1947, except that Part 34—Medical Examination of Aliens, published in the **FEDERAL REGISTER** on August 30, 1947 (12 F. R. 5848), and certain amendments to Part 71—Foreign Quarantine, published in the **FEDERAL REGISTER** on August 29, 1947 (12 F. R. 5813), do not become effective until 30 days after date of publication.

This reprint was prepared by the Division of the Federal Register with the concurrence of the Surgeon General of the Public Health Service and the Administrator of the Federal Security Agency. The contents of the reprint have been examined for completeness and accuracy in the Federal Security Agency.

Dated: September 12, 1947.

[SEAL] JAMES A. CRABTREE,
Acting Surgeon General.

Approved: September 15, 1947.

MAURICE COLLINS,
Acting Federal Security
Administrator.

SUBCHAPTER A—GENERAL PROVISIONS

- Part 1—Organization and functions.
- Part 2—Procedures and forms.

SUBCHAPTER B—PERSONNEL

- Part 21—Commissioned officers.
- Part 22—Personnel other than commissioned officers.
- Part 23—Provisions applying to both commissioned officers and other personnel.

SUBCHAPTER C—MEDICAL CARE AND EXAMINATIONS

- Part 31—Medical care for certain personnel of the Coast Guard, Coast and Geodetic Survey, Public Health Service and Former Lighthouse Service.
- Part 32—Medical care for seamen and certain other persons.
- Part 33—Narcotic addicts.
- Part 34—Medical examination of aliens.

SUBCHAPTER D—GRANTS

- Part 51—Grants to States for public health services.
- Part 52—Grants for cancer control programs.
- Part 53—Grants for hospital survey and construction.
- Part 54—Grants for nurse training.

SUBCHAPTER E—FELLOWSHIPS, INTERNSHIPS, TRAINING

- Part 61—Fellowships.
- Part 62—Filipino trainees.

SUBCHAPTER F—QUARANTINE, INSPECTION, LICENSING

- Part 71—Foreign quarantine.
- Part 72—Interstate quarantine.
- Part 73—Biological products.

Subchapter A—General Provisions

PART 1—ORGANIZATION AND FUNCTIONS

SUBPART A—GENERAL ORGANIZATION AND FUNCTIONS

- Sec.
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 - 1.102 Commissioned corps.
 - 1.103 Organization.
 - 1.104 Delegation of Presidential and other authority.
 - 1.105 Major functions.
 - 1.106 Location of offices.
 - 1.107 Mailing address.
 - 1.108 District offices.
 - 1.109 Advisory bodies.
 - 1.110 Conference of State and Territorial Health Officers.
 - 1.111 Inspection of final opinions, orders, and rules.
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- ###### SUBPART B—OFFICE OF THE SURGEON GENERAL
- 1.201 Principal subdivisions.
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SUBPART C—NATIONAL INSTITUTE OF HEALTH

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SUBPART D—BUREAU OF MEDICAL SERVICES

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SUBPART E—BUREAU OF STATE SERVICES

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- 1.503 Administrative activities.
- 1.504 Hospital Facilities Division.
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- 1.507 Tuberculosis Control Division.
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SUBPART F—LIST OF FIELD STATIONS

- 1.601 U. S. Public Health District Offices.
- 1.602 Branch laboratories of the National Institute of Health.
- 1.603 Hospitals, dispensaries, and other relief stations.
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Sec.

- 1.606 Field stations of the States Relations Division.
- 1.607 Tuberculosis demonstrations.
- 1.608 Venereal disease laboratories and medical centers.
- 1.609 Stream pollution laboratory.

AUTHORITY: §§ 1.101 to 1.609, inclusive, issued under 58 Stat. 682, Pub. Law 404, 79th Cong., 60 Stat. 237; 42 U. S. C., Sup., 201-286, 5 U. S. C. Sup., 1001 et seq.

DERIVATION: §§ 1.101 to 1.609, inclusive, contained in material issued by Surgeon General, approved by Acting Federal Security Administrator, Aug. 28, 1946, effective Sept. 11, 1946, 11 F. R. 177A-549, as amended June 11, 1947, and Aug. 21, 1947, 12 F. R. 3916, 5726.

SUBPART A—GENERAL ORGANIZATION AND FUNCTIONS

§ 1.101 *General statement.* The U. S. Public Health Service is an agency concerned solely with the health of the Nation. It is one of the operating units of the Federal Security Agency, and is administered by the Surgeon General of the Public Health Service, under the general supervision of the Federal Security Administrator. The basic statute is the Public Health Service Act (58 Stat. 682, 42 U. S. C. 201-286), as amended.

§ 1.102 *Commissioned Corps.* There is established in the Service a corps of commissioned officers who have ranks and rates of pay similar to those of the Medical Corps of the Army. The Surgeon General is appointed from the Regular Corps for a four-year term by the President by and with the advice and consent of the Senate. He may be reappointed. The Surgeon General assigns one commissioned officer from the Regular Corps to serve as Deputy Surgeon General and six other officers to serve as Assistant Surgeons General.

§ 1.103 *Organization.* The activities of the Service are organized in four bureaus. These are: (a) Office of the Surgeon General; (b) National Institute of Health; (c) Bureau of Medical Services; and (d) Bureau of State Services. Direct administration of the functions of the Service is vested in the bureaus and their component units. The Deputy Surgeon General acts as chief of the Office of the Surgeon General; each of the remaining three bureaus is headed by an Assistant Surgeon General.

§ 1.104 *Delegation of Presidential and other authority.* The Federal Security Administrator is authorized, in his discretion, to exercise the powers of the President (a) to establish special temporary positions under section 207 (a) of the Public Health Service Act, (b) to terminate reserve commissions under section 208 (a) (2) of the act, and (c) to specify ports under section 366 (a) of the act. (See E. O. 9655, 3 CFR, 1945 Supp.) Delegations of final authority for other specific actions are described in pertinent sections.

§ 1.105 *Major functions.* The powers and duties of the Public Health Service include:

- (a) Provision of medical and hospital care for persons declared eligible for such benefits by Congress;
- (b) Administration of the National Quarantine Service to prevent the intro-

duction of certain epidemic diseases into the United States from foreign countries;

(c) Prevention of the spread of communicable diseases from State to State;

(d) Licensing of biologic products (vaccines, serums, etc.) applicable to the prevention and treatment of diseases of man, which are sold in interstate traffic;

(e) Conduct of scientific research, investigations, and demonstrations related to the cause, prevention, and cure of the diseases of man;

(f) Administration of grants-in-aid to States for public health services;

(g) Administration of grants-in-aid to qualified institutions or individual scientists for research upon the physical and mental diseases;

(h) Provision of technical assistance and consultant services to the States and to Federal agencies;

(i) Collection and dissemination of statistical and other information on health problems;

(j) Training of professional personnel in the public health and medical sciences through (1) fellowships for research scientists, (2) payment of tuition and stipends for individuals employed by State and local health departments, for student nurses,¹ and for physicians intending to become specialists in the diagnosis and treatment of cancer; and, (3) grants to approved institutions for training of psychiatrists and other personnel concerned with the care of mental patients;

(k) Collaboration with the governments of other countries and with international organizations in activities for the improvement of world health, as well as with private national organizations and institutions concerned with health.

§ 1.106 *Location of offices.* The headquarters of the Public Health Service are located in Washington, D. C. Operations are carried on at headquarters and in a large number of field stations located in the continental United States and in our insular and territorial possessions.

§ 1.107 *Mailing address.* The mailing address of the headquarters of the Public Health Service is: U. S. Public Health Service, Washington 25, D. C. Correspondence with headquarters should be addressed to The Surgeon General, except as otherwise noted in this Chapter. Addresses of Public Health Service field stations may be found in Subpart F—List of Field Stations.

§ 1.108 *District Offices of the Public Health Service.* (a) In order to maintain direct contact with State and local authorities, with field offices of other Federal agencies, and with other official and nonofficial organizations concerned with its activities, the Public Health Service maintain 9 District Offices. Eight of these are located in the continental United States, each serving a group of States. One is located in Puerto Rico, serving Puerto Rico, the Virgin Islands, and the Caribbean area. (See Subpart F—List of Field Stations for addresses and jurisdictions of District Offices.)

¹ See Subpart B of Parts 1 and 2 for current status of the Nurse Training Program.

(b) The District Offices are headed by medical officers, whose title is District Director. The District Directors have general supervision over all activities of the Public Health Service in their jurisdiction. They represent the Surgeon General in interpreting and carrying out the broad policies of the Service. The largest task of the District Offices, however, is the field administration of the several Federal-State cooperative health programs, including the administration of Public Health Service functions in related programs of other Federal Agencies.

(c) The immediate staff of a District Office is composed of consultants and technicians concerned with such Federal-State cooperative programs as: sanitary engineering and sanitation, venereal disease control, tuberculosis control, public health nursing, hospital survey and construction, etc. The District Director and his staff work directly with State authorities in the preparation of plans, programs, and budgets for Federal-State cooperative activities.

§ 1.109 *Advisory bodies.* (a) The Congress has established certain advisory councils to assist the Surgeon General in carrying out specific functions of the Service. The Councils are composed of outstanding experts in medicine, public health, and related professions. In addition, the Surgeon General from time to time appoints advisory committees of experts to make recommendations on particular subjects.

(b) The National Advisory Health Council has fourteen members. Ten of these are experts who are not otherwise employed by the Federal Government. They are appointed by the Surgeon General with the approval of the Federal Security Administrator. The four ex officio members are the Director of the National Institute of Health, and representatives of the Army, the Navy, and the Bureau of Animal Industry (Department of Agriculture) respectively. The Council reviews and makes recommendations on research in the medical and related sciences (exclusive of cancer research and mental health research); and certifies approval of grants-in-aid for research projects. It recommends regulations for the apprehension and detention of persons known to be spreading communicable diseases from State to State; and advises the Surgeon General upon all matters connected with the various programs of the Service.

(c) The National Advisory Cancer Council is composed of six experts in the study, diagnosis, and treatment of cancer, and the Surgeon General as chairman, ex officio. It reviews and certifies approval of applications for grants-in-aid for cancer research, collects and makes available to interested organizations and individuals, information upon the study, diagnosis, and treatment of cancer, and makes other recommendations to the Surgeon General in relation to cancer control.

(d) The National Advisory Mental Health Council is composed of six experts in the study, diagnosis, or treatment of psychiatric disorders, and the Surgeon General as chairman ex officio. It advises and makes recommendations to the Surgeon General on matters re-

lating to the activities and functions of the Service in the field of mental health; it reviews research projects or programs and recommends to the Surgeon General the conduct of such projects as the Council believes will make valuable contributions to human knowledge for the advancement of mental health. It collects information on research in this field and makes it available to interested organizations and individuals. The Council recommends and certifies approval of grants-in-aid for research and for training of personnel in this field; and it determines the number of individual specialists to be given training in psychiatry by the Public Health Service.

(e) The Federal Hospital Council is composed of eight members appointed by the Federal Security Administrator, and the Surgeon General as chairman ex officio. Four of the members are experts in hospital and health matters and four are representatives of consumers of hospital services. The Council may appoint special advisory committees. The Federal Hospital Council approves the regulations for the administration of the Hospital Survey and Construction Act; it also reviews appeals of States from disapproval of State plans by the Surgeon General.

§ 1.110 *Conference of State and Territorial Health Officers.* (a) A conference of State and Territorial Health Officers is called annually by the Surgeon General. State mental health authorities are also invited when matters relating to mental health are to be discussed. The Surgeon General may also call other such conferences when the interests of the public health warrant and must call a conference upon the request of five or more States.

(b) The conference is designed to provide opportunity for mutual consultation between State authorities and Public Health Service officials and for the Surgeon General to present contemplated grant-in-aid regulations and amendments.

§ 1.111 *Inspection of final opinions, orders and rules.* All final opinions and orders in the adjudication of cases and all rules issued in the administration of the Service, not limited in their application to matters of internal management, are available for public inspection, except as the Surgeon General may for good cause hold confidential any such opinions or orders, or parts thereof.

(a) Final orders, issued after opportunity for hearing, with respect to licenses for biological products will be available for inspection at the National Institute of Health, U. S. Public Health Service, Bethesda 14, Maryland.

(b) Final orders, issued after opportunity for hearing, with respect to the withholding of grants to States will be available for inspection at the Bureau of State Services, U. S. Public Health Service, Bethesda 14, Maryland.

(c) Final orders, issued after opportunity for hearing, with respect to projects for hospital construction under Title VI of the Public Health Service Act, as amended (the "Hospital Survey and Construction Act") will be available for in-

spection at the U. S. Public Health Service, Washington 25, D. C.

(d) Application to inspect other documents, if any, which may be subject to the requirements of this regulation, should be made to the Surgeon General, U. S. Public Health Service, Washington 25, D. C.

§ 1.112 *Availability of public records.*

(a) Official records of the Service include (1) applications, registrations, petitions, and reports filed by members of the public pursuant to statute or regulations, (2) pleadings, transcripts of testimony, exhibits and documents received in evidence in any formal proceeding, and (3) documents evidencing the official disposition of material covered by (1) and (2). Official records are made available for inspection to persons properly and directly concerned, except that upon good cause found by the Surgeon General such records may be held confidential.

(b) Requests for permission to inspect official records should be addressed to the Surgeon General, U. S. Public Health Service, Washington 25, D. C., unless otherwise directed in published organizational, procedural or regulatory statements pertaining to specific records or classes of records. Such requests must set forth the interest of the applicant in the subject matter.

(c) The following classes of information are confidential and will not be disclosed except as indicated:

(1) Information relating to admission and treatment of narcotic addicts accepted as voluntary patients, not to be disclosed except upon written waiver by the patient and only to the extent specified in such waiver (58 Stat. 701; 42 U. S. C. Sup., sec. 344);

(2) Clinical and other information relating to patients committed to the care of the Service by other Government agencies, not to be disclosed except in accordance with the policies and instructions of such other agencies;

(3) Clinical information relating to beneficiaries of the Service, to be disclosed only upon application of the beneficiary or his duly authorized representative upon Form 1946S "Application for Abstract from Clinical Record". *Provided*, That information of minor importance and diagnosis of nonconfidential character may be supplied to employers, relatives or friends, in the discretion of the medical officer in charge of the hospital or station when determined by him to be in the interest of the patient;

(4) Clinical information regarding deceased beneficiary patients, to be disclosed only to persons legally entitled to such information;

(5) Information concerning individuals or business enterprises obtained in the course of the investigatory activities of the Service in connection with interstate and foreign quarantine activities and in connection with the licensing of biological products, to be disclosed only for the purposes for which obtained or to other Federal, State or local authorities engaged in the performance of related governmental functions and solely for such related purposes;

(6) Information relating to research projects to the extent and for such period as may be recommended in the public interest by the National Advisory Health Council, the National Advisory Cancer Council, or the National Advisory Mental Health Council;

(7) Records of vital statistics which identify individuals, not to be disclosed under any circumstances;

(8) Information relating to private individuals obtained for limited purposes in the administration of the functions of the Service, to be disclosed only for the purposes for which obtained or with the consent of the individual concerned; such information would include, for example, information obtained from applicants for research fellowships, for research grants, for membership in the Cadet Nurse Corps, applicants for commissions in the Service; and so on.

(9) Information relating to training grants in mental health to the extent and for such period as may be recommended in the public interest by the National Advisory Mental Health Council.

(d) Notwithstanding the foregoing, the Surgeon General may authorize the disclosure of any information within the categories enumerated, other than categories (1) and (7), upon written application and upon determination that such disclosure would be in the public interest. Information will be furnished, subject to the general rules of evidence, upon order of a court of competent jurisdiction when a subpoena is served upon a representative of the Service competent to testify thereon. When an officer or employee of the Service is called upon to testify or produce records falling within category (1), in the absence of waiver by the patient, he shall call the attention of the court to the provisions of 58 Stat. 701; 42 U. S. C. Sup., sec. 344. When a subpoena involves a patient committed to the care of the Service by the Veterans' Administration; Bureau of Employees' Compensation, Federal Security Agency; or other Federal agency, the matter should be brought to the attention of such agency in accordance with the arrangements made for the care of such patients and the attention of the court be called to any regulations of such other agencies requiring that the information sought to be disclosed is confidential. Except in the interest of the Government, no officer or employee (either full-time or part-time) of the Public Health Service shall willingly be qualified as an expert witness in the case of a litigant who has been a patient of the Service.

SUBPART B—OFFICE OF THE SURGEON GENERAL

§ 1.201 *Principal subdivisions:*

Division of Commissioned Officers.
Division of Dentistry.
Division of Sanitary Engineering.
Division of Nursing.
Division of Public Health Methods.
National Office of Vital Statistics.
Office of International Health Relations.
Office of the Executive Assistant.
Office of Personnel.
Office of Purchase and Supply.
Budget and Fiscal Office.

§ 1.202 *Functions.* The major function of the Office of the Surgeon General is administration of the internal affairs of the Public Health Service, as contrasted with administration of services to the public by other bureaus. A second important function is to advise and assist the Surgeon General and his staff in the formulation of policies and in the planning of future programs for the advancement of national health. In exercising the latter function, the component units conduct fact-finding studies; collect, collate, and analyze pertinent data; and maintain working relationships with other Federal agencies, with the various professional groups involved in functions of the Service, and with other public and private organizations. Three units in the Office of the Surgeon General (the Divisions of Sanitary Engineering and of Nursing, and the National Office of Vital Statistics) have additional important functions which constitute operating programs. These functions are discussed in the appropriate sections.

§ 1.203 *Division of Commissioned Officers.* (a) This Division is responsible for personnel administration of all commissioned officers, Regular and Reserve, regardless of their professional classification. The Chief of the Division is a Medical Director. The specific functions of the Division include: recruitment, assignment, training, utilization, promotion, separation, retirement, and discipline of the commissioned corps.

(b) In connection with recruitment, the Division maintains contact with professional institutions and organizations; receives applications for commission in the corps and for internships in hospitals of the Service; conducts examinations; and recommends successful candidates for appointment.

(c) Final authority for the assignment of commissioned personnel has been delegated by the Surgeon General to the Chief of the Division of Commissioned Officers. The Division maintains close liaison with bureaus and other divisions; establishes priorities among the several programs for the assignment of officers; analyzes qualifications of individual officers and evaluates their performance with a view to securing the most effective utilization of the commissioned corps.

(d) The Division of Commissioned Officers administers the examination of officers for promotion and retirement; it recommends separation of officers and carries out recommendations of disciplinary boards (convened by the Surgeon General). The Division also provides consultation for individual officers as to their professional and personal problems and secures to the commissioned corps those rights, privileges, benefits, and immunities provided for them and their dependents by law. A special program of in-service training for officers is provided. All personnel actions related to the commissioned corps are carried out by this Division.

§ 1.204 *Division of Dentistry.* This division exercises general supervision over professional standards and performance in all dental activities of the

Public Health Service. The Chief of the Division is the Chief Dental Officer of the Service who holds the rank of Assistant Surgeon General. He advises the Surgeon General and the operating bureaus and divisions as to the professional qualifications of dental personnel, the standards of dental service rendered to beneficiaries of the Service, and the standards for dental equipment and materials purchased by the Service. He also advises the Surgeon General on plans for the improvement of dental health in the general population.

§ 1.205 *Division of Sanitary Engineering.* (a) This Division has general supervision over all sanitary engineering and sanitation activities of the Public Health Service. The Chief of the Division is the Chief Sanitary Engineer Officer of the Service who holds the rank of Assistant Surgeon General. The Division also exercises supervision over professional qualifications and performance of engineering and sanitation personnel, both commissioned and noncommissioned. It advises the Surgeon General and the bureaus regarding plans and programs for environmental sanitation in the United States; and it formulates uniform policies for sanitary engineering for the guidance of other bureaus and divisions.

(b) The Division is responsible for certain operating programs of the Service, namely: (1) inspection and certification of sanitary facilities used by and on interstate carriers (railroad trains, vessels, airplanes, busses); (2) certification of sources of shellfish and shaving brushes sold in interstate commerce; (3) basic research on water pollution, sewage and industrial-waste disposal; (4) provision of consultative and technical assistance to State and local health departments, other Federal agencies, and private businesses concerned with sanitary facilities and services.

(c) In connection with these operating programs, the Division conducts an extensive fact-finding program, including: (1) nation-wide inventory of needs for sanitary facilities in urban and rural areas; (2) annual report of outbreaks of disease the sources of which are water, milk, and foods; (3) continuous listing of water and sewerage systems in the United States. It conducts field surveys on a wide variety of sanitary problems. It develops standards for the sanitation of water supplies, shellfish production, milk and food sanitation, sewage disposal, vessel sanitation, and laboratory analysis. In cooperation with interested industries and health authorities, it develops standard ordinances and codes for water, milk, and food sanitation for voluntary adoption by State and local governments. Periodically the Division rates communities which have adopted ordinances recommended by the Public Health Service, and publishes the ratings. It publishes periodically a list of sanitary ratings of interstate milk shippers.

§ 1.206 *Division of Nursing.* (a) This division has general supervision over all nursing operations in the Public

Health Service and over professional standards and performance of all nursing personnel, both commissioned and noncommissioned. The Chief of the Division is a Nurse Officer with the rank of Medical Director.

(b) The three major fields in which the Division is involved are: public health nursing, nursing service, and nurse production and resources. The Division is responsible for consultant services to the States in public health nursing, and for the formulation of plans, programs, and policies pertinent to the advancement of public health nursing both in the Service and in other official and nonofficial agencies. The Division also deals with standards of nursing practice and with the maintenance of such standards in the hospital facilities and medical programs of the Public Health Service.

(c) The Division of Nursing is immediately responsible for the administration of the Nurse Training Act of June 15, 1943, as amended (50 U. S. C., App. Sup., 1451-1462). It is also concerned with the development of plans, programs, and policies for the recruitment, training, and utilization of nurses and ancillary personnel.

(d) The Chief of the Division also advises the Surgeon General regarding plans, programs, and policies related to the entire field of nursing. In carrying out its advisory function, the Division conducts fact-finding studies upon various professional problems in nursing and nurse-training.

§ 1.207 *Division of Public Health Methods.* (a) The four main functions of this Division are: (1) to evaluate national health problems through measurement of the nature and extent of ill health in the population, the services and facilities which are available, and the means by which those services and facilities are employed to meet health needs; (2) to develop methods for meeting such problems; (3) to advise the Surgeon General on these matters; and (4) to transmit public health information to the public and specialized groups.

(b) Among the specific activities of the Division are: the collection and publication of current statistics on communicable and other reportable diseases; studies of the relation of sickness and death in the general population to social and economic conditions; studies of administrative methods and procedures for the provision of health services and medical care; development of techniques for the analysis and utilization of statistical information; evaluation of clinical service in public and private institutions; and development of methods for the training of public health personnel.

(c) The Office of Health Information prepares materials relating to public health and acts as a clearing house for informational and educational material issued by the U. S. Public Health Service. It maintains liaison with information services of other agencies, with the press and radio; answers requests for health information; plans and directs the distribution of materials; and evaluates the effectiveness of distribution techniques.

§ 1.208 *National Office of Vital Statistics.*¹ A division in the Office of the Surgeon General, the National Office of Vital Statistics has the primary function of collecting, analyzing, and publishing statistics on births, deaths, marriages, divorces and annulments, and related data. In connection with this primary function, the Office maintains the U. S. Death Registration Area and the U. S. Birth Registration Area in cooperation with State, territorial, and insular governments. (The Registration Area now includes the 48 States, the District of Columbia, Hawaii, Puerto Rico, and the Virgin Islands; Alaska is the only territory which has not been admitted.) The National Office of Vital Statistics works closely with State and local Registrars of Vital Statistics and provides them with consultative and technical assistance for the purpose of maintaining high standards of performance in registration procedures. The National Office of Vital Statistics also conducts an International Vital Statistics Program, in cooperation with the State Department, for the purpose of promoting the collection and interchange of comparable statistical information among nations. The Chief of the National Office of Vital Statistics is assisted by professional personnel especially trained and experienced in the collection, analysis, and utilization of mass data.

§ 1.209 *Office of International Health Relations.* This office supervises and coordinates all activities of the Service in the international health field. It maintains liaison with agencies in this field; represents the Service in international health conferences; directs a program of international exchange of health personnel and educational material; drafts sanitary conventions and regulations, and health reports required by international agreements; collects and distributes data relating to foreign medical and health institutions; supervises special health missions to foreign countries; and advises the State Department upon request regarding plans, programs, and policies in connection with the World Health Organization. The Office advises the Surgeon General on international health matters.

§ 1.210 *Office of the Executive Assistant.* In addition to assisting on a variety of administrative matters, the Executive Assistant has general supervision of the work of the Chief Clerk whose staff provides office services at headquarters.

§ 1.211 *Office of Personnel.* This office is responsible for planning and administering recruitment, selection, promotion, transfer, reassignment, classification, appointment, training and retirement of all civil service employees,

¹ The National Office of Vital Statistics was formerly the Division of Vital Statistics in the Bureau of the Census, Department of Commerce. Under the Reorganization Plan No. 2 of 1946 (3 CFR, 1946 Supp.), the functions of the Bureau of the Census with respect to vital statistics were transferred to the Federal Security Agency for administration by the Public Health Service.

departmental and field. It is also responsible for coordinating personnel policies, procedures and methods.

§ 1.212 *Office of Purchase and Supply.* This office is responsible for the procurement and delivery of all equipment and supplies of the Service. It gives technical guidance to field stations which do much of their own purchasing. It keeps property records and promotes the best use of items purchased.

§ 1.213 *Budget and Fiscal Office.* (a) This office administers all budgetary and fiscal affairs of the Public Health Service. It is headed by a Chief Budget Officer.

(b) The office prepares or supervises the preparation of all estimates for appropriations required for the operation of the Service, including justifications for such appropriations; it presents estimates to the Budget Officer of the Federal Security Agency and through him, to the Bureau of the Budget.

(c) The Budget and Fiscal Office also maintains accounts for the control of appropriated funds. It processes all disbursements, including expenditures for salaries, travel expenses, purchases and supplies, transportation, and miscellaneous expenditures.

SUBPART C—NATIONAL INSTITUTE OF HEALTH

§ 1.301 *Principal subdivisions:*

National Cancer Institute.
Division of Infectious Diseases.
Division of Physiology.
Research Grants Division.
Biologics Control Laboratory.
Chemistry Laboratory.
Industrial Research Laboratory.
Pathology Laboratory.
Division of Tropical Diseases.

§ 1.302 *Functions.* (a) The National Institute of Health is the bureau responsible for scientific research activities of the Public Health Service. The director of the Institute holds the rank of Assistant Surgeon General; in addition to administering the work of the Institute, he advises the Surgeon General on all matters pertaining to scientific research and coordinates research programs initiated by other bureaus of the Service with those of the Institute.

(b) The several divisions and laboratories of the National Institute of Health conduct broad programs of research in their respective fields. Many projects are initiated as cooperative studies with other Federal agencies and with private institutions and organizations. The exceptional facilities of the Institute frequently are made available to research scientists of such institutions. The studies of the divisions and laboratories are coordinated in a comprehensive program of research so that a particular problem may be approached through various related sciences. Many studies are conducted at field stations, either in branch laboratories of the Institute or at the facilities of cooperating institutions. (See Subpart F—List of Field Stations.)

(c) The National Institute of Health administers a program of grants-in-aid for research in the medical sciences. Through this program, the Public Health

Service provides financial assistance to public and private institutions and to individual scientists whose applications for such aid are recommended and certified by the National Advisory Health Council, or, in the case of cancer research, by the National Advisory Cancer Council. Final authority to approve and allot such grants (after certification by one of the above councils) has been delegated to the Director of the National Institute of Health by the Surgeon General. The Research Grants Division also acts as a clearing house in processing and auditing all research grants allotted by the Public Health Service, including those allotted by the Division of Mental Hygiene, Bureau of Medical Services, after certification by the National Advisory Mental Health Council.

(d) Fellowships for research scientists also are provided by the National Institute of Health.

§ 1.303 *National Cancer Institute.*

(a) The National Cancer Institute is a division of the National Institute of Health; it conducts and sponsors research upon the causes, prevention, and treatment of cancer. It also provides fellowships for research scientists interested in this field, as well as financial assistance for physicians desiring special training in the diagnosis and treatment of cancer. The National Cancer Institute also loans radium to qualified hospitals for the treatment of cancer patients.

(b) The National Cancer Institute administers a special program of grants-in-aid for research in its field. The National Advisory Cancer Council recommends and certifies the applications of public and private institutions and of individual scientists for such grants. This council is independent of the National Advisory Health Council, although joint meetings of the councils are held to consider the total research program of the National Institute of Health and the National Cancer Institute, and to make joint recommendations to the Surgeon General.

§ 1.304 *Biologics Control Laboratory.* Through its Biologics Control Laboratory, the National Institute of Health is immediately responsible for the administration of the provisions of the Public Health Service Act for the licensing of establishments engaged in the manufacture of biological products, and of their products. Licenses are issued by the Federal Security Administrator, under regulations made jointly by the Surgeon General of the Public Health Service, the Army, and the Navy, and approved by the Administrator. The Biologics Control Laboratory conducts inspections of the manufacturing establishments and tests of their products.

SUBPART D—BUREAU OF MEDICAL SERVICES

§ 1.401 *Principal subdivisions:*

Hospital Division.
Foreign Quarantine Division.
Mental Hygiene Division.
Federal Employee Health Division.

§ 1.402 *Functions.* (a) The major functions of this bureau are the provision of medical and hospital services and op-

eration of the National Quarantine Service. In general, the Bureau of Medical Services may be considered as the unit within the Service which deals with clinical practice, as compared with research in the National Institute of Health and with public health practice in the Bureau of State Services.

(b) Officers of the Public Health Service are assigned to other Federal agencies for the purpose of developing, supervising, and, in some cases, rendering medical care. The Service provides medical and dental service to the U. S. Coast Guard at shore stations and aboard vessels. The program is administered by the Chief Medical Officer of the Coast Guard (a Public Health Service officer who holds rank of Assistant Surgeon General), in cooperation with the Chief of the Bureau of Medical Services. Medical and psychiatric units at Federal penal institutions are staffed by professional personnel of the Service, under the direct administration of a Public Health Service officer assigned to the Bureau of Prisons for this purpose. The hospitals, medical service, and public health programs of the Bureau of Indian Affairs, Department of the Interior, are supervised by Public Health Service physicians.

(c) Other Federal agencies to which one or more Public Health Service officers are assigned through the Bureau of Medical Services for the development and administration of medical programs include the Bureau of Employees' Compensation and the Office of Vocational Rehabilitation (Federal Security Agency); the United States Maritime Commission; and the Foreign Service of the Department of State.

§ 1.403 *Hospital Division.* (a) The Hospital Division operates 25 U. S. Marine Hospitals, the National Leprosarium, and supervises the administration of Freedmen's Hospital. The U. S. Marine hospitals are operated as general hospitals where all types of illness and injury are treated; one of these, at Fort Stanton, New Mexico, is operated as a tuberculosis hospital. All beneficiaries of the Public Health Service are eligible for care in the U. S. Marine Hospitals.

(b) The National Leprosarium at Carville, Louisiana, receives persons afflicted with leprosy from any part of the United States and provides medical and institutional care for them.

(c) Freedmen's Hospital, located in Washington, D. C., is operated as a general hospital for the care of Negro patients; it is the teaching hospital of Howard University.

(d) The Hospital Division also administers all other forms of medical and dental care provided for beneficiaries of the Service in dispensaries and field stations located at coastal and inland ports not served by a U. S. Marine Hospital. In all there are 141 hospitals and field stations in the continental United States and our territories and possessions, to which beneficiaries of the Service may turn for immediate attention. Eleven of the U. S. Marine Hospitals also operate supplementary dispensaries in the business section of the ports which they

serve. (See Subpart F—List of Field Stations.)

§ 1.404 *Foreign Quarantine Division.*

(a) The Foreign Quarantine Division is immediately responsible for the enforcement of the national foreign quarantine laws, as they apply to sea, land and air transport. Officers of the Service examine crews and passengers arriving at sea-and-airports and border stations in the United States for the purpose of preventing the introduction of quarantinable disease. It also administers activities of the Service in connection with the physical and mental examination of immigrants to the United States. For this purpose, officers of the Service are detailed to consulates of the United States in foreign countries, and to the quarantine and immigration stations of this country. At small ports of entry and border stations, quarantine and immigration services are provided through the principal stations. (See Subpart F—List of Field Stations.) At foreign ports, persons intending to emigrate to the United States are examined by Public Health Service officers before receiving their visas. At immigration stations in this country, immigrants are examined and the Public Health Service certifies to the Immigration and Naturalization Service (Department of Justice) the physical and mental eligibility of such persons.

(b) The Foreign Quarantine Division operates 25 major quarantine stations in the continental United States; 117 additional ports and border points are served through these stations, through other facilities of the Public Health Service, or through part-time quarantine officers. Quarantine stations also are located in the Hawaiian Islands, Puerto Rico, the Virgin Islands, Alaska and the Panama Canal Zone. At present, officers of the Public Health Service are assigned for immigration service to American consulates in Canada, Cuba, England, France, Germany, Italy, Holland, China, Japan, Mexico, and the Philippine Islands. (See Subpart F—List of Field Stations.)

§ 1.405 *Mental Hygiene Division.*

(a) The Mental Hygiene Division administers the National Mental Health Act, Public Law 487 (79th Cong.), approved July 3, 1946. The act provides for the establishment of a National Mental Health Institute to conduct a program of research upon the causes, prevention, diagnosis, and treatment of mental and nervous diseases; to allot grants-in-aid for research to public and private non-profit institutions, and to individual scientists. The act further authorizes: financial assistance to similar institutions for training of psychiatrists and other personnel concerned with the diagnosis, treatment, and care of mental patients; financial assistance to individuals for such training; allotment of grants-in-aid to the States for the development of community mental health services; and the conduct of demonstrations by the Public Health Service and other activities which will promote the mental health of the Nation. The act establishes a National Advisory Mental Health Council to advise the Public

Health Service on all matters pertaining to mental health, and to recommend and approve grants-in-aid for research and for training.

(b) The Mental Hygiene Division operates two hospitals at which mentally ill beneficiaries of the Public Health Service and of other Federal agencies, including the armed services, are treated. To these hospitals also, Federal prisoners who are addicted to the use of narcotic drugs are transferred for treatment and rehabilitation. Any person who is a drug addict may also obtain treatment at these hospitals by voluntary admission. A program of research upon narcotic drug addiction and upon the medical use of narcotics is also carried on by this division.

(c) The Mental Hygiene Division renders assistance to the Juvenile Court of the District of Columbia through the detail and supervision of professional personnel for psychiatric services to the Court.

§ 1.406 *Federal Employee Health Division.* The Federal Employee Health Division has general responsibility for carrying out the functions to be performed by the Public Health Service in connection with health programs for Government employees as authorized by Public Law 658, 79th Congress, approved August 8, 1946. More particularly, the Division (a) develops policies and standards to effectuate the purposes of the act; (b) conducts studies and prepares analyses relating to employee health programs in Government; (c) provides consultative services to the heads of departments and agencies of the Federal Government, including Government-owned and controlled corporations; (d) upon proper request, reviews and appraises the health service programs being conducted, submitting appropriate comment and recommendations; and (e) negotiates contracts with departments and agencies of the Federal Government for the operation of such programs.

SUBPART E—BUREAU OF STATE SERVICES

§ 1.501 *Principal subdivisions.*

Hospital Facilities Division.
Industrial Hygiene Division.
States Relations Division.
Tuberculosis Control Division.
Venereal Disease Division.

§ 1.502 *Functions.* The major function of this bureau is the administration of all phases of the Federal-State cooperative health program and the operation of Public Health Service activities initiated in support of that program. The bureau is not only responsible for the administrative programs at headquarters but also supervises services to States in the field and coordinates all other such services administered by other bureaus or divisions, as for example, those operated by the Division of Sanitary Engineering and the Division of Nursing, Office of the Surgeon General. Chiefs of divisions hold the rank of Medical Director.

§ 1.503 *Administrative activities.* Administrative activities common to all the Federal-State cooperative programs and common to all divisions of the bureau

are carried on in coordinating services directly supervised by the chief of the bureau. These services include: budget, fiscal, administrative procedures, grants-in-aid, records and reports.

§ 1.504 *Hospital Facilities Division.*

(a) This division is immediately responsible for administration of the Hospital Survey and Construction Act (Public Law 725, 79th Congress) approved August 13, 1946. The law authorizes the appropriation of Federal funds to be allotted to the States as grants-in-aid for the conduct of State-wide surveys of the needs for hospitals and related facilities, and for construction of such facilities. The Federal Hospital Council (see § 1.109) assists in the administration of the law.

(b) The Hospital Facilities Division also conducts fact-finding studies with respect to hospital services and related facilities, and it provides consultation and technical aid to the States in the various phases of their hospital survey and construction programs.

§ 1.505 *Industrial Hygiene Division.*

(a) This division supervises the industrial hygiene phases of the total Federal-State cooperative health program, with special reference to the control of occupational diseases and the promotion of health among industrial workers. It provides consultant services and technical aid to the States, especially to State industrial hygiene units, as well as to industrial establishments and labor organizations. It sponsors and promotes the establishment and maintenance of industrial hygiene service in State governments.

(b) Among the special services provided by the Industrial Hygiene Division are: surveys of industrial hygiene problems within particular areas or industries; laboratory analysis of substances believed to be hazardous; investigation of occupational disease outbreaks, especially of occupational dermatoses, to determine the causes and to recommend methods for the elimination or control of the hazards; collection, analysis, and publication of occupational morbidity and mortality statistics. The several units of the division deal with, and offer technical assistance in the various elements of an industrial hygiene program, as: medical, engineering, and chemical control of hazards; industrial dentistry and nursing; morbidity records and reports.

§ 1.506 *States Relations Division.*

(a) This division has two major functions: first, administration of that part of the Federal-State cooperative health program known as "general health services," and second, administration of acute communicable disease control activities of the Public Health Service, including interstate quarantine. The division also conducts demonstrations of new techniques in public health control of disease in order to determine the methods by which local health services may bring the benefits of new discoveries to bear upon health problems of the people. These demonstrations are carried on in cooperation with selected local health departments and institutions. In cooperation with other divisions of the Serv-

ice, the States Relations Division also initiates and conducts projects for the training of public health personnel employed by State and local agencies.

(b) For the control of acute communicable diseases, the division provides investigatory and consultant services to States and communities where outbreaks occur, or where the continued threat of an outbreak exists. Upon request of State health authorities, the Service may provide epidemiologic units to determine the cause, sources, and extent of the epidemic, to recommend control measures, and, in emergencies, to initiate controls pending the mobilization of local and other resources.

(c) In parts of the United States, certain diseases are endemic and present a continued threat of epidemics which may spread to other areas. The States Relations Division carries on programs for the control of these diseases to supplement the activities of State and local agencies and in cooperation with the States in affected areas.

(d) Activities of the States Relations Division are carried on at headquarters and at various field stations. (See Subpart F—List of Field Stations.)

§ 1.507 *Tuberculosis Control Division.* This division administers a broad program of grants-in-aid to the States, research, training, and demonstrations in the control of tuberculosis. The program sponsored by the division requires: survey of the problem of tuberculosis state by state and community by community; facilities and activities for the discovery of causes in large population groups, with follow-up and medical supervision of discovered cases; expansion and improvement of sanatorium facilities and treatment; and rehabilitation of tuberculous patients. The division provides consultant services in a variety of related fields, as: rehabilitation, tuberculosis nursing, medical social work, records, reports, and statistical evaluation of tuberculosis problems and programs. An extensive program of field studies upon the epidemiology, prevention, and treatment of tuberculosis is conducted by the division, in cooperation with other official and nonofficial organizations, and with certain industries concerned with the production of radiologic equipment used in the diagnosis of tuberculosis.

§ 1.508 *Venereal Disease Division.* This division administers a broad program of grants-in-aid to States, research, training, and demonstrations in the control of syphilis and gonorrhea. It is also responsible for the development and administration of activities to prevent the spread of syphilis and gonorrhea from State to State. In this connection, it has developed a network of medical centers for the treatment of infectious patients; some of these facilities are operated by the division; others are operated by State and local health departments in cooperation with the division. The division also carries on an extensive program of education for professional groups and for the public. The division sponsors both laboratory and clinical research projects for the study of new

methods in the diagnosis, prevention, and treatment of venereal diseases. In addition to grants-in-aid for venereal disease control, the division provides consultant services and technical assistance to State and local health departments and carries on special cooperative programs with such agencies for the improvement of case-finding and other

epidemiologic technics for the control of venereal diseases.

SUBPART F—LIST OF FIELD STATIONS

§ 1.601 *U. S. Public Health Service District Offices.* Correspondence with District Offices should be addressed to: District Director, U. S. Public Health Service District No. —.

District No.	Address	Jurisdiction
1	U. S. Sub-Treasury Building, 15 Pine St., New York 5, N. Y.	Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, District of Columbia, Maryland, North Carolina, South Carolina, Virginia, West Virginia.
2	State-Planters Bank Building, Richmond 19, Va.	Illinois, Indiana, Kentucky, Michigan, Ohio, Wisconsin.
3	852 U. S. Custom House, 610 South Canal Street, Chicago 7, Ill.	Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Tennessee.
4	707 Pere Marquette Building, New Orleans 12, La.	Alaska, Arizona, California, Hawaiian Islands, Nevada, Oregon, Washington.
5	1152 U. S. Appraisers Building, San Francisco 11, Calif.	Puerto Rico, Virgin Islands.
6	San Juan 18, Puerto Rico	Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota.
7	405 East 13th St., Kansas City 6, Mo.	Colorado, Idaho, Montana, Utah, Wyoming.
8	331 New Custom House, Denver 2, Colo.	New Mexico, Oklahoma, Texas.
9	1114 Commerce Street, room 513, Dallas 2, Tex.	

§ 1.602 *Branch laboratories of the National Institute of Health.* Correspondence with branch laboratories of the National Institute of Health of the U. S. Public Health Service should be addressed to: Officer in Charge.

Rocky Mountain Laboratory, Hamilton, Mont.

Malaria Investigations Station, 874 Union Avenue, Memphis, Tenn.

Malaria Research Laboratory, State Hospital, Columbia, S. C.

§ 1.603 *Hospitals, dispensaries, and other medical relief stations.* Correspondence with hospitals, dispensaries, and other medical relief stations of the U. S. Public Health Service should be addressed to: Medical Officer in Charge.

U. S. Marine Hospitals

Baltimore, Md.: Wyman Park Drive and 31st Street (11).¹ Out-patient Office: Customhouse (2).

Boston, Mass.: 77 Warren Street (35). Out-patient Office: Customhouse (9).

Buffalo, N. Y.: 2183 Main Street (14).

Chicago, Ill.: 4141 Clarendon Avenue (13). Out-patient Office: New Post Office Building (7).

Cleveland, Ohio: Fairhill Road and East 124th Street (20). Out-patient Office: New Post Office Building (13).

Detroit, Mich.: Windmill Pointe (15). Out-patient Office: Post Office Building.

Ellis Island 4, N. Y.

Evansville, Ind.: 2700 West Illinois Street (12).

Fort Stanton, N. Mex.: Freight and express address: Carrizozo.

Galveston, Tex.: 45th Street and Avenue N. Out-patient Office: Customhouse (1).

Kirkwood, Mo.: 525 Couch Avenue. Out-patient Office: 919 New Federal Building.

Memphis, Tenn.: Delaware and California Streets (5).

Mobile, Ala.: 800 St. Anthony Street (16).

New Orleans, La.: 210 State Street (15). Out-patient Office: Customhouse (16).

Norfolk, Va.: Hampton Boulevard, Larchmont (9). Out-patient Office: Federal Building (10).

Pittsburgh, Pa.: 40th Street and Penn Avenue (24). Out-patient Office: Federal Building (19).

Portland, Maine: 331 Veranda Street (3).

San Francisco, Calif.: 14th Avenue and Park Boulevard (18). Out-patient Office: Appraisers Building, Washington and Sansome Streets.

San Juan 18, P. R.

Savannah, Ga.: York and Abercorn Streets.

Seattle, Wash.: Judkins Street and 14th Avenue South (44). Out-patient Office: 201-8 Alaska Building.

Staten Island, N. Y.: Express address: Stapleton, N. Y. Annex: Beach 149th Street (Neponsit), Rockaway Beach, Long Island, N. Y. (4).

Vineyard Haven, Mass.

National Leprosarium

National Leprosarium, Carville, La. Freight and express address: St. Gabriel, La.

Mental Hospitals

U. S. Public Health Service Hospital, Fort Worth, Tex.

U. S. Public Health Service Hospital, Lexington, Ky.

Dispensaries

Balboa Heights, C. Z.

Charleston 3, S. C.: Customhouse.

El Paso, Tex.: 139 United States Court-house.

Honolulu 7, T. H.: 208 Federal Building.

Houston 2, Tex.: 1018 Preston Avenue.

Los Angeles 12, Calif.: 406 Federal Building.

Miami 3, Fla.: 365 Federal Building.

New York 13, N. Y.: 67 Hudson Street.

Philadelphia 6, Pa.: 225 Chestnut Street.

Port Arthur, Tex.: 211 Federal Building.

Portland 5, Oreg.: 215 United States Court-house.

San Diego 1, Calif.: 208 New Post Office Building.

San Pedro, Calif.: 308 Federal Building.

Washington 25, D. C.: Railroad Retirement Board Building.

Other Relief Stations

Aberdeen, Wash.: 720 Becker Building.

Albany 6, N. Y.: 399 State Street.

Alpcna, Mich.: Savings Bank Building.

Anacortes, Wash.: Empire Building.

Apalachicola, Fla.: 96 Fifth Avenue.

Ashland, Wis.: 522 West Second Street.

Ashtabula, Ohio: 334 Center Street.

Astoria, Oreg.: 211 Post Office Building.

Bangor, Maine: 217 State Street.

Bath, Maine: 73½ Front Street.

Bay City, Mich.: 307 Davidson Building.

Beaufort, N. C.: Potter Building.

Bellingham, Wash.: 512 Herald Building.

Biloxi, Miss.: 405 Lameuse Street.

Brunswick, Ga.: 1501½ Newcastle Street.

¹ Postal zone numbers in parentheses.

Burlington, Iowa: Room 219 Tama Building, 305 North Third Street.
 Cairo, Ill.: 808 Commercial Avenue.
 Calais, Maine.
 Cambridge, Md.: 1 Church Street.
 Cape May, N. J.: Colombia Avenue and Ocean Street.
 Charlotte Amalie, V. I.: United States Post Office and Customhouse Building.
 Cincinnati 2, Ohio: 1009-10 Carew Tower, 5th and Vine Streets.
 Coos Bay, Oreg.: 510 Hall Building.
 Cordova, Alaska.
 Corpus Christi, Tex.: 314 Peoples Street.
 Crisfield, Md.: 322 Main Street.
 Duluth 2, Minn.: 706 Medical Arts Building.
 Edenton, N. C.
 Elizabeth City, N. C.: 224 Carolina Building.
 Erie, Pa.: 217 West 8th Street.
 Escanaba, Mich.: 1107 Ludington Street.
 Eureka, Calif.: 407 First National Bank Building.
 Fall River, Mass.: 2123 Highland Avenue.
 Frankfort, Mich.
 Gallipolis, Ohio: 3d Avenue and State Street.
 Gary, Ind.: 673 Broadway.
 Gloucester, Mass.: Customhouse, Dale Avenue.
 Grand Haven, Mich.: 210½ Washington Street.
 Green Bay, Wis.: 610 Northern Building.
 Gulfport, Miss.: 21 Durham Building.
 Houghton, Mich.: 124 Sheldon Street.
 Indiana Harbor, Ind.: 3406 Guthrie Street.
 Jacksonville 1, Fla.: 403 Federal Building.
 Juneau, Alaska: P. O. Box 2930.
 Ketchikan, Alaska: Koel Building.
 Key West, Fla.: 620 Southard Street.
 Kilmarnock, Va.
 La Crosse, Wis.: 205 Linker Building.
 Lewes, Del.: Savannah Road.
 Louisville, Ky.: Federal Building.
 Ludington, Mich.: 107 West Ludington Avenue.
 Machias, Maine.
 Manistee, Mich.: 401 River Street.
 Manitowoc, Wis.: 811 York Street.
 Marquette, Mich.: Savings Bank Building, 101 South Front Street.
 Menominee, Mich.: Electric Square Building.
 Milwaukee 2, Wis.: 560 Federal Building, 517 E. Wisconsin Avenue.
 Morehead City, N. C.
 Nashville 3, Tenn.: 1007 Medical Arts Building.
 Natchez, Miss.: 306 Franklin Street.
 New Bedford, Mass.: 105 South Sixth Street.
 New Bern, N. C.: 81 Pollock Street.
 New Haven 11, Conn.: 291 Whitney Avenue.
 New London, Conn.: 205 Williams Street.
 Newport, Oreg.: 625 Hurlburt Street.
 Newport, R. I.: 105 Pelham Street.
 Newport News, Va.: 2903 West Avenue.
 Ogdensburg, N. Y.: 430 Ford Street.
 Olympia, Wash.: 407 Security Building.
 Oswego, N. Y.: 65 West Bridge Street.
 Paducah, Ky.: 816 Citizens Savings Bank Building.
 Panama City, Fla.
 Pensacola, Fla.: 301 Federal Building.
 Perth Amboy, N. J.: Federal Building.
 Petersburg, Alaska.
 Ponce, P. R.: United States Main Post Office Building.
 Port Angeles, Wash.: First National Bank Building.
 Port Huron, Mich.: 213 Federal Building.
 Port Townsend, Wash.: Point Hudson.
 Providence 3, R. I.: 403 Federal Building.
 Provincetown, Mass.: 322 Commercial Street.
 Raymond, Wash.: Raymond Bank Building.
 Reedville, Va.
 Richmond 20, Va.: 2716 Grove Avenue.
 Sandusky, Ohio: 622 Camp Street.

Sault Ste. Marie, Mich.: Hub Building, 812 Ashmun Street.
 Seward, Alaska.
 Sheboygan, Wis.: 910 New York Avenue.
 Sheepshead Bay, Brooklyn, N. Y.: U. S. Maritime Service Training Station.
 Southport, N. C.: Morrison Building.
 Superior, Wis.: Board of Trade Building, 1507 Tower Avenue.
 Tacoma 2, Wash.: 435 Medical Arts Building.
 Tampa 1, Fla.: P. O. Box 1438.
 Toledo 2, Ohio: 408 Colton Building.
 Vicksburg, Miss.: 1600 Monroe Street.
 Washington, N. C.: 109 South Market Street.

Wilmington, N. C.: 203 Murchison Building.
 Wrangell, Alaska.
 (At the following cities U. S. Customs or U. S. Coast Guard officials may be consulted by beneficiaries of the Service for medical care: Bridgeport 9, Conn. (Collector of Customs); Fort Yukon, Alaska. (Deputy Collector of Customs); Nome, Alaska. (U. S. Coast Guard Officer in Charge); Portsmouth, N. H., Salem, Mass., and Wilmington 24, Del. (Deputy Collector of Customs).)

§ 1.604 *Foreign quarantine and immigration stations.*¹ Correspondence with foreign quarantine and immigration stations should be addressed to: Chief Quarantine Officer.

Port	Address	Jurisdiction
Balboa Heights, Canal Zone.		Panama Canal.
Baltimore, Md.	Curtis Bay.	Chesapeake Bay and Potomac River.
Boston, Mass.	Room 1703, U. S. Customhouse.	Eastport, Maine, to New London, Conn.
Charleston, S. C.		Wilmington, N. C., to Savannah, Ga.
Detroit, Mich.		Detroit.
El Paso, Tex.	Room 139, U. S. Customhouse.	Brownsville, Tex., to Ajo, Ariz.
Fort Monroe, Va.		Hampton Roads to Morehead City, N. C.
Galveston, Tex.		Galveston to Brownsville (Port Isabel), Tex.
Honolulu, T. H.		Hawaii.
Jacksonville, Fla.	403 Federal Bldg.	Brunswick, Ga., to St. Augustine, Fla.
Los Angeles, Calif.	P. O. Box 97, Terminal Island.	San Luis Obispo to Calexico, Calif.
Miami, Fla.	P. O. Box 1246.	Fort Pierce to Key West, Fla.
Mobile, Ala.	U. S. Marine Hospital.	Carrabelle, Fla., to Gulfport, Miss.
New Orleans, La.	New Orleans (Algiers), La.	Mississippi River and Gulf Coast to Morgan City, La.
New York, N. Y.	Rosebank, Staten Island, N. Y.	Bridgeport, Conn., to Perth Amboy, N. J.
Philadelphia, Pa.	225 Chestnut Street, Philadelphia, Pa.	Delaware Bay and Delaware River.
Sabine, Tex.		Sabine Pass.
San Francisco, Calif.	Foot of Hyde Street.	Eureka to Monterey, Calif.
San Juan, P. R.	San Juan, P. R.	Puerto Rico and Virgin Islands.
Seattle, Wash.	45 Federal Office Building.	Columbia River and Puget Sound.
Tampa, Fla.	P. O. Box 1438.	Cedar Keys to Boca Grande, Fla.
Wrangell, Alaska.		Alaska.

¹ Immigration station only.

§ 1.605 *Communicable Disease Center.* Medical Officer in Charge, Communicable Disease Center, 605 Volunteer Building, Atlanta, Ga.

§ 1.606 *Field stations of the States Relations Division.* Correspondence with the field stations of the States Relations Division should be addressed to: Medical Officer in Charge.

Plague-Suppressive Laboratory, 14th Avenue and Lake Street, San Francisco 18, Calif.

Heart Disease Control Section, Temple University Medical School, Philadelphia, Pa.
 Diabetes Control Section, 695 Huntington Ave., Boston, Mass.

§ 1.607 *Tuberculosis demonstrations.* Medical Officer in Charge, Hixson Memorial Laboratory, University of Kansas Hospital, Kansas City, Kans.

§ 1.608 *Venereal disease laboratories and medical centers.* Correspondence with venereal disease field stations should be addressed to: Medical Officer in Charge.

Laboratory of Experimental Therapeutics, Johns Hopkins School of Hygiene, 615 North Wolfe Street, Baltimore 5, Md.

U. S. Public Health Service Medical Center, Hot Springs National Park, Ark.

Hampton Roads Medical Center, 42nd and Powhatan Avenue, Norfolk 1, Va.

Midwestern Medical Center, 3630 Marine Avenue, St. Louis 18, Mo.

Venereal Disease Research Laboratory, U. S. Marine Hospital, Staten Island 4, N. Y.

¹ For a list of additional seaports, border stations, and airports served by quarantine and immigration officers write the Chief, Foreign Quarantine Division, U. S. Public Health Service, Washington 25, D. C.

§ 1.609 *Stream Pollution Laboratory.* Officer in Charge, Stream Pollution Laboratory, East Third and Kilgour Streets, Cincinnati, Ohio.

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AUTHORITY: §§ 2.101 to 2.802, inclusive, issued under Pub. Law 404, 79th Cong., 60 Stat. 237; 5 U. S. C. Sup., 1001 et seq.

DERIVATION: §§ 2.101 to 2.802, inclusive, contained in material issued by Surgeon General, approved by the Acting Federal Security Administrator, Aug. 28, 1946, effective Sept. 11, 1946, 11 F. R. 177A-565, as amended June 11, 1947, and Aug. 21, 1947, 12 F. R. 3916, 5727.

SUBPART A—GENERAL PROCEDURES

GIFTS

§ 2.101 *General statement.* On behalf of the United States, the Federal Security Administrator is authorized to accept gifts made for the benefit of the U. S. Public Health Service or for carrying out its functions, in accordance with sections 403 and 501 of the Public Health Service Act, as amended. Information may be obtained from the Surgeon General, U. S. Public Health Service, Washington 25, D. C.

CLAIMS FOR DAMAGES

§ 2.102 *General statement.* Procedures regarding claims for damage to or loss of property or injury to persons, alleged to have been caused by commissioned or civilian officers or employees of the Public Health Service (including claims for damages occasioned by collisions or incident to the operation of vessels of the Public Health Service) are described in 45 CFR 30.2.

CIVIL SERVICE POSITIONS

§ 2.103 *General statement.* Information regarding civil service positions in the Public Health Service may be obtained by writing to the Surgeon General, U. S. Public Health Service, Washington 25, D. C. For procedures and forms prescribed by the U. S. Civil Service Commission, see 5 CFR Ch. I.

The Public Health Service offers internship training in medicine and dentistry in civil service positions at some of its stations; information regarding such training may be obtained by writing to the Surgeon General.

SUBPART B—OFFICE OF THE SURGEON GENERAL

REGULAR AND RESERVE COMMISSIONED CORPS

§ 2.201 *General statement.* Commissions in the Regular and Reserve

Corps of the Public Health Service are available to individuals trained in the fields of medicine, dentistry, sanitary engineering, pharmacy, scientific specialties related to public health, nursing, dietetics, and physical therapy. Regulations relating to the commissioned corps are contained in Parts 21 and 23 of this chapter.

All appointments in the commissioned corps are made by the President and in the case of the Regular Corps are subject to confirmation by the Senate. Officers retain commissions in the Regular Corps for life, contingent upon their passing prescribed promotion and physical examinations. Reserve commissions are for a period of not more than five years, after which an officer may be reappointed. Reserve commissions may be terminated at any time by the Federal Security Administrator, upon recommendation of the Surgeon General, under authority delegated to the Administrator by the President (Executive Order 9655, 3 CFR, 1945 Supp.).

§ 2.202 *Application for commission.* Applications may be made on Form 8938 "Application for Commission in the United States Public Health Service." Application forms and instructions may be obtained by writing to the Surgeon General, U. S. Public Health Service, Washington 25, D. C., attention: Division of Commissioned Officers. Eligibility requirements and the contents of the application are described in the regulations.

§ 2.203 *Regular Corps; examinations and appointment.* Competitive written examinations for appointment in the Regular Corps are usually held annually in the principal cities in the early spring or summer. Announcements of the time and place of examinations are published at least thirty days prior to the date of the examination, in the leading medical and other professional journals. Applicants with satisfactory qualifications are instructed to present their completed applications and supporting documents to a board of commissioned officers, appointed by the Surgeon General, which conducts oral and written professional examinations and physical examinations as prescribed in regulations.

The procedure for establishment of merit rolls on the basis of examination ratings and relative standings of candidates, and for nominations from merit rolls, are described in the regulations.

§ 2.204 *Reserve Corps; examination and appointment.* The examination consists of a review of the candidate's qualifications by the examining board in Washington, D. C., and a physical examination which is arranged at a Public Health Service station. Recommendations for appointment of a candidate, after approval by the Surgeon General and the Federal Security Administrator, are transmitted to the President for final action.

§ 2.205 *Other provisions governing commissioned officers.* Procedures regarding allotments, leave, promotion, separation, retirement, uniforms, decorations, and discipline, of commissioned officers, are described in the regulations.

LAND AND AIR CARRIER SANITATION

§ 2.231 *General statement.* Common carriers must comply with requirements of the Interstate Quarantine Regulations, contained in Part 72 of this chapter, regarding the sanitary quality of food and drinking water served on conveyances operating in interstate traffic. The activities described here are performed under the supervision of the Land and Air Carrier Section of the Sanitary Engineering Division.

§ 2.232 *Water supplies and watering points.* (a) Sources of water used on carriers are inspected to determine compliance with the Drinking Water Standards prescribed in the regulations. Sanitation features of watering points are inspected to determine compliance with the regulations; these inspections are made on the basis of provisions of the Sanitation Manual for Land and Air Conveyances Operating in Interstate Traffic; Public Health Reports Reprint No. 2444, 1943.

(b) Immediately before the beginning of each calendar year all carrier companies are circularized by letter from the Surgeon General requesting a statement identifying sources of water used by the carrier, ownership of the supply, and location of watering points at which the water is loaded on the conveyances. This information is submitted to district offices of the Service and is transmitted by them to the appropriate State health authorities. In cooperation with the district offices, State authorities inspect the water supplies and watering points. Inspection reports and recommendations are sent to the district offices, and to the carrier company. On the basis of these reports and recommendations, the district offices recommend to the Surgeon General one of three certifications: (1) Approved; (2) Provisionally approved pending correction of defects, with a time limit set for correcting deficiencies found; (3) Prohibited. If the supply or point is given a prohibited certification, a carrier may not, consistent with the regulations, take on water at that point. A prohibited point will be reinspected upon receipt of a request for such reinspection addressed to the Surgeon General by the carrier company. Carrier companies are notified of certifications by the Surgeon General on Form 8921-D entitled "Certification of Examination of Water Provided for Common Carriers Engaged in Interstate Traffic"; in the case of change to a "prohibited" certification the company is also notified by telegram.

§ 2.233 *Food and milk.* (a) The sanitary quality of food served on carriers and methods and facilities used in the handling, preparation, and serving of such food are inspected to determine compliance with the regulations; the Ordinance and Code for Eating and Drinking Establishments (recommended by the Public Health Service, 1943, Public Health Bulletin No. 280) is used as a guide in such inspections. Sources of milk served on conveyances are inspected to determine compliance with the regulations; the Milk Ordinance and Code (recommended by the Public Health

Service, 1939, Public Health Service Bulletin No. 220) is used as a guide.

(b) On August 1 of each year the district offices send to the home offices of the carrier companies within their districts, copies of Form DS-1 which calls for a statement identifying the suppliers of food or milk served on its conveyances, the address of the supplier, and the type of container in which the product is received. Completed forms are returned to the district offices, which transmit the information received to the appropriate State health authorities who make necessary inspections. Inspection reports and recommendations are sent to the district offices. The reports are forwarded to the carrier companies with Form DS-6 which include certifications similar to those used for water supplies.

(c) Commissaries furnishing food to carrier companies and food handling facilities on the conveyances are inspected by personnel from the district offices. Reports on such inspections, along with recommendations for necessary improvements, are forwarded to the carrier company.

VESSEL SANITATION

§ 2.236 *General statement.* Sanitation of vessels operating in interstate traffic is subject to the provisions of the Interstate Quarantine Regulations, contained in Part 72 of this chapter. The activities relating to shore sources of potable water are performed under the supervision of the Land and Air Carrier Section of the Sanitary Engineering Division; those relating to sanitation on board vessels, under the Vessel Sanitation Section, Sanitary Engineering Division.

§ 2.237 *Water supplies and watering points on shore.* Procedures are the same as those described in § 2.232 except that the circulation of vessel companies is performed by the Vessel Sanitation Section, Sanitary Engineering Division, on a form entitled "Sources of Potable Water Used on Vessels (Ports of Call)".

§ 2.238 *Sanitation on vessels.* Vessels, while in port, are inspected by personnel of the district offices to determine compliance with the regulations. The inspector prepares and presents to the senior officer on board a "Memorandum to the Captain of the Vessel" listing the defects found and recommended methods of correction. This Memorandum is kept with the ship's papers. Upon the basis of the inspector's report to him, the district engineer in the district office transmits to the vessel operator either a Record of Inspection, which is issued in the case of vessels having defects and which records those defects and makes recommendations for their removal, or a Certificate of Compliance, which is issued to vessels on which no defects are found. A copy of the Record or Certificate is posted on the vessel to which it is applicable.

§ 2.239 *Vessels under construction or reconstruction.* (a) The Vessel Engineering Section, Sanitary Engineering Division, will, on request addressed to the Division at Washington 25, D. C., assist naval architects and shipyards in developing construction plans which will give

reasonable assurance that sanitation aspects of new vessels, or the rebuilt parts of existing vessels, operating or destined to operate in interstate traffic will comply with the Interstate Quarantine Regulations. A similar advisory service is offered to vessels which operate in foreign traffic and the owners or operators of which desire plan approval and certification of construction by the U. S. Public Health Service. In the latter case, plans will be reviewed during the developmental stage in the light of the recommendations contained in the "Administrative Guide for Plan Approval, Inspection and Certification of Vessel Sanitation" (July 1, 1947), and recommendations will be made as to any changes that may be indicated. Plans and specifications as they are developed may be submitted to the Division for review. Two copies of the specifications and two copies of the plan schedule should be submitted as soon as developed and three copies of each plan related to sanitation should be submitted as soon as it is prepared. If approved, one set of the specifications and one copy of each plan will be so marked and returned to the naval architect or shipyard; if not approved, the plans and specifications will be returned with recommendations.

(b) In connection with actual construction activity, the district offices will offer the advice of inspectors on compliance with plans, or on measures necessary to qualify the vessel for certification by the Service as either having met the requirements of the Interstate Quarantine Regulations or having adopted the recommendations of the Administrative Guide. Upon completion of construction, vessels operating or destined to operate in interstate traffic will be issued certificates indicating the degree of the vessel's compliance at the time of inspection with the requirements of the regulations. In addition, upon the request of the owners or operators of vessels, there will be issued to such vessels as have adopted practices recommended in the Administrative Guide, one construction certificate on which will be indicated the categories of sanitation with respect to which such practices have been adopted. Examples of such categories are: potable water system; wash water system; food storage and handling; plumbing related to the aforementioned; general sanitation; and ratproofing.

INTERSTATE SHIPMENT OF SHAVING AND LATHER BRUSHES

§ 2.246 *General statement.* Shaving or lather brushes may not be shipped or carried in interstate commerce unless manufactured in compliance with the regulations contained in Part 72 of this chapter.

§ 2.247 *Permit: application and issuance.* (a) Application forms for permits certifying approval of manufacturing procedures (Budget Bureau No. 68-R107) may be obtained from the Sanitary Engineering Division, U. S. Public Health Service, Washington 25, D. C. This form calls for the name and location of the manufacturing establishment, a list of products manufactured or processed, and

the signature and title of the executive officer of the establishment. The application form is submitted in duplicate to the Sanitary Engineering Division. The facilities and processes of the applicant's establishment are then inspected for compliance with provisions of the regulations by a representative of the District office within whose jurisdiction the establishment is located. Copies of the identifying marks to be used on brushes are also obtained. The District office transmits to the Sanitary Engineering Division an inspection report, together with recommendations. If upon the basis of the report the head of the General Sanitation Section of the Division determines that the establishment is complying with the regulations, a permit is forwarded to the applicant. If the application is not approved, the applicant is notified of this fact, reasons given, and suggestions are offered for improvements that would result in favorable action.

(b) After a permit is issued, all District offices and all State health authorities are so notified in order that the establishment's products may be recognized on the market. State and local health departments make periodic checks of brushes for sale on the retail market and when brushes are found not carrying a registered mark as required by the regulations, a report of that fact is sent to the Surgeon General for enforcement action. Establishments holding permits are subject to periodic inspection; the permit is revoked if it is determined that the regulations are not complied with.

SHELLFISH SANITATION

§ 2.251 *General statement.* (a) As a service to the shellfish industry and to State authorities, the Public Health Service publishes, semimonthly, a list of shellfish shippers holding certificates issued by those State regulatory authorities which conduct a shellfish sanitation program approved by the Service on the basis of a "Manual of Recommended Practices for the Sanitary Control of the Shellfish Industry." The manual contains standards which generally have been agreed upon by the industry and State authorities.

(b) Copies of certificates issued by State authorities are forwarded to the Sanitary Engineering Division through the District offices for publication purposes. These lists are used by State and local health authorities as a source of information concerning the sanitary precautions observed by shellfish shippers.

§ 2.252 *Approval of State control program.* The District offices under the guidance of the General Sanitation Section of the Sanitary Engineering Division work with the States in the development and improvement of their control programs and also conduct annual evaluations of the States' activities. Reports on control programs conducted within the States are forwarded to the Division and are given consideration in determining whether continued endorsement of the States' programs is warranted.

GRANTS TO SCHOOLS OF NURSING

§ 2.261 *General statement.* (a) Grants to schools of nursing are authorized in Public Law 74 (78th Cong.), as amended, and are administered under regulations, Part 54 of this chapter. The purpose of such grants is to provide basic training for student nurses, under accelerated programs of study, and to provide postgraduate and refresher courses in nursing. Students in approved schools of nursing who enrolled in the basic training program formed the membership of the U. S. Cadet Nurse Corps.

(b) On June 30, 1946, all grants except those providing for continued undergraduate training were discontinued. No new enrollments for any portion of the Nurse Training Program have been accepted by the schools since October 15, 1945. Students who entered the Corps prior to that date, however, may continue their courses of study in the school of nursing in which they are enrolled until completion of their training, provided that the school complies with all requirements of the program.

§ 2.262 *Application for grants.* Application forms (Forms 50) for continued participation in the Nurse Training Program are submitted annually to the Surgeon General by each school or institution. Information required in the application is described in regulations, Part 54 of this chapter.

§ 2.263 *Processing of application.* Applications are reviewed by the Chief of the Division of Nursing and the Nurse Education Consultants of the Division. They recommend to the Surgeon General the action to be taken in each case.

§ 2.264 *Approval of application.* Upon the basis of these recommendations, the Surgeon General approves or disapproves the applications. If a proposed plan meets all requirements, a grant to the school is approved for one year. Official notification of approval, signed by the Surgeon General, is sent to the Director of the School.

COLLECTION OF MORBIDITY AND MORTALITY REPORTS

§ 2.271 *General statement.* Morbidity and mortality reports are collected by the Public Health Service from State or local governments, in accordance with section 313 of the Public Health Service Act, as amended, and provisions of International Sanitary Conventions to which the United States is a signatory power. Reporting policies and procedures are developed in consultation with the Conference of State and Territorial Health Officers.

§ 2.272 *Reports.* (a) Weekly and special telegraphic morbidity reports, monthly morbidity reports (Forms 8958-A and DF-399), quarterly mortality reports (Form 8958-C) and annual morbidity and mortality summaries (Forms 8964-A and 8964-B) are submitted by cooperating State Health Departments. (b) In addition to these State reports, weekly morbidity reports (Forms 8960-A) and annual morbidity and mortality summaries (Form 8960-B) are submitted directly by a selected sample of cities.

(c) Report forms, as well as instructions governing such reports (Form 8958) may be obtained upon request from the Surgeon General, U. S. Public Health Service, Washington 25, D. C.

§ 2.273 *Processing and publication of data.* Data obtained from these several reports are compiled and analyzed by the Division of Public Health Methods. Summaries of these data are made available to State and local health officers, Army and Navy medical departments, the Pan-American Sanitary Bureau, and other interested agencies in this country and abroad through (a) the "State Health Officers' Weekly Statement," (b) "Public Health Reports", and (c) answers to special inquiries from health officers and the public.

COLLECTION OF VITAL STATISTICS

§ 2.281 *General statement.* The National Office of Vital Statistics contracts with States, territories, and independent registration cities for the purchase of transcripts of birth, death, and stillbirth certificates, in accordance with Title 13, U. S. Code, 101.

§ 2.282 *Contracts for transcripts.* Contracts are of two types: (a) for handwritten transcripts purchased from the State or city at the rate of four cents for each death transcript and three cents for each birth and stillbirth transcript; and (b) for microfilm transcripts at the rate of three cents each. Contracts are made for a term of five years provided that it is mutually agreed by the National Office of Vital Statistics and the State or city concerned, at least thirty days in advance of the end of each fiscal year during the term, that the contract shall continue in force. This permits revision of the contract or substitution of a new contract if it becomes necessary or desirable to do so.

§ 2.283 *Use of transcripts.* Transcripts purchased under these contracts are used by the National Office of Vital Statistics for statistical purposes only.

§ 2.284 *Official publications.* The annual volumes on vital statistics and occasional special publications, may be obtained at cost from the Superintendent of Documents, U. S. Government Printing Office, Washington, D. C. Other official publications of the National Office of Vital Statistics, Washington 25, D. C., are available to any individual or agency without charge.

SUBPART C—NATIONAL INSTITUTE OF HEALTH

BIOLOGICAL PRODUCTS; LICENSES

§ 2.301 *General statement.* Licenses are issued to establishments engaged in the manufacture and preparation of biological products, under the authority of section 351 of the Public Health Service Act. Standards designed to insure the continued safety, purity, and potency of such products are prescribed in regulations made jointly by the Surgeon General of the Public Health Service, the Surgeon General of the Army, and the Surgeon General of the Navy, and approved by the Administrator. They appear in Part 73 of this chapter.

§ 2.302 *Products and establishments subject to license.* Products subject to license include any virus, therapeutic serum, toxin, antitoxin, or analogous product, or arsphenamine or its derivatives (or any other trivalent organic arsenic compound), applicable to the prevention, treatment, or cure of diseases or injuries of man. Foreign as well as domestic establishments are subject to license requirements with respect to products prepared for sale in the District of Columbia or to be carried across the lines of any State or possession for sale, barter, or exchange.

§ 2.303 *Applications for licenses.* Applications for licenses may be obtained from the Surgeon General, U. S. Public Health Service, Washington 25, D. C. Detailed information is required on the technical facilities of the establishment and on the methods of preparation and testing of the product. Assistance in completing application forms may be obtained from the Biologics Control Laboratory, National Institute of Health, Bethesda 14, Maryland.

§ 2.304 *Processing of applications.* Completed applications, reviewed by the Biologics Control Laboratory are forwarded with a report to the Surgeon General. The report is based in part on inspection of the establishment and laboratory tests of the product. The Surgeon General transmits the application, the report and his recommendations for action to the Federal Security Administrator. In certain cases the Surgeon General appoints a Special Board of Officers to review applications. The findings of the Board are submitted to the Administrator with the Surgeon General's recommendations.

§ 2.305 *Issuance of licenses.* Licenses for approved establishments and products are issued by the Administrator. Licensed establishments are subject to reinspection and licensed products to retesting.

§ 2.306 *Suspension, cancellation, or revocation.* Upon recommendation of the Surgeon General, the Administrator may suspend, cancel, or revoke licenses in accordance with regulations, Part 73 of this chapter. Such recommendations are ordinarily based upon inspection reports and laboratory tests.

§ 2.307 *Hearings.* The Surgeon General grants opportunity for hearings.

(a) Prior to denial, revocation, or suspension of license; or

(b) After a license has been denied or, because of danger to health, summarily suspended without prior opportunity for a hearing.

Such hearings are provided before an officer or board of officers designated by the Surgeon General for that purpose. The findings and recommendations of the officers or board are forwarded by the Surgeon General with his recommendations to the Administrator.

§ 2.308 *Complaints.* Any person who has reason to question the safety, purity, or potency of any licensed biological products on the open market should communicate with the Biologics Control Laboratory.

§ 2.309 *Relation to Food and Drug Administration; licensed products and products for investigational use only.* The Public Health Service is generally responsible to the Federal Security Administrator for the administration of the provisions of both the Public Health Service Act and of the Federal Food, Drug and Cosmetic Act which are applicable to biological products. This responsibility extends to products licensed under the Public Health Service Act, which are deemed not subject to section 505 of the Federal Food, Drug, and Cosmetic Act, and to products intended solely for investigational use which are subject to the provisions of subsection (i) of section 505 of the Federal Food, Drug, and Cosmetic Act and the regulations thereunder. By administrative arrangement, reports are made to the Service by the Food and Drug Administration whenever, in the course of the field operations of the Food and Drug Administration, conditions or products are encountered which there is reason to suspect may be substandard. In any emergency involving protection to the public against products which may be dangerous to life or health, proceedings may be invoked under the provisions of either act as may be agreed between the Public Health Service and the Food and Drug Administration or as the Administrator may direct.

GRANTS FOR RESEARCH

§ 2.331 *General statement.* Grants for medical research are made to universities, hospitals, laboratories, other public and private institutions and individual scientists, in accordance with sections 301 and 404 of the Public Health Service Act, as amended.

§ 2.332 *Applications for grants.* Application forms and instructions for preparing the forms may be obtained from the Surgeon General, U. S. Public Health Service, Washington 25, D. C. The principal items in the application require from the applicant detailed information on the proposed research project as well as the qualifications of those who would conduct it. Assistance in completing application forms may be obtained from the Research Grants Division.

§ 2.333 *Processing of applications.* Applications received are submitted to one or more of the Special Study Groups covering designated areas of medical research. These groups, consisting of Public Health service scientists and outside consultants, review applications and prepare recommendations for consideration by the appropriate National Advisory Council. Applications for grants for cancer research, accompanied by the Special Study Group's recommendations, are submitted to the National Advisory Cancer Council; those on mental hygiene research are submitted to the National Advisory Mental Health Council; and those on other medical research subjects are submitted to the National Advisory Health Council.

§ 2.334 *Action following Council consideration.* If the National Advisory Cancer Council or the National Advisory Health Council recommends approval of a grant, it transmits a Certificate of Ap-

proval to the Director of the National Institute of Health for final action under authority delegated by the Surgeon General. In the case of approval of a grant by the National Advisory Mental Health Council, the Certificate of Approval is submitted to the Surgeon General for final action. Upon final approval of a grant, the applicant is notified. Upon disapproval of a grant, the applicant is notified and, where appropriate, suggestions are given for revision to make the application acceptable.

RESEARCH FELLOWSHIPS

§ 2.341 *General statement.* Research fellowships are awarded to individuals who have demonstrated outstanding or potential ability for scientific research in the various fields of science related to public health, in accordance with sections 301 and 402 of the Public Health Service Act, as amended.

CROSS REFERENCE: For regulations regarding fellowships see Part 61 of this chapter.

§ 2.342 *Applications for fellowships.* Application forms may be obtained from the Surgeon General, U. S. Public Health Service, Washington 25, D. C. The principal items in the application form require from the applicant detailed information on his education, training, and experience.

§ 2.343 *Processing of applications.* Applications are considered by a Research Fellowship Board appointed by the Surgeon General. The Board consists of persons representing various fields of science.

§ 2.344 *Action following Board consideration.* If the Board approves a research fellowship, its recommendations are forwarded to the Surgeon General who awards the fellowship. If the Board disapproves an application, the applicant is so notified.

TRAINEESHIPS

§ 2.351 *General statement.* Traineeships in the diagnosis and treatment of cancer are given to properly qualified physicians, in accordance with section 403 of the Public Health Service Act, as amended.

§ 2.352 *Applications for traineeships.* Application forms and instructions may be obtained from the Surgeon General, U. S. Public Health Service, Washington 25, D. C. The forms require data on the applicant's education and experience, his reason for seeking the training, and his plans for making use of it. A personal interview with a member of the staff of the National Cancer Institute, the National Advisory Cancer Council, or a District Director of the Public Health Service is required.

§ 2.353 *Processing of applications.* The application and the report of the personal interview are reviewed by the Chief of the National Cancer Institute, or by persons designated by him, and the applicant is notified by letter whether he has been accepted for training.

§ 2.354 *Action following approval of applications.* If the application is approved, the applicant is appointed as a trainee on the staff of the National Can-

cer Institute to be effective on a date agreed upon.

RADIUM LOANS

§ 2.361 *General statement.* Loans of radium are made to agencies and institutions for treatment of cancer patients and for cancer research, in accordance with sections 402 and 403 of the Public Health Service Act, as amended.

§ 2.362 *Applications for loans.* Application forms and a statement of the conditions under which loans are granted may be obtained from the Surgeon General, U. S. Public Health Service, Washington 25, D. C. The application requires a description of the size and equipment of the hospital or clinic, the qualifications of the staff, and a statement of the number of cancer patients using the facilities. In order to coordinate the loan program with the cancer control programs of State health departments, applicants are required to secure approval of the applications from their respective State health departments.

§ 2.363 *Processing of applications.* The completed application is reviewed by the Chief of the National Cancer Institute, or persons designated by him. The main points considered are the qualifications of staff, the need for the radium as determined by the amount the hospital already has and the number of cancer patients using its facilities, the adequacy of the hospital's radiological equipment and the availability of other radium in the community. In order to effect an equitable distribution of radium, loans already made to institutions in the State and community are considered.

§ 2.364 *Loan contract.* The applicant is notified of the decision made on his application. If the loan is approved, a loan contract is sent to the applicant for signature. The essential elements in the contract provide that the borrowers agree to:

- (a) Replace any lost radium.
- (b) Make no charge to patients for the use of the radium.
- (c) Permit the radium to be used for treatment purposes only by experts whose qualifications are the equivalent of the standards established for radiologists by the American Board of Radiology.
- (d) Maintain adequate standards for the protection of their personnel from overexposure to the radium, and
- (e) Furnish such reports on the use of the radium as the Service may require. Upon completion of the contract, the radium is shipped to the borrower. Loan contracts are made for a period of one year and may be renewed.

SUBPART D—BUREAU OF MEDICAL SERVICES

MEDICAL CARE; GENERAL INFORMATION

§ 2.401 *Addresses of U. S. Marine Hospitals and medical relief stations.* For addresses of marine hospitals, medical relief stations and other field stations of the Service, see Subpart F of Part 1 of this chapter.

§ 2.402 *Saint Elizabeths Hospital and Freedmen's Hospital.* For organization,

procedures, and regulations of these institutions, see Chapters III and IV of this title.

MEDICAL CARE FOR SEAMEN AND OTHERS

§ 2.421 *General statement.* Persons listed below are entitled to medical, surgical and dental treatment and hospitalization, without charge, at Service hospitals and established medical relief stations of the Public Health Service. In emergencies, such treatment may be furnished at private and other than Service facilities at Public Health Service expense when authorized. These services are furnished in accordance with regulations, part 32 of this chapter.

Group 1. Seamen employed on vessels of the United States registered, enrolled, and licensed under the maritime laws thereof, other than canal boats engaged in the coasting trade;

Group 2. Seamen employed on United States or foreign-flag vessels as employees of the United States through the War Shipping Administration;

Group 3. Seamen, not enlisted or commissioned in the military or naval establishments, who are employed on State-school ships or on vessels of the United States Government of more than five tons' burden;

Group 4. Seamen on vessels of the Mississippi River Commission;

Group 5. Officers and crews of vessels of the Fish and Wildlife Service;

Group 6. Seamen on foreign-flag vessels owned or operated by United States citizens or corporations;

Group 7. Enrollees in the United States Maritime Service on active duty and members of the Merchant Marine Cadet Corps;

Group 8. Cadets at State maritime academies or State training ships;

Group 9. Employees and noncommissioned officers in the field service of the Public Health Service when injured or taken sick in line of duty.

§ 2.422 *Form of application—(a) Groups 1-6.* All seamen in these groups must present a Master's Certificate, Form 1915, in person or by proxy if unable to appear themselves. The seaman or master of the vessel may obtain this form from the nearest Service hospital or medical relief station upon request. If Form 1915 is not available, other evidence of recent employment as a seaman beneficiary is acceptable.

(b) *Groups 7-8.* A written request from a responsible official of the organization concerned must be furnished.

(c) *Group 9.* Evidence of status as Public Health Service field employee.

§ 2.423 *Place of application.* Persons in all groups make application to the admitting office of the Service hospital or second class medical relief station, the medical officer in charge of third class medical relief stations or the authorized Government representative in charge of fourth class medical relief stations.

§ 2.424 *Emergency treatment—(a) Groups 1-6.* In emergencies where application cannot be made in person to an established medical relief facility of the Service, application may be sent to a medical officer in charge of a medical relief station, quarantine station, or to a Public Health Service District Director, together with documents evidencing eligibility as a seaman beneficiary. Application must be made at the time treatment is required.

(b) *Groups 7-8.* Same as for Groups 1-6 and, in addition, application made to the responsible officer of the Public Health Service assigned to a Maritime Service, Merchant Marine Cadet Corps school or State Maritime Academy.

(c) *Group 9.* Same as for Groups 1-6 and, in addition, when on duty in any foreign place, the officer in charge or the patient himself, if necessary, may make arrangements for care and treatment without prior authorization.

§ 2.425 *Eligibility for treatment.* (a) Upon examination of the application and oral interrogation, where required, the admitting officer or medical officer in charge or authorized Government representative, as the case may be, determines eligibility in accordance with regulations, Part 32 of this chapter. If found eligible, medical relief benefits are accorded the patient; if not, the applicant is rejected. Where, due to the emergency of the case, treatment at other than Service facilities is indicated, the Service or other authorized official receiving the application examines the evidence of eligibility, determines whether a true emergency exists and authorizes treatment for the applicant if eligibility is established. If time does not permit, treatment is authorized conditionally pending establishment of eligibility and genuineness of the emergency.

(b) Where the admitting or authorizing official of the Service is in doubt as to eligibility, he submits a report of the case to the headquarters of the Public Health Service, for decision by the Chief of the Hospital Division, or someone designated by him. Treatment is withheld pending receipt of this decision, except for emergency treatment which is furnished provisionally.

MEDICAL CARE FOR COAST GUARD PERSONNEL AND OTHERS

§ 2.441 *General statement.* Persons listed below are entitled to medical, surgical, and dental treatment and hospitalization, without charge, at Service hospitals and established medical relief stations of the Public Health Service. In emergencies, such treatment may be furnished at private and other than Service facilities at Service expense when authorized. These services are furnished in accordance with the regulations contained in Part 31 of this chapter.

(a) *Group 1—Coast Guard.* (1) Commissioned officers, chief warrant officers, warrant officers, cadets, and enlisted personnel of the Regular Coast Guard, including those on shore duty and those on detached duty, whether on active duty or retired;

(2) Regular members of the Coast Guard Reserve when on active duty or when retired for disability;

(3) Temporary members of the Coast Guard Reserve when on active duty or in case of physical injury incurred or sickness or disease contracted while performing active Coast Guard duty;

(4) Members of the Women's Reserve of the Coast Guard when on active duty or when retired for disability;

(5) Members of the Coast Guard Auxiliary in case of physical injury incurred

or sickness or disease contracted while performing active Coast Guard duty.

(b) *Group 2—Coast and Geodetic Survey.* Commissioned officers, ship's officers, and members of the crews of vessels of the Coast and Geodetic Survey, including those on shore duty and those on detached duty, whether on active duty or retired.

(c) *Group 3—Public Health Service.* (1) Commissioned officers of the Regular Corps of the Service, whether on active duty or retired;

(2) Commissioned officers of the Reserve Corps of the Service when on active duty or when retired for disability.

(d) *Group 4.* Lightkeepers, assistant lightkeepers, and officers and crews of vessels of the former Lighthouse Service, including any such persons who, subsequent to June 30, 1939, have involuntarily been assigned to other civilian duty in the Coast Guard; who were entitled to medical relief at hospitals and other stations of the Service prior to July 1, 1944; and who are now or hereafter on active duty or who have been or may hereafter be retired under the provisions of section 6 of the Act of June 20, 1918, as amended (33 U. S. C. 763).

§ 2.442 *Form of application.* The applicant must present evidence of status or connection with the Service groups specified above.

§ 2.443 *Place of application.* Persons make application to the admitting office of a Service hospital or second class medical relief station, the medical officer in charge of third class medical relief stations or the authorized Government representative in charge of fourth class medical relief stations.

§ 2.444 *Emergency treatment.* In emergencies where application cannot be made in person to established facilities of the Service, an officer or other supervisory official of the organization concerned arranges for treatment or hospitalization at private and other than Service facilities at Public Health Service expense. As soon as possible, a report of the case is made to the Chief of the Hospital Division, U. S. Public Health Service, Washington 25, D. C. Transfer of the patient to an established Service facility or other Federal medical facility is effected as soon as the condition of the patient permits.

§ 2.445 *Eligibility for treatment.* (a) Upon examination of the certificate of identification or other written evidence of status, the receiving Service officer determines eligibility in accordance with regulations, Part 31 of this chapter. Treatment is then furnished at Public Health Service facilities, other Federal medical facilities, or at private facilities where the former are not available.

(b) When the admitting or authorizing official of the Service is in doubt as to eligibility, he submits a report of the case to the headquarters of the Public Health Service for decision by the Chief of the Hospital Division, or someone designated by him. Treatment is withheld pending receipt of this decision, except for emergency treatment which is furnished provisionally.

MEDICAL CARE—FOR DEPENDENTS AND OTHERS

§ 2.461 *General statement.* The types of medical care available to three groups of beneficiaries of the Public Health Service are described below.

(a) *Group 1.* The following persons may receive medical advice and outpatient treatment at Service hospitals, second and third class medical relief stations, and hospitalization at Service hospitals only. Hospitalization in hospitals of the Service will be at a per diem cost to the officer, enlisted person or member of the crew concerned at the uniform rate set by the President for such dependents.

Dependent members of the families of personnel in the—

(1) *Coast Guard.* Commissioned officers, chief warrant officers, warrant officers, cadets, and enlisted personnel of the Regular Coast Guard, including those on shore duty and those on detached duty, whether on active duty or retired; and regular members of the United States Coast Guard Reserve and members of the Women's Reserve of the Coast Guard, when on active duty or when retired for disability.

(2) *Coast and Geodetic Survey.* Commissioned officers, ship's officers, and members of the crews of vessels of the United States Coast and Geodetic Survey, including those on shore duty and those on detached duty, whether on active duty or retired.

(3) *Public Health Service.* Commissioned officers of the Regular Corps of the Service, whether on active duty or retired, and commissioned officers of the Reserve Corps of the Service when on active duty or when retired for disability.

(b) *Group 2.* Seamen on foreign flag vessels other than those entitled to free treatment by the Public Health Service may be hospitalized at Service hospitals and furnished outpatient treatment at Service hospitals, second and third class medical relief stations of the Service at rates prescribed by the Surgeon General and approved by the Administrator.

(c) *Group 3.* Red Cross uniformed personnel serving with the Coast Guard will be furnished emergency hospitalization at Service hospitals only and at the uniform per diem reimbursement rate for Government hospitals as approved by the President. Emergency medical outpatient care and treatment will be furnished at Service hospitals and second class medical relief stations of the Service.

The services for persons in Group 1 are furnished in accordance with regulations contained in Part 31 of this chapter, and for persons in Groups 2 and 3, in accordance with regulations, Part 32 of this chapter.

§ 2.462 *Form of application—* (a) *Group 1.* Evidence of dependency status is acceptable in any appropriate form.

(b) *Group 2.* The foreign seamen must present an authorization for treatment signed by the master, owner or agent of the vessel; or by a responsible official of the consular office of the country concerned.

(c) *Group 3.* Proper evidence of assignment with the U. S. Coast Guard must be presented.

§ 2.463 *Place of application.* Application is made to the admitting office of the marine hospital, or second class medical relief station, or the medical officer in charge of the third class medical relief station.

§ 2.464 *Eligibility for treatment.* The Public Health Service medical officer receiving the application will determine eligibility of the applicants for treatment and furnish the required services in accordance with applicable regulations.

§ 2.465 *Payment of bills—(a) Groups 1 and 3.* The billing office of the Service hospital presents the patient with a bill, Form 1928, showing the number of days spent in the hospital and requesting that payment be made to the account of the Treasurer of the United States by check, money order, etc. Payment is made through the hospital.

(b) *Group 2.* Form 1928 is prepared and forwarded to the Collector of Customs for collection from the master, owner or agent of the foreign vessel or other responsible person or agency. Any voucherable expenditures authorized are paid by the responsible parties.

MEDICAL CARE FOR PERSONS AFFLICTED WITH LEPROSY

§ 2.481 *General statement.* Any person afflicted with leprosy residing in any State, territory, or the District of Columbia may be received into and treated at the U. S. Marine Hospital (National Leprosarium), Carville, Louisiana. This service is furnished in accordance with Part 32 of this chapter.

§ 2.482 *Form of application.* The application for admission may be in one of several forms, i. e., Form DF-118, a letter requesting permission to enter the Hospital, personal presentation at the Hospital, written or oral request through a State health officer, or any other appropriate communication to the Public Health Service.

§ 2.483 *Place of application.* Application may be made at any established facility of the Public Health Service.

§ 2.484 *Eligibility for admission.* Tissue slides for each patient must be sent to the medical officer in charge of the Hospital, Carville, Louisiana, for pathological examination and confirmation of the diagnosis. The information is transmitted to the Chief of the Hospital Division, Public Health Service, in order that arrangements may be authorized for transfer of the patient to Carville. Before the Public Health Service actually transfers the patient, he must execute and sign a statement indicating his willingness to be so transferred.

§ 2.485 *Initial examination of arriving patients.* The Public Health Service provides transportation and escort for the patient to the Hospital at Service expense. Upon arrival, the patient is examined by a board of three medical officers convened by the medical officer in charge for the purpose of final confirmation of the diagnosis. Treatment is pre-

scribed for those whose conditions are confirmed; if diagnosis is not confirmed, the patients are discharged and returned to their homes.

§ 2.486 *Discharge.* The medical officer in charge of the Hospital convenes a board of three medical officers and the patient is examined. A recommendation of the board that the patient be discharged is transmitted through the medical officer in charge to the Chief, Bureau of Medical Services, for final consideration.

§ 2.487 *Notification to health authorities.* Upon discharge of a patient, the medical officer in charge of the Hospital notifies the State health officer of the State where the patient expects to reside.

MEDICAL CARE FOR NARCOTIC DRUG ADDICTS

§ 2.501 *General statement.* Persons addicted to the use of habit-forming narcotic drugs who have been convicted of offenses against the United States, or who voluntarily submit themselves for treatment, are admitted and treated in hospitals of the Service especially equipped for the accommodation of such patients, in accordance with Part 33 of this chapter.

§ 2.502 *Prisoners and probationers.* (a) Prisoner addicts are admitted to such hospitals upon certification to the medical officer in charge by the Bureau of Prisons, Department of Justice. A certificate of addiction signed by the prosecuting officer, on the form "Preadmission Report of Drug Addiction in a Convicted Person," accompanies the prisoner. Custody and discharge are governed by rules and regulations of the Bureau of Prisons. For procedures regarding the granting, forfeiture, and restoration of industrial good time and good conduct allowances, see §§ 33.2, 33.3 of this chapter.

(b) Addicts placed on probation are admitted, upon presentation to the medical officer in charge, of a copy of the court order establishing the probation and a certificate of addiction signed by the prosecuting or probation officer.

(c) Upon discharge of a prisoner or probationer from a Public Health Service Hospital, determination of the cash, clothing and transportation allowances are made by the medical officer in charge in accordance with §§ 33.5, 33.6 of this chapter.

§ 2.503 *Ex-prisoner patients, admission.* One month prior to the expiration of sentence, each prisoner is examined by the medical officer in charge, or an officer designated by him, and is advised regarding further treatment. The prisoner may then apply for continued treatment on the form "Application of Prisoner for Treatment beyond Expiration of Sentence," obtained from the medical officer in charge. The contents of the form are described in § 33.4 of this chapter. The application is forwarded to the Chief, or Assistant Chief, Mental Hygiene Division, U. S. Public Health Service, for approval and return to the hospital. If the application is approved, the prisoner remains in the hospital as

an ex-prisoner in accordance with § 33.4.

§ 2.504 *Voluntary patients; admission.* A person seeking admission as a voluntary patient must submit two forms: "Application for Voluntary Admission to a United States Public Health Service Hospital" and "Medical Certificate of Drug Addiction." The contents of these forms are described in § 33.7 of this chapter. If an applicant is financially unable to pay for his subsistence, care, and treatment, he must submit notarized affidavits, on the form "Affidavit of Applicant's Inability to Pay for Hospital Treatment," from three unrelated and disinterested persons, testifying to his inability to pay for treatment. All of the foregoing forms mentioned in this section, together with instructions for making applications, may be obtained from the Surgeon General, U. S. Public Health Service, Washington 25, D. C. The Chief or Assistant Chief, Mental Hygiene Division, reviews the application and supporting papers and determines whether or not the applicant is eligible for admission. If eligible, the application is approved and, if suitable accommodations are available, the applicant is notified by a letter to proceed to the hospital at his own expense.

§ 2.505 *Ex-prisoner and voluntary patients, discharge.* Ex-prisoner and voluntary patients are discharged by the medical officer in charge (a) upon cure, or (b) upon expiration of the maximum period estimated to effect a cure, or (c) when the presence of such patient becomes, in the opinion of the medical officer in charge, detrimental to the hospital, or (d) in the case of a voluntary patient, upon failure to make payments required for care and treatment.

MEDICAL CARE; DISPOSITION OF MONEY AND EFFECTS OF DECEASED PATIENTS

§ 2.521 *General statement.* (a) The money and effects of deceased Service patients are disposed of as follows:

(1) Officers or enlisted men of the Army, Navy, Marine Corps, Coast Guard, and Coast and Geodetic Survey, and Veterans' Bureau patients, to the legal representative.

(2) Alien patients, when the heirs all reside abroad and are all aliens and the total value of the money and effects is less than \$500, to the proper consular officer; otherwise, to the collector of customs.

(3) Other Service patients, to the legal representative, except that when the value of the money and effects is less than \$500 and an executor or administrator has not been and will not be appointed, delivery may be made to the person or persons who under the laws of the domicile of the decedent or an applicable Federal statute would be entitled to receive the money and effects if administration were had.

(b) Unclaimed effects. Moneys and valuable effects of deceased patients of the Public Health Service remaining unclaimed for three months are delivered at the close of each quarter by the medical officer in charge of the Service station to the proper customs officer.

(c) Disposition of unclaimed effects. The valuable effects of deceased patients deposited with the customs officer, remaining unclaimed for a period of one year, are reported to the Hospital Division. The Administrator of the Federal Security Agency authorizes the sale of said effects by public auction. The proceeds are deposited to the credit of a special Treasury Department Account by the customs officer, subject to claim by legal claimants.

FOREIGN QUARANTINE; GENERAL INFORMATION

§ 2.551 *Addresses of quarantine stations.* For addresses of Public Health Service Quarantine Stations and other field stations, see Subpart F of Part 1 of this chapter.

§ 2.552 *Penalty procedures.* For penalty procedures, see § 2.651.

FOREIGN QUARANTINE, VESSELS

§ 2.571 *General statement.* Vessels departing from foreign ports for ports under the control of the United States are required to comply with quarantine regulations (Part 71 of this chapter), (a) at ports of departure, (b) while en route, and (c) at time of first arrival on each voyage at a port in the United States, in accordance with sections 361 to 368, inclusive of the Public Health Service Act, as amended. Definitions of terms used in the following sections on foreign quarantine are contained in § 71.1 of this chapter.

§ 2.572 *Measures at foreign ports and in transit.* The master of a vessel is required to enter in the ship's sanitary log, or other official record, a statement of measures taken (a) at foreign ports, to comply with §§ 71.11 to 71.19, inclusive, of this chapter, and (b) in transit to comply with §§ 71.31, 71.32. The sanitary log is a record of events and conditions of sanitary significance to the vessel. The occurrence or suspected occurrence on board of any of the communicable diseases listed in § 71.34, while the vessel is in transit, must be reported by radio to the medical officer in charge at the port of entry.

§ 2.573 *Measures at ports of arrival.* (a) Upon arrival at a port under control of the United States, unless exempted by §§ 71.46, 71.47 of this chapter, vessels must anchor at a point designated by port authorities and await boarding and inspection by a quarantine officer of the U. S. Public Health Service. The vessel signifies its readiness for inspection by hoisting a yellow (Q) flag. The usual hours of boarding are 6 a. m. to 6 p. m., daily. Ships in distress or those carrying perishable cargoes may be boarded at any hour.

(b) Usually, a quarantine officer and one or more sanitary inspectors board the vessel. Quarantine and sanitary operations and inspections are conducted in accordance with §§ 71.63 to 71.71, inclusive; §§ 71.81 to 71.91, inclusive; and §§ 71.101 to 71.104, inclusive, of this chapter.

(c) If inspection requirements are met satisfactorily, the master of the vessel is given a free pratique, signed by the quar-

antine officer. A pratique is a certificate issued by a quarantine officer releasing or provisionally releasing a vessel from quarantine. This certificate, which permits the vessel to enter the port, is presented to the Collector of Customs as evidence of compliance with quarantine regulations.

(d) If inspection requirements are not met satisfactorily, the vessel may be detained in quarantine, or a provisional pratique may be issued by the quarantine officer permitting the ship to enter the port, but specifying additional measures which must be met before or after discharge of cargo or landing of passengers. For example, it may require fumigation before the cargo is unloaded or after the cargo is partially or completely unloaded. After the conditions specified in the provisional pratique are met, a free pratique may be issued.

(e) The Medical Officer in Charge of a Quarantine Station may grant pratique by radio as provided in § 71.125 of this chapter.

(f) Vessels arriving from a foreign port are subject to fumigation every 6 months. When a vessel is fumigated or inspected and found free of rodents, a deratization certificate or deratization exemption certificate is issued by the medical officer in charge. The certificate is valid for six months.

§ 2.574 *Remanding of vessels.* (a) As applied to vessels, the term "remand" is the procedure by which a vessel coming from a foreign port may be kept under quarantine surveillance as it proceeds from one United States port to another. The quarantine officer of the port from which a vessel is remanded transmits in writing, to the Collector of Customs and the quarantine officer at the port to which the vessel is remanded, a notice that the vessel is to remain under observation or is to be subjected to further quarantine measures. When a vessel is merely referred to another quarantine station for the purpose of continuing sanitary control, no notice is sent to the Collector of Customs.

(b) Vessels remanded to other United States ports. (1) Vessels which have residue cargo for other United States ports sufficient in amount to prevent complete and final rat infestation inspection, and on which the observed evidence of active rat life is insufficient to warrant fumigation, are remanded to the next United States port at which cargo will be discharged for further inspection and for such treatment as may be indicated.

(2) When a vessel has been granted provisional pratique and remanded to another quarantine station for fumigation, the master or agents are given explicit instructions in writing relative to the required fumigation.

(3) Vessels containing an appreciable amount of residue cargo for other United States ports after fumigation are remanded to the next United States port where cargo is to be discharged, for further search for rats and for such additional treatment as may be indicated. When a deratization certificate cannot be completed on account of inability to ascertain the results of fumigation, the incomplete certificate is forwarded with

the notice of remand to the station receiving the remand. The certificate is completed by the quarantine station making the final inspection and is delivered to the master or to the agents for the vessel.

(4) In remanding a vessel full information as to the reasons therefor are given to the station receiving the remand.

(5) Notice of remand is timed to reach its destination at least 48 hours ahead of the arrival of the vessel concerned, a telegram being sent when necessary.

(c) Vessels remanded from other United States ports. (1) If from known or suspected plague ports: The vessel is treated as if direct from infected ports except that the vessel may be permitted to dock and to discharge cargo under supervision of the quarantine station. Quarantine treatment is predicated upon the finding of the inspection undertaken during the discharge of cargo. If the vessel has residue cargo for other United States ports, it is remanded to the next port where cargo will be discharged unless preliminary inspection shows the need for immediate fumigation.

(2) If from non-plague ports. The vessel is treated as if direct from a clean foreign port.

(d) Upon completion of quarantine treatment at a port to which a vessel has been remanded, a report of the action taken and of the results obtained is sent to the quarantine station which remanded the vessel.

FOREIGN QUARANTINE; AIRCRAFT

§ 2.591 *General statement.* Aircraft departing from a foreign port for a port under the control of the United States are required to comply with Part 71 of this chapter, at (a) ports of departure, (b) while en route, and (c) at time of first arrival on each flight at a port in the United States.

§ 2.592 *Measures at foreign ports and in transit.* An aircraft quarantine declaration (a form available at any quarantine station) showing sanitary measures undertaken and statements of the occurrence of any sickness among passengers or persons employed on board and of any sanitary treatment performed en route must be presented on arrival to the quarantine officer.

§ 2.593 *Measures at airports of entry.* (a) Upon arrival at an airport under the control of the United States, unless exempted by regulations, all aircraft are inspected by a quarantine officer of the Public Health Service. No cargo, passengers or baggage may be discharged without permission of the quarantine officer.

(b) Usually, a quarantine officer and a sanitary inspector board the aircraft. The quarantine officer may inspect the passengers in quarters outside the aircraft. Quarantine and sanitary operations (including insecticide spraying) and inspections are conducted in accordance with §§ 71.63 to 71.71, inclusive, §§ 71.81 to 71.91, inclusive, §§ 71.101, 71.102 and 71.104 and §§ 71.503 to 71.516, inclusive of this chapter.

(c) If inspection requirements are met satisfactorily, the passengers are re-

leased from quarantine jurisdiction and pass on to the jurisdiction of the Immigration and Customs Service.

(d) If inspection requirements are not met satisfactorily, or in the case of infected aircraft, control measures including observation, surveillance, detention, and vaccination of persons and disinfection or disinfestation of the aircraft, may be undertaken as provided in the Regulations.

(e) An aircraft arriving from a foreign airport may be required to proceed to another airport with all passengers, crew and cargo, for required quarantine and sanitary measures, upon determination by the quarantine officer that the aircraft cannot be adequately handled at the airport of arrival.

FOREIGN QUARANTINE; PERSONS

§ 2.611 *General statement.* Unless aboard an aircraft or vessel exempt under § 71.46, all persons arriving at an airport or port under the control of the United States from a foreign country are subject to quarantine regulations contained in Part 71 of this chapter, in accordance with sections 361 to 368, inclusive, of the Public Health Service Act, as amended.

§ 2.612 *Measures at port of arrival and airports of entry.* (a) Upon arrival, except as provided in § 71.65, all persons, their personal effects and their records are subject to measures determined by the Quarantine Officer as necessary to prevent the introduction of quarantinable diseases into the United States. These measures, including detention, observation and surveillance, are set forth in §§ 71.64 to 71.71, inclusive, of this chapter.

(b) Persons arriving on infected vessels or aircraft are subject to detention, isolation, vaccination and other control measures set forth in §§ 71.81 to 71.91, inclusive.

(c) Aliens are subject to physical and mental examinations required by the Immigration and Naturalization Service. The examinations are made by medical officers of the Public Health Service.

§ 2.613 *Border quarantine.* Persons entering the United States at international border stations are subject to all pertinent requirements governing persons entering from aircraft or vessels; that is, detention, observation, surveillance, vaccination and other restrictions as set forth in §§ 71.136 to 71.140, inclusive, of this chapter.

FOREIGN QUARANTINE; IMPORTATION OF CERTAIN THINGS

§ 2.631 *General statement.* Quarantine regulations governing the importation of lather brushes; psittacine birds; pet cats, dogs and monkeys; etiological agents and vectors; and dead bodies, are contained in §§ 71.151 to 71.157, inclusive, in accordance with sections 361 to 368, inclusive, of the Public Health Service Act, as amended.

§ 2.632 *Lather brushes.*¹ For procedures, see § 71.151. On written request by an importer, the Surgeon General will register and appropriately distribute information on trade-marks on lather brushes that are approved as free from anthrax.

§ 2.633 *Psittacine birds.* For procedures, see §§ 71.152, 71.153. Under these sections, no prescribed forms have been adopted for (a) the request by the importer to the Surgeon General for permission to import the birds, and (b) the permit. Until forms are adopted, if the information required is in writing, it will suffice.

§ 2.634 *Pet cats, dogs and monkeys.* For procedures, see §§ 71.154 and 71.155.

§ 2.635 *Etiological agents and vectors.* Applications in writing for permits to import etiological agents and vectors, described in § 71.156, should be addressed to the Surgeon General, U. S. Public Health Service, Washington 25, D. C. If the application is approved, the Surgeon General issues a "Permit to Import Bacteria, Viruses, or Disease Vectors" and copies are sent to the Collector of Customs and the Quarantine Officer at the port of entry. The Collector of Customs will not release a shipment until receipt of a permit from the Surgeon General. In special cases, the Surgeon General may issue a permit by telegram.

§ 2.636 *Dead bodies.* For procedures, see § 71.157.

FOREIGN QUARANTINE; PENALTY PROCEDURES

§ 2.651 *General statement.* Penalties for violations of quarantine regulations, Part 71 of this chapter, are prescribed in sections 367 and 368 of the Public Health Service Act, as amended.

§ 2.652 *Action following violations.* (a) When a violation of quarantine laws or regulations by any person is reported to or discovered by the medical officer in charge of a Quarantine Station, he notifies the person by letter, stating the violation and requesting a statement of facts. In the case of a violation by a vessel or aircraft, the medical officer in charge notifies the Collector of Customs who in turn notifies the operator, owner, or agent of the violation and of the forfeiture incurred. The operator or owner of the conveyance may apply to the Surgeon General for remission or mitigation of such forfeiture; the application should be filed with the Collector of Customs who will transmit it to the medical officer in charge for referral to the Surgeon General.

(b) The file in each case is forwarded by the medical officer in charge to the Chief of the Foreign Quarantine Division for consideration of whether the circumstances warrant prosecution in the case of violation by a person, or forfeiture

¹The importation of bristles is also subject to regulations issued by the Bureau of Animal Industry, Department of Agriculture (9 CFR 95.7, 95.8) and the shipment of lather brushes in interstate traffic is subject to Interstate Quarantine Regulations, Part 72 of this Chapter.

proceedings in the case of violation by a vessel or aircraft.

(c) Violation by a person. If, in his judgment, prosecution is not justified, the Division Chief so notifies the medical officer in charge. If he believes prosecution is justified, the Division Chief, through the Chief of the Bureau, so advises the Surgeon General who decides whether to recommend to the Federal Security Administrator that the matter be referred to the Department of Justice for prosecution.

(d) Violation by a vessel or aircraft. The Division Chief, through the Bureau Chief, recommends to the Surgeon General whether or not the forfeiture should be remitted or the extent to which it should be mitigated. The Surgeon General makes a final determination, with the approval of the Federal Security Administrator, and the Collector of Customs is so notified. The Surgeon General, with the advice of the Division and Bureau Chiefs, makes recommendations to the Federal Security Administrator as to whether forfeiture cases shall be referred to the Department of Justice for further proceedings.

(e) During the time a vessel stands charged with a violation, it will not be given a clearance for sailing by the Customs Service, unless a Customs Bond is executed on Customs Forms 7567 or 7569. These forms provide that the principal shall pay all charges, penalties, or other sums legally due the United States from any master or owner of the vessel, and also for the payment of such penalties as may be incurred by the vessel itself.

GRANTS AND STIPENDS FOR MENTAL HEALTH TRAINING

§ 2.671 *General statement.* Section 303 of the Public Health Service Act of July 1, 1944, as amended by the act of July 3, 1946 (Public Law 487, 79th Cong.) provides in part for (a) grants to public and other nonprofit institutions for training, instruction, and demonstrations in the field of mental health and (b) per diem allowances to qualified persons accepted for training and instruction in matters relating to psychiatric disorders (i. e. in psychiatry, clinical psychology, psychiatric social work, psychiatric nursing, and other related specialties).

General administrative responsibility for this program is exercised by the Mental Hygiene Division in the Bureau of Medical Services.

§ 2.672 *Grants to public and other nonprofit institutions—(a) Application forms.* Institutions seeking grants may obtain application forms and instructions from the Surgeon General, U. S. Public Health Service, Washington 25, D. C. A separate application is required for each type of specialty training the institution proposes to provide. The application form requires information on the present curriculum, teaching staff and teaching facilities, proposed new or modified training program, and itemized budget for the funds sought by the institution. The form also requires information on the number and size of stipends for trainees, since stipend pay-

ments (per diem allowances) under section 303 (b) of the Public Health Service Act, as amended, are paid to trainees by the institutions out of their grants.

(b) *Processing of applications.* Applications received from institutions are submitted by the Mental Hygiene Division to the Committee on Training of the National Advisory Mental Health Council. This committee, consisting of outside consultants appointed by the Surgeon General, reviews applications and makes recommendations to the Council. The Council then prepares and submits its recommendations to the Surgeon General. A personal visit to the institution may be made by a member of the committee or of the Council, or by a representative of the Surgeon General.

(c) *Action by the Surgeon General.* If the National Advisory Mental Health Council recommends approval of a grant to an institution, a certificate of approval is transmitted to the Surgeon General for final action. Upon final action by the Surgeon General, the institution is notified of approval, deferment for additional information, or disapproval of the application.

§ 2.673 *Per diem allowances (stipends) - for trainees—(a) Application forms.* Individuals seeking per diem allowances (stipends) as trainees under section 303 (b) of the Public Health Service Act, as amended, apply directly to one of the institutions receiving a grant for training and instruction. Application forms and instructions, forwarded by the Surgeon General to the institution, may be obtained from the institution.

(b) *Processing of applications.* The filled-in applications are returned to the institution. There, they are screened to determine whether the candidates meet the institution's qualifications for admission to the course of instruction and meet the qualifications approved by the Surgeon General and set forth in the instructions accompanying the application forms. After reviewing the applications the institution recommends to the Surgeon General a list of candidates ranked in order of preference. The application forms of these candidates are forwarded to the Surgeon General with the institution's recommendations.

(c) *Action by the Surgeon General.* On the basis of the data contained in the application and the institution's recommendations, the Surgeon General designates, from among the candidates he finds properly qualified, those who are to receive stipends. The candidate is notified through the institution of action taken on his application.

(d) *Stipend payments.* Stipend payments are made to trainees by the institution out of funds granted as described in § 2.672.

SUBPART E—BUREAU OF STATE SERVICES

GRANTS TO STATES FOR HEALTH SERVICES

§ 2.701 *General statement.* Grants for (1) venereal disease control, (2) tuberculosis control, and (3) general health purposes are made to the 48 States, District of Columbia, Alaska, Hawaii, Puerto Rico and the Virgin

Islands pursuant to section 314 of the Public Health Service Act, as amended. Applicable regulations are contained in Part 51 of this chapter. Under the Public Health Service Act such regulations are made only after conference with the State health authorities.

General administrative responsibility for the three programs is exercised by the following Divisions in the Bureau of State Services: (1) Venereal Disease Control, (2) Tuberculosis Control, and (3) States Relations. In addition, the Industrial Hygiene Division in the Bureau of State Services is responsible for aspects of the general health program which involve industrial hygiene, and the Mental Hygiene Division in the Bureau of Medical Services is responsible for aspects of the general health program which relate to mental health. An administrative office (Grants-in-Aid Section) in the Bureau is concerned with the personnel and fiscal management phases of the grant programs.

§ 2.702 *Determination of amounts available for allotment.* Based upon the recommendation of the division heads and the Bureau Chief, the Surgeon General transmits to the Administrator for approval his written determination of what part of the total sum of each of the appropriations under subsections (a), (b), and (c) of section 314 of the act shall be available for allotment among the States.

§ 2.703 *Making of allotments.* With respect to each of the three programs, the division head concerned determines the allotment to each State, upon the basis of criteria prescribed in regulations. When feasible, estimates of allotments are made prior to the beginning of the fiscal year. Each State health authority is notified of such allotments (or estimates of allotments) by letter of the Bureau Chief prepared in the Grants-in-Aid Section. The Secretary of the Treasury is also notified.

§ 2.704 *State plans; forms.* Payments from allotments to States are made only when a plan has been presented by the health authority and approved by the Surgeon General. The plan, which may include all three programs, comprises two parts. Parts I and II of the plan are prepared on Form 9413 and Joint Budget Form Series 3, which are furnished to State authorities together with instructions. The first form requires information on the organization of State health activities, the number of personnel assigned to such activities, and a description and evaluation of the proposed health program.

The Joint Budget Form requires a statement of proposed expenditures (and the expected source of funds) for each unit of the health department, and for each political sub-division of the State which is receiving State or Federal aid, or in which local funds are to be used by the State to fulfill the matching requirements prescribed in the regulations, Part 51 of this chapter.

§ 2.705 *State plans; preparation.* Specialized consultants of the Service (general medical, venereal disease, tuberculosis, dental, sanitary engineering,

industrial hygiene, mental hygiene, nursing, and fiscal) in the District Offices of the Service assist the States in developing health programs and in preparing the plan concerning such programs. Close working relationships are maintained with the State health authorities for this purpose. The consultants maintain direct contact with the respective division offices at headquarters for guidance in this work.

§ 2.706 *Plans; submission and approval.* Plans are submitted by the State health authorities to the respective District Office where they are reviewed. Generally, the District Director tentatively approves or disapproves the plan, and transmits the plan to headquarters for final action. The State health authority is notified of final approval or disapproval.

Amendments of approved plans are handled in the same fashion as the original plans.

§ 2.707 *Payments from allotments.* After its plan is approved, a State authority may submit an application for payment on Form 8944. The form contains (a) a statement of the program for which grant monies are requested and (b) certifications (1) that monies listed in the plan as emanating from State or local sources will be available for expenditure according to the plan; (2) that no portion of such funds will be used as a basis for requests for grants from any other agency of the United States; and (3) that monies paid to the State will not be used to reduce State or local appropriations or expenditures for public health services. Payment vouchers are prepared which, when signed by the Surgeon General and approved by the Administrator, are transmitted to the Secretary of the Treasury.

§ 2.708 *Merit system requirements.* On the basis of documents submitted by the State (including applicable rules and regulations, and classification and compensation plans), the District Office reviews the system of personnel administration of the State and local units to determine compliance of the State plan with the standards contained in "Merit System Policies of the Public Health Service" as provided in the Regulations. Consultants are sent to State health departments which request their assistance in developing the merit system. On the basis of a review by analysts of the Grants-in-Aid Section at headquarters, it is determined whether the system conforms with requirements and the State authority is so notified through the District Director.

§ 2.709 *Use of grant monies for training.* Grant monies may be utilized for training personnel for State and local health work in accordance with "Minimum Standards for Sponsored Training", a document which is distributed to all State health authorities. Expenditures for training persons employed or to be employed in official health programs are subject to post-audit by the District Offices at the time of the periodic audit of all grant-in-aid activities. Other expenditures for training must receive prior approval; appli-

cations for such training are submitted by State authorities to the respective District office which transmits the application to the Bureau with favorable or adverse recommendation; final approval or disapproval is made by the division head concerned based on a review by the Grants-in-Aid Section; and the State health authority is notified of such action through the District office.

§ 2.710 *Audits.* Audits of activities and programs described in the State plan and of fiscal transactions are made periodically, by arrangement with the State authority, by personnel attached to the District Office. Exceptions taken are reviewed by the District Director who recommends to the Bureau the sustaining or withdrawal of the exceptions. On the basis of a review by the Grants-in-Aid Section, and after consultation with the division head concerned, the Chief of the Bureau determines whether the exception shall be sustained or withdrawn.

Analysts also advise States as to methods of conducting fiscal affairs and upon request assist State and local health agencies in installing fiscal and related business methods, procedures, and records.

§ 2.711 *Reports.* Reports of information pertinent to the operation of State plans, which State authorities are required to submit, are described in § 51.15. Activity reports are received by the respective divisions and are tabulated and analyzed for program planning, control and administration.

GRANTS FOR RAPID TREATMENT FACILITIES

§ 2.731 *General statement.* Funds are made available through the Venereal Disease Division to any State or, with the consent of the State health authority, to any county, health district or other political subdivision of a State, for the operation of rapid treatment facilities in which persons infected with venereal diseases are given in-patient care, in accordance with authorizations contained in current appropriation acts. Under the same authority, funds may be allotted to rapid treatment facilities for the payment of fees to private physicians or non-profit institutions for the diagnosis and referral of persons infected with syphilis in the infectious or potentially infectious stages.

§ 2.732 *Application for grant.* Application forms and instructions for preparing the forms may be obtained from the Surgeon General, U. S. Public Health Service, Washington 25, D. C. The forms require information on the proposed plan and budget for the operation and maintenance of the facility, and on the financial resources of and contributions to be made by the applicant. Completed forms are submitted to the Surgeon General through the District Director. Evidence of the legal authority of the applicant to operate rapid treatment facilities and to receive and expend funds for that purpose may be required. A statement of "Terms and Conditions Governing Grants for Rapid Treatment Facilities" is sent to all applicants, which specifies types of acceptable and unacceptable fa-

cilities and the limits of Federal aid for such projects.

§ 2.733 *Approval of applications.* The Surgeon General notifies the applicant (a) of the basis on which he offers to extend Federal aid, including any modifications of the plan submitted, and (b) of the amount of Federal aid which he offers to make available. The applicant then notifies the Surgeon General of his acceptance or rejection of the offer on a form provided for this purpose. Upon notice of such acceptance, the Surgeon General determines the proportion of the total grant to be paid and certifies to the Secretary of the Treasury payment to the applicant of such sum less the pro rata value of services, supplies, facilities, and equipment to be furnished by the Service. Subsequent payments are made at intervals and in amounts determined by the Surgeon General, upon the bases of (a) the continued need of the facility, (b) the amount which, together with other available resources, is deemed sufficient for the maintenance and operation of the project for a particular period, and (c) the progress, financial status, and unit cost of the project as indicated by reports, audits, and inspections.

§ 2.734 *Reports.* Reports required from grantees are described in the statement "Terms and Conditions Governing Grants for Rapid Treatment Facilities" and in the form "Monthly Report of In-Patient Care".

GRANTS FOR HOSPITAL SURVEY AND PLANNING

§ 2.751 *General statement.* Title VI of the Public Health Service Act of July 1, 1944, as amended by the act of August 13, 1946 (Public Law 725, 79th Congress), provides in part for making Federal funds available (a) to assist States to inventory their existing hospitals, (b) to survey the need for construction of hospitals, and (c) to develop programs for construction of such public and other nonprofit hospitals as will, in conjunction with existing facilities, afford the necessary physical facilities for furnishing adequate hospital, clinic, and similar services to the people of the several States. "Hospital" includes public health centers as well as hospitals and facilities related to either.

General administrative responsibility for this program is exercised by the Division of Hospital Facilities in the Bureau of State Services. An administrative office (Grants-in-Aid Section) in the Bureau is concerned with the personnel and fiscal management phases of the Grant Program. For regulations governing grants for hospital survey and construction see Part 53 of this chapter.

§ 2.752 *Making of allotments.* The Surgeon General determines the allotment to each State upon the basis of criteria prescribed in the law. State health authorities and State agencies are notified of allotments, as the same are made, by letter from the Chief of the Division of Hospital Facilities.

§ 2.753 *State application and other required forms.* Payments from allotments to States are made after the following forms have been submitted by the

State Agency designated as the sole agency for carrying out the purposes of section 601 (a) of the Public Health Service Act, and have been approved by the Surgeon General:

(a) *Form HS&P-1, State Application for Federal Funds for Survey and Planning pursuant to the Hospital Survey and Construction Act.* This form must be submitted in quadruplicate. It may be submitted prior to or simultaneously with the submission of the forms described in (b), (c) and (d) of this section. This form is designed to elicit information showing that the legal requirements of section 612 (a) of the Public Health Service Act have been met.

(b) *Joint Budget Forms 3, 3A and 3B.* The budget and budget revisions must be submitted in triplicate. The initial budget cannot be acted upon until schedule D-32 (see paragraph (c) of this section) has been received. Annual budgets subsequent to the initial budget must be submitted on or before May 15 of each year. These forms require statements of proposed expenditures by the State Agency and the source and amount of funds available for matching purposes.

(c) *Schedule D-32, Hospital Survey and Planning.* This form must be submitted in duplicate. It should be submitted with the budget. This form is designed to elicit information showing the plans of the State Agency for conducting the survey and planning program.

(d) *Form HF-3, Request for Payment.* This form must be submitted in duplicate. It contains a certificate to the effect that State appropriated funds or funds from other non-Federal sources either are or will be available and any expenditures of Federal funds granted under the Program will be matched by expenditures of twice the amount in Federal funds on or before June 30, 1948. It also contains a certificate to the effect that Federal funds granted under the Program will be expended only for Hospital Survey and Planning purposes as well as a statement to the effect that repayment to the Treasury of the United States will be made of any Federal funds which have been paid to the State Agency and not expended in accordance with the matching requirements and other provisions of the act.

§ 2.754 *Assistance in development of State programs.* Specialized consultants assigned to District Offices of the Service assist the States in developing and planning their programs. Close working relationships are maintained with the State health authorities and with State agencies for this purpose. The consultants maintain direct contact with the Division of Hospital Facilities at Headquarters for guidance in this work.

§ 2.755 *Submission and approval of forms.* All forms described in § 2.753 are submitted by the State Agency to the respective District Office of the Service where they are reviewed. Generally, the District Director tentatively approves or disapproves the forms and transmits them to Headquarters for final action. The State Agency is notified of final approval or disapproval. Amendments to

these forms are handled in the same manner as the original forms.

§ 2.756 *Payments from allotments.* After its application is approved, a State Agency may submit a request for payment on Form HF-3. For the first payment, it should be submitted with or subsequent to the submission of the forms described in § 2.753 (a), (b), and (c). For subsequent payments this form should be submitted on or before the fifteenth day of the month preceding the end of the quarter in which subsequent payments are requested.

§ 2.757 *Audits.* Audits of activities and programs and of fiscal transactions are made periodically, by arrangement with the State authority, by personnel attached to the District Office. Exceptions taken to fiscal transaction are reviewed by the District Director who recommends to the Bureau the sustaining or withdrawal of the exceptions. On the basis of a review by the Grants-in-Aid Section, and after consultation with the Chief of the Division of Hospital Facilities, the Chief of the Bureau determines whether the exception shall be sustained or withdrawn.

Analysts also advise State Agencies as to methods of conducting fiscal affairs and upon request assist them in installing fiscal and related business methods, procedures, and records.

§ 2.758 *Reports.* Quarterly and annual financial reports containing information pertinent to the operation of State programs are required on joint financial report forms 11.1, 11.3, and 11.5.

COOPERATIVE PROGRAMS

§ 2.781 *General statement.* The Bureau of State Services engages in various cooperative public health programs with State and local health agencies, other Federal agencies, and voluntary or non-official organizations, in accordance with secs. 301, 311, and 314 of the Public Health Service Act, as amended.

§ 2.782 *Participation.* The role of the Service in such programs may take the form of: detail of Public Health Service personnel; provision of materials and equipment; the organization of field study units to undertake particular investigations; or, a combination of such services. In general, the participating agency or institution provides facilities or part of the services needed in the program. In some instances, the Public Health Service provides all facilities and services.

§ 2.783 *Procedures.* A cooperative program may be initiated by the request of a State health agency to the Surgeon General or by a local health agency through its State health authority. Requests by nonofficial agencies may be made directly to the Surgeon General. Procedures for establishment and operation of cooperative programs are not governed by specific regulations; they are developed by the Service and the cooperating agency in joint agreements.

INTERSTATE QUARANTINE

§ 2.801 *General statement.* The interstate travel of persons who are capa-

ble of spreading a communicable disease or who are believed to be spreading a disease is governed by Part 72 of this chapter. The interstate transportation of articles which may be the source of a communicable infection are governed by these regulations.

§ 2.802 *Reference to procedures.* For interstate quarantine procedures, see Part 72 of this chapter.

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AUTHORITY: §§ 21.1 to 21.322, inclusive, issued under sec. 215, 58 Stat. 690; 42 U. S. C., Sup., 216. Additional and more specific authorities are cited in parentheses at the end of sections to which they pertain.

DERIVATION: §§ 21.1 to 21.322, inclusive, contained in Executive Order 9655, Nov. 14, 1945, 3 CFR 1945 Supp.; § 21.331 contained in Regulations, Surgeon General, May 24, 1946, approved Acting Federal Security Administrator, 11 F. R. 5785; §§ 21.341 to 21.348, inclusive, contained in Regulations, Surgeon General, Mar. 15, 1946, approved by Federal Security Administrator, Apr. 1, 1946, 11 F. R. 3417.

SUBPART A—DEFINITIONS

§ 21.1 *Meaning of terms.* As used in this part, the term:

(a) "Act" means the act approved July 1, 1944, 58 Stat. 682, entitled "An Act to consolidate and revise the laws relating to the Public Health Service, and for other purposes."

(b) "Administrator" means the Federal Security Administrator.

(c) "Agency" means the Federal Security Agency.

(d) "Service" means the Public Health Service.

(e) "Surgeon General" means the Surgeon General of the Public Health Service.

(f) "Commissioned officer" or "officer" as used in this part, unless otherwise specified, refers both to officers of the Regular Corps and officers of the Reserve Corps.

SUBPART B—RANK AND PRECEDENCE

§ 21.11 *Generally.* The order of rank and precedence in the Service of officers shall be according to seniority of appointment, as follows: Surgeon General, Deputy Surgeon General, Assistant Surgeons General, chiefs of divisions, officers in the director grade, officers in the senior grade, officers in the full grade, officers in the senior assistant grade, officers in the assistant grade, and officers in the junior assistant grade. Officers of the Reserve Corps on active duty shall take rank and precedence with and after officers of the Regular Corps in the same grade. The rank and precedence among officers of the Reserve Corps shall be according to seniority of original appointment in the grade in which the officer is serving.

§ 21.12 *Officers of the Regular Corps appointed above assistant grade.* In determining the rank and precedence of officers appointed above the grade of assistant there shall be counted the number of years of constructive service which are authorized by law to be counted for purposes of pay and pay period.

§ 21.13 *Rank with Coast Guard officers.* Officers shall rank with commissioned officers of the Coast Guard according to date of appointment in their respective grades, as follows: Surgeon General with Rear Admiral (upper half), Deputy Surgeon General and Assistant Surgeons General with Rear Admiral (lower half), director with captain, senior grade with commander, full grade

with lieutenant commander, senior assistant grade with lieutenant, assistant grade with lieutenant (junior grade), and junior assistant grade with ensign.

SUBPART C—TITLES

§ 21.21 *Officers other than medical officers.* The titles of officers, other than medical officers, in the junior assistant, assistant, senior assistant, full, and senior grades shall be the same as the titles of medical officers in such grades prescribed in section 206 (b) of the act, except that for the term "surgeon" there shall be substituted "dental surgeon," "sanitary engineer," "pharmacist," "nurse officer," "scientist," "dietitian," "physical therapist," or a similar term descriptive of the specialty of such class of officers. The titles of officers, other than medical officers, in the director grade shall be the same as the title of medical director, except that for the term "medical" there shall be substituted "dental," "sanitary engineer," "pharmacist," "nurse," "dietitian," "physical therapist," "scientist," or a similar descriptive term. The titles of officers, other than medical officers, in the grade of Assistant Surgeon General shall be the same as the title of Assistant Surgeon General, except that they shall include a parenthetical identification, such as "dental" or "sanitary engineer." (Sec. 206 (b), 58 Stat. 685; 42 U. S. C. Sup., 207 (b)).

§ 21.22 *Scientist officers; designation of specialties.* Scientist officers, in using their titles in correspondence outside the agency and in the programs of scientific meetings, may designate their specialty in parentheses following their title, as, for example, Senior Scientist Richard Roe (Entomologist). (Sec. 206 (b), 58 Stat. 685, 42 U. S. C., Sup. 207 (b)).

§ 21.23 *Military titles.* An officer in uniform may use, for purposes of informal identification and address, the military or naval title of rank corresponding to the grade markings worn. An officer detailed for duty with the Army, Navy, Coast Guard, or Coast and Geodetic Survey shall use in official correspondence the title of military or naval rank corresponding to the grade markings worn, as, for example, Richard Roe, Major, U. S. P. H. S., or Richard Roe, Lieutenant Commander, U. S. P. H. S.

SUBPART D—APPOINTMENT

PROVISIONS APPLICABLE BOTH TO REGULAR CORPS AND RESERVE CORPS

§ 21.31 *Submission of application and evidence of qualifications—(a) Application form.* Every candidate for appointment as an officer shall submit a written application on such form as may be prescribed by the Surgeon General. The application form shall include statements as to date and place of birth, legal residence, academic and professional education, citizenship, and health history, and such other pertinent information as the Surgeon General may require.

(b) *Documentary evidence, photograph, and testimonials.* The application shall be accompanied by: (1) Documentary evidence of (i) date and place

of birth (birth certificate if obtainable); (ii) graduation from professional school; (iii) United States citizenship in the case of an applicant of foreign birth; and (iv) registration as a graduate nurse under the nurse practice act of a State, Territory, or the District of Columbia in the case of a nurse; (2) a recent photograph; and (3) two recent testimonials of character and professional qualifications. (Sec. 208, 58 Stat. 685; 42 U. S. C. Sup., 209).

§ 21.32 *Consideration of qualifications.* The Surgeon General shall from time to time appoint boards of officers to examine the qualifications of candidates for appointment as officers. Such boards shall consist of three or more officers, the majority of whom, so far as practicable, shall be of the same profession as the candidate. Such boards shall review the health history, record of physical examination, and the evidence of educational and professional training and experience and of character; shall conduct the oral and written professional examinations provided for in these regulations; shall report to the Surgeon General their finding whether a candidate is generally qualified and is qualified physically, educationally, and professionally, and shall assign a relative numerical rating to each candidate for appointment in the Regular Corps who completes the examination. (Sec. 208, 58 Stat. 685; 42 U. S. C., Sup., 209).

§ 21.33 *Physical examinations.* Every candidate for appointment as an officer shall undergo a physical examination at such place and by such officers of the Service as the Surgeon General may direct. (Sec. 208, 58 Stat. 685; 42 U. S. C., Sup., 209).

§ 21.34 *False statements as disqualification.* Willfully false statements shall be cause for rejection of the application or, as provided in the regulations governing the discipline of officers, for summary dismissal. (Sec. 208, 58 Stat. 685; 42 U. S. C., Sup. 209).

§ 21.35 *Eligibility; junior assistant grade—(a) Requirements; all candidates.* Except as provided in § 21.72, every candidate for appointment in the grade of junior assistant:

- (1) Shall be a citizen of the United States;
- (2) Shall be at least 18 years of age;
- (3) Shall have been graduated from an accredited high school or possess equivalent college entrance requirements;
- (4) Shall have completed the prescribed course in a reputable school and have been granted a degree or a certificate in the profession in which the examination is being held; and
- (5) Shall present evidence of general suitability, including professional and personal fitness.

(b) *Requirement; nurse officers, dietitians, and physical therapists.* Every candidate for appointment as a nurse officer, dietitian, or physical therapist shall be a female.

(c) *Special requirements; nurses.* Every candidate for appointment as a nurse officer:

(1) Shall have been graduated from a State-accredited school of nursing connected with a hospital having a daily census of not less than 50, and offering adequate nursing experience in medicine, surgery, pediatrics, and obstetrics, at the time of graduation of the applicant; and

(2) Shall be registered as a graduate nurse under the nurse practice act of a State, Territory, or the District of Columbia. (Sec. 208, 58 Stat. 685; 42 U. S. C., Sup. 209)

§ 21.36 *Eligibility; assistant grade—(a) Requirements; all candidates.* Except as provided in § 21.72, every candidate for appointment in the grade of assistant:

(1) Shall meet all the requirements for eligibility for examination for appointment in the grade of junior assistant;

(2) Shall be at least 21 years of age; and

(3) Shall have had at least 7 years of educational (exclusive of high school) and professional training or experience.

(b) *Special requirements; nurses.* Every candidate for appointment as a nurse officer shall possess an academic degree, except that a candidate who has had 4 years or more of experience as a nurse in the Army, Navy, or Public Health Service, with a satisfactory record of service, may substitute such experience for the requirement of an academic degree, provided that such experience is of a nature which, in the opinion of the board, qualifies the candidate to perform the duties of a nurse officer.

(c) *Special requirements; dietitians.* Every candidate for appointment as a dietitian shall have been graduated with a bachelor's degree after completion of 4 academic years in an approved college or university with the major study in dietetics including 18 semester hours in a combination of the following subjects: food preparation, nutrition, and institutional management. A candidate who has had 4 years or more of experience as a dietitian in the Army, Navy, or Public Health Service, with a satisfactory record of service, may substitute such experience for the requirement of an academic degree, provided that such experience is of a nature which, in the opinion of the board, qualifies the candidate to perform the duties of a dietitian.

(d) *Special requirements; physical therapists.* Every candidate for appointment as a physical therapist shall possess an academic degree, except that a candidate who has had 4 years or more of experience as a physical therapist in the Army, Navy, or Public Health Service, with a satisfactory record of service, may substitute such experience for the requirement of an academic degree, provided that such experience is of a nature which, in the opinion of the board, qualifies the candidate to perform the duties of a physical therapist. (Sec. 208, 58 Stat. 685; 42 U. S. C., Sup., 209)

§ 21.37 *Eligibility; senior assistant grade.* Every candidate for appointment in the grade of senior assistant shall meet all the requirements for eligibility for examination for appointment in the grade of assistant and shall have com-

pleted at least 4 additional years of post-graduate professional training or experience. (Sec. 208, 58 Stat. 685; 42 U. S. C., Sup., 209)

§ 21.38 *Eligibility; grades above senior assistant grade.* Every candidate for appointment in grades above that of senior assistant shall meet all the requirements for eligibility for examination for appointment in the grade of senior assistant and shall have completed at least 7 additional years of postgraduate training or experience. (Sec. 208, 58 Stat. 685; 42 U. S. C., Sup., 209)

§ 21.39 *General service.* Officers shall be appointed only to general service and shall be subject to change of station.

§ 21.40 *Certification by candidate.* A candidate before appointment in the Regular Corps, and an officer of the Reserve Corps before assignment to active duty, shall certify that to the best of his knowledge and belief he is free from all disease or injury not noted in his record at the time of his examination and that he is willing and able to serve in any climate.

PROVISIONS APPLICABLE ONLY TO REGULAR CORPS

§ 21.51 *Professional examination; junior assistant grade.* Every candidate for appointment in the Regular Corps in the grade of junior assistant shall take an oral examination consisting of questions in the fundamentals of his profession and questions in public health, and, in the discretion of the Surgeon General, a written examination in the subjects relating to his profession listed in § 21.52. (Sec. 208, 58 Stat. 685; 42 U. S. C., Sup., 209)

§ 21.52 *Professional examination; assistant grade.* Every candidate for appointment in the Regular Corps in the grade of assistant shall take an oral and written examination in the subjects relating to his profession listed in this section:

(a) In medicine:

- (1) Anatomy, physiology, and biochemistry
- (2) Materia medica and therapeutics
- (3) Practice of medicine
- (4) Practice of surgery
- (5) Obstetrics and gynecology
- (6) Hygiene, pathology, and bacteriology

A candidate who has passed an examination given by the National Board of Medical Examiners may, at his election, be relieved from being examined in the subjects relating to his profession listed in this section, and, if he so elects, the grades attained by him in the National Board examination shall be used in rating him in such subjects.

(b) In dentistry:

- (1) Anatomy and oral surgery
- (2) Pathology and bacteriology
- (3) Materia medica and physiology
- (4) Hygiene and radiology
- (5) Operative and prosthetic dentistry
- (6) Clinical and laboratory demonstrations

A candidate who has passed an examination given by the National Board of Dental Examiners may, at his election, be relieved from being examined in the subjects relating to his profession listed

In this section, and, if he so elects, the grades attained by him in the National Board examination shall be used in rating him in such subjects.

(c) In sanitary engineering:

- (1) Chemistry and bacteriology
- (2) Mathematics, physics, and hydraulics
- (3) Water and sewage treatment
- (4) Design and construction of sanitary projects
- (5) Industrial hygiene
- (6) Sanitary science and public health

(d) In pharmacy:

- (1) Chemistry and drug analysis
- (2) Practice of pharmacy
- (3) Materia medica and toxicology
- (4) Pharmacognosy
- (5) Physiology and hygiene
- (6) Practical dispensing and laboratory procedures

(e) In scientific specialties related to public health:

- (1) Mathematics, including statistics
- (2) Chemistry
- (3) Biology
- (4) Physics
- (5) Specialty, basic
- (6) Specialty, advanced

(f) In nursing:

- (1) Medical nursing
- (2) Surgical nursing
- (3) Obstetrical nursing
- (4) Communicable diseases and hygiene
- (5) Pediatric nursing
- (6) Psychiatric nursing

(g) In dietetics:

- (1) Chemistry
- (2) Bacteriology
- (3) Nutrition
- (4) Physiology
- (5) Foods
- (6) Institutional management

(h) In physical therapy:

- (1) Anatomy, including applied anatomy
- (2) Physiology
- (3) Physical education
- (4) Physical therapy technique
- (5) Massage
- (6) Hydrotherapy

(Sec. 208, 58 Stat. 685; 42 U. S. C., Sup., 209)

§ 21.53 *Professional examination; senior assistant grade.* Every candidate for appointment in the Regular Corps in the grade of senior assistant shall take an oral and written examination in the subjects relating to his profession listed in this section:

(a) In medicine:

- (1) Practice of medicine
- (2) Practice of surgery
- (3) Hygiene
- (4) Epidemiology
- (5) Pathology and bacteriology

(b) In dentistry:

- (1) Oral surgery
- (2) Pathology and bacteriology
- (3) Hygiene
- (4) Operative dentistry
- (5) Prosthetic dentistry

(c) In sanitary engineering:

- (1) Chemistry and biology
- (2) Hygiene and epidemiology
- (3) Design of sanitary projects
- (4) Practice relating to water, sewage, and waste.
- (5) Public health engineering, general

(d) In pharmacy:

- (1) Pharmaceutical chemistry
- (2) Materia medica
- (3) Practice of pharmacy
- (4) Toxicology and posology
- (5) Practical dispensing and laboratory procedures

(e) In scientific specialties related to public health:

- (1) Chemistry
- (2) Biology
- (3) Physics
- (4) Specialty, basic
- (5) Specialty, advanced

(f) In nursing:

- (1) Medical nursing, including communicable disease and hygiene
- (2) Surgical nursing
- (3) Psychiatric nursing
- (4) Obstetrical nursing
- (5) Pediatric nursing

(g) In dietetics:

- (1) Bacteriology
- (2) Nutrition
- (3) Physiology
- (4) Foods
- (5) Institutional management

(h) In physical therapy:

- (1) Physiology
- (2) Physical education
- (3) Physical therapy technique
- (4) Massage
- (5) Hydrotherapy

(Sec. 208, 58 Stat. 685; 42 U. S. C., Sup., 209)

§ 21.54 *Professional examination; grades above senior assistant grade.* Except as provided in section 208 (b) of the act, every candidate for appointment in the Regular Corps in a grade above that of senior assistant shall take a written examination consisting of (a) questions in the fundamentals of the candidate's profession, (b) questions in public health, and (c) an essay written at the time of the examination on a subject with which the candidate feels himself to be well informed by virtue of his professional experience.

§ 21.55 *Rating values.* Every candidate for appointment in the Regular Corps shall be rated by a board appointed as provided in § 21.32, as to academic knowledge, professional knowledge, and general fitness for the Service. In the grade of junior assistant, relative values shall be: academic, 20; oral professional, 30; and general fitness, 50. In the grades of assistant and above, relative values shall be: academic, 10; professional, 65 (divided when both are given—oral professional, 15; written professional, 50); and general fitness, 25. (Sec. 208, 58 Stat. 685; 42 U. S. C., Sup., 209)

§ 21.56 *Minimum required rating; certification of physical fitness.* No candidate who receives a final rating below 80 or who is not certified as physically qualified shall be appointed to the Regular Corps. (Sec. 208, 58 Stat. 685; 42 U. S. C., Sup., 209)

§ 21.57 *Re-examination.* A candidate who fails to receive a final rating of 80 may be permitted to take a second examination after one year, but may not be permitted to take a third examina-

tion. (Sec. 208, 58 Stat. 685; 42 U. S. C. Sup., 209)

§ 21.58 *Merit roll.* Each board which conducts the examination of candidates shall submit a report to the Surgeon General of the ratings and relative standings of all candidates examined by such board for each of the several grades with recommendations in each case. The Surgeon General shall submit each such report with his recommendations to the Administrator and, if approved by the Administrator, each report shall constitute a merit roll and shall serve as the basis for nomination by the President of persons to be commissioned officers of the Regular Corps. A board appointed pursuant to § 21.32 may consider any newly-discovered evidence relating to the physical, professional, or personal qualifications of any candidate on a merit roll. Upon recommendation of such board after review of such evidence, the Surgeon General, with the approval of the Administrator, may disqualify a candidate or reduce his rating and relative standing on such a merit roll. The placing of a candidate's name on a merit roll shall give no assurance of an appointment. A merit roll shall expire when a new merit roll in the same profession and grade has been established, but no merit roll shall continue in effect longer than two years after its approval by the Administrator. Every candidate not appointed whose name appears on an expired merit roll shall be rated with the next group of candidates of the same profession for appointment in the same grade. At his election, any such candidate may be relieved from the written professional examination, if any, and if he so elects, the grades attained by him in the written professional examination, if any, which resulted in his name being placed on the merit roll shall be used in rating him for the purposes of a new merit roll. At the election of the board, any such candidate may be relieved from the oral professional examination, if any, and if the board so elects, the grades attained by the candidate in the oral professional examination, if any, which resulted in his name being placed on the merit roll shall be used in rating him for the purposes of a new merit roll. The board shall re-rate each such candidate as to academic knowledge and general fitness for the Service. The several merit rolls may be utilized in such manner as will best serve the needs of the Service. Notwithstanding any of the provisions of this section, no candidate's eligibility for appointment shall exceed 2 years unless he again becomes eligible as the result of another examination. (Sec. 208, 58 Stat. 685; 42 U. S. C., Sup., 209)

PROVISIONS APPLICABLE ONLY TO RESERVE CORPS

§ 21.71 *Examination.* A candidate for appointment in the Reserve Corps shall take a physical examination at such place and by such officers of the Service as the Surgeon General may direct. In the discretion of the Surgeon General, an applicant for appointment may be required to present himself before a board or a designated representa-

tive of the Service. The professional examination shall consist of an evaluation by the board of the evidence submitted by the applicant pursuant to these regulations as to professional education, training, and experience, including any published professional or scientific articles by the applicant. The board shall also evaluate the evidence submitted by the applicant as to his general aptitude and moral qualifications. (Sec. 208, 58 Stat. 685; 42 U. S. C., Sup., 209)

§ 21.72 *Students.* A potential candidate for appointment in the Regular Corps who is pursuing a course of instruction which, upon completion, would qualify him under the regulations in this part for examination for appointment in the junior assistant or assistant grade may be examined for and appointed in the Reserve Corps in the grade of junior assistant or assistant but shall not be called to active duty until the successful completion of such course of instruction. (Sec. 208, 58 Stat. 685; 42 U. S. C., Sup., 209)

SUBPART E—INCREASED PAY AND ALLOWANCES

§ 21.81 *Foreign service; increased allowances* — (a) *Generally.* Officers, other than those on sea duty, while on foreign service may receive an additional allowance when authorized by the Surgeon General in accordance with a table of allowances approved by the Administrator and the Director of the Bureau of the Budget. Such table shall be based upon the relative differences in costs of commodities, services, and living and other necessary expenses between foreign places where officers may be on duty and Washington, D. C. Unless otherwise directed by the Surgeon General, such allowance shall continue while an officer is on sick leave or other authorized leave taken during his foreign assignment.

(b) *Duty other than temporary.* An officer on foreign assignment other than temporary may receive such additional allowance beginning with the day of his arrival at his foreign station and continuing through the last day of his duty at such station. Such allowance shall continue while an officer is on travel status in a foreign country away from his official foreign station.

(c) *Temporary duty.* An officer having no official foreign station and who is on temporary foreign assignment may receive such allowance beginning with the day of his arrival in a foreign country in which he performs duty. While such officer is performing duty in such foreign country, the allowance shall be that prescribed for such country. Such allowance shall continue through the last day of his duty in a foreign country. The allowance prescribed for the foreign country in which an officer last performed duty shall be paid to: (1) An officer who performs duty in more than one foreign country during any one day, and (2) an officer who is en route between foreign countries for more than one day.

(d) *Duty with other agencies.* An officer detailed to another agency or activ-

ity may receive when on foreign service and when authorized by the Surgeon General, in lieu of the foreign service allowance herein provided, such allowances as may be provided for foreign service by the agency or activity to which detailed under such arrangements as may be made between the Service and such agency or activity.

§ 21.91 *Duty requiring intimate contact with leprosy patients; additional pay.* (a) Every officer who is assigned to full-time duty at a station of the Service devoted exclusively to the care of leprosy patients and who is engaged as a physician, dentist, nurse, dietitian, dispensing pharmacist, technician, or otherwise in the diagnosis or treatment of the diseases of such patients shall receive while so assigned, in addition to the pay and allowances of his grade, a sum equal to 50 per centum of the pay of his grade.

(b) Every officer who is assigned to full-time duty at a station of the Service devoted exclusively to the care of leprosy patients and who is not entitled to the additional payment of 50 per centum under paragraph (a) of this section shall receive while so assigned, in addition to the pay and allowances of his grade, a sum equal to 25 per centum of the pay of his grade. (Sec. 209 (g), 58 Stat. 687; 42 U. S. C., Sup., 210 (g))

SUBPART F—ALLOTMENTS

§ 21.101 *Generally.* An officer on active duty may be permitted to allot a part or all of his monthly pay and allowances for the payment of insurance premiums, the purchase of securities of the Federal Government; or for other proper purposes; provided that no officer, without the approval of the Surgeon General, may have in force more than two allotments at one time, exclusive of allotments for insurance premiums. (Sec. 209 (c), 58 Stat. 686; 42 U. S. C. Sup., 210 (c))

§ 21.102 *On active duty or traveling outside continental United States.* An officer on active duty whose permanent or temporary post of duty is outside the continental United States or in Alaska or who, being stationed in the United States, is traveling on official business outside the continental United States or in Alaska, in addition to allotments for the purposes as indicated in § 21.101, may be permitted to allot a part or all of his monthly pay and allowances for the support of his family or dependents; provided, that no officer, without the approval of the Surgeon General, may have in force more than two allotments at one time, exclusive of allotments for insurance premiums. (Sec. 209 (c), 58 Stat. 686; 42 U. S. C., Sup., 210 (c))

SUBPART G—LEAVE

DEFINITIONS

§ 21.111 *Meaning of terms.* For the purpose of this subpart:

(a) A "year" or "leave year" means the period beginning July 1 of any calendar year and ending June 30 of the succeeding calendar year.

(b) A "day" means any period of 24 consecutive hours beginning at mid-

(c) "Leave of absence" means any period of one day or more with respect to which the officer is excused from duty, other than sick leave.

(d) "Sick leave" means any period of one day or more with respect to which the officer is excused from duty because of sickness, disability, or need of medical services.

(e) "Active duty status" with respect to an officer of the Regular Corps means the period from the effective date of his commission to the effective date of his retirement or the termination of his commission.

(f) "Active duty status" with respect to an officer of the Reserve Corps means the period from the effective date of his being called to active duty to the effective date of his retirement, or of his being returned to inactive duty, or of the termination of his commission. (Sec. 209 (c), 58 Stat. 686; 42 U. S. C., Sup., 210 (c))

LEAVE OF ABSENCE

§ 21.116 *Accumulation of leave.* Officers' leave shall accumulate at the rate of 30 days for each full year of active duty status and for any portion of a year at the rate of 1 day for each 12 consecutive days of active duty status. Accumulated leave in excess of 120 days at the end of any leave year shall be cancelled. No leave shall accumulate on the basis of any period of leave of absence immediately preceding the termination of active duty status. (Sec. 209 (c), 58 Stat. 686; 42 U. S. C., Sup., 210 (c))

§ 21.117 *Carrying over accumulated leave during continued service; terminal leave.* Entitlement to leave of absence based upon leave accumulated but not taken shall not survive the termination of a commission, except that leave accumulated as provided in § 21.116 shall remain available to an officer whose commission is terminated but who, without break in active duty status, receives a new commission. The date of the return of an officer of the Reserve Corps to inactive duty, if prior to the expiration of his commission, shall be so fixed as to permit him to take his full accumulated leave and, whether the return be voluntary or involuntary, such return shall not become effective prior to the termination of such leave unless the officer files a written election to waive his right to such leave. (Sec. 209 (c), 58 Stat. 686; 42 U. S. C., Sup., 210 (c))

§ 21.118 *Granting of leave.* Within the limitations prescribed in §§ 21.116 and 21.117, leave of absence with pay may be granted, upon application, by the Surgeon General or by any officer designated by him for such purpose, at such time or times and for such periods as are approved by him, provided that leave of absence not exceeding 30 days may be granted as provided herein as an advance of leave not yet accumulated. No period of absence from duty shall be counted as a leave of absence unless authorized in advance or unless the absence and the reasons therefor are reported as promptly as circumstances permit and the absence is excused by the Surgeon General or by an officer to whom authority is delegated for such purpose. Per-

mission for absences of less than one day may be granted orally and shall not be charged as leave of absence. When absent without leave, officers shall forfeit all pay during such absence, unless the absence is excused by the Surgeon General. (Sec. 209 (c), 58 Stat. 686; 42 U. S. C., Sup., 210 (c))

§ 21.119 *Officers on detail.* The taking and duration of leave of absence by an officer while on detail shall be subject to the approval of the responsible officer of the Executive department, State or political subdivision, or institution to which detailed. The amount of leave so taken shall be reported immediately by the detailed officer to the Surgeon General and deducted from the number of days accumulated as provided in this subpart. (Sec. 209 (c), 58 Stat. 686; 42 U. S. C., Sup., 210 (c))

SICK LEAVE

§ 21.126 *Reporting of absence; granting of leave.* Absence from duty because of sickness, disability, or need of medical services shall be reported immediately. Every such absence in excess of 3 days shall be supported by a medical certificate which shall be furnished promptly upon the termination of such absence. A medical certificate also shall be furnished promptly at the end of each period of 30 days continuous absence. Sick leave may be granted by the Surgeon General or by any officer to whom authority is delegated for such purpose, to the extent that circumstances justify, but it shall not be granted in advance. (Sec. 209 (c), 58 Stat. 686; 42 U. S. C., Sup., 210 (c))

§ 21.127 *Prolonged or frequent absence; review of status.* Absence from duty on account of sickness or disability for a period of more than 90 consecutive days or for an aggregate of more than 120 days in any one year shall be reported to the Surgeon General, who:

(a) In the case of an officer of the Regular Corps, or an officer of the Reserve Corps who may be entitled to retirement pay for disability pursuant to section 211 (a) of the act, shall determine whether a board shall be appointed to advise whether such officer should be retired;

(b) In the case of an officer of the Reserve Corps who is deemed not entitled to retirement pay for disability pursuant to section 211 (a) of the act, shall determine whether such officer should be continued in active duty status. (Sec. 209 (c), 58 Stat. 686; 42 U. S. C., Sup., 210 (c))

SUBPART H—PROMOTION

PROVISIONS APPLICABLE BOTH TO REGULAR CORPS AND RESERVE CORPS

§ 21.131 *Consideration of qualifications.* The Surgeon General shall from time to time appoint boards of officers to examine the qualifications of candidates for promotion as officers. Such boards shall consist of three or more officers, the majority of whom, so far as practicable, shall be of the same profession as the candidate. Such boards shall review the health history, record of physical examination, and the evidence of educational

and professional training and experience and of character; shall conduct the oral and written professional examinations provided for in this part; and shall report to the Surgeon General their finding whether a candidate is qualified generally, physically, educationally, and professionally for promotion. (Sec. 210 (a), 58 Stat. 687; 42 U. S. C., Sup., 211 (a))

§ 21.132 *Physical examination.* Every candidate for promotion as an officer shall undergo a physical examination at such place and by such officers of the Service as the Surgeon General may direct. (Sec. 210 (a), 58 Stat. 687; 42 U. S. C., Sup., 211 (a))

§ 21.133 *Effect of disciplinary action.* Nothing contained in this subpart shall be construed to authorize the promotion of an officer if such promotion would be inconsistent with action taken pursuant to the regulations on discipline of officers to reduce the grade, rank, or number of such officer. (Sec. 210 (a), 58 Stat. 687; 42 U. S. C., Sup., 211 (a))

PROVISIONS APPLICABLE ONLY TO REGULAR CORPS

§ 21.141 *Eligibility; required length of service.* (a) Each officer of the Regular Corps, other than a medical, dental, sanitary engineer, or pharmacist officer, shall be examined for promotion to the next higher grade within the period of 90 days immediately preceding the completion of the following number of years of active commissioned service in the Public Health Service in the respective grades:

4 years' service in the grade of junior assistant for promotion to the grade of assistant;

3 years' service in the grade of assistant for promotion to the grade of senior assistant;

9 years' service in the grade of senior assistant for promotion to the full grade;

8 years' service in the full grade for promotion to the senior grade;

6 years' service in the senior grade for promotion to the director grade.

(b) For the purpose of promotion of officers originally appointed under the provisions of the act of April 9, 1930, Chapter 125, 46 Stat. 150, actual service shall be counted as equivalent to active commissioned service to the extent which such act authorized. (Sec. 210 (a), 58 Stat. 687; 42 U. S. C., Sup., 211 (a))

§ 21.142 *Professional examination.* The professional examination for promotion to the assistant, senior assistant, or full grade in the Regular Corps shall be written and shall consist of questions on the same subjects as provided in the case of original appointment in such grades, and, in addition, questions on Service laws and regulations. The professional examination for promotion to a grade above the full grade in the Regular Corps shall consist of a review and evaluation of the candidate's Service record. (Sec. 210 (a), 58 Stat. 687; 42 U. S. C., Sup., 211 (a))

§ 21.143 *Delayed examination; effective date of promotion.* Should it be impracticable for an officer in the Regular Corps because of illness, duty at an isolated post outside the continental

United States or in Alaska, or other justifiable cause, to take the examination for promotion to the next higher grade within the 90-day period immediately preceding the completion of the required period of service, the candidate for promotion shall take such examination as soon thereafter as practicable, and should he pass such examination and otherwise qualify for promotion to the next higher grade, such promotion shall be effective from the date of the completion of the required number of years of service. (Sec. 210 (a), 58 Stat. 687; 42 U. S. C., Sup., 211 (a))

§ 21.144 *Promotions formerly prohibited; effective date.* An officer in the Regular Corps whose promotion above any grade was prohibited prior to enactment of the act shall be examined for promotion to the grade to which his length of service would entitle him as soon as practicable after the promulgation of the regulations in this part, and should any such officer pass such examination and otherwise qualify for promotion to the grade to which his length of service makes him eligible, such promotion shall be effective from the date of the completion of the required number of years of service or from the date of the approval of the statutory authority for the promotion to such grade, whichever date is later. (Sec. 210 (a), 58 Stat. 687; 42 U. S. C., Sup., 211 (a))

§ 21.145 *Minimum requirements; certification.* No officer in the Regular Corps shall be promoted to a higher grade unless the board conducting the examination certifies that the Service record and general fitness of the officer are such as to merit promotion to such grade, and unless in the case of an officer then below the full grade the final average in the professional examination is not below 80. (Sec. 210 (a), 58 Stat. 687; 42 U. S. C., Sup., 211 (a))

PROVISIONS APPLICABLE ONLY TO RESERVE CORPS

§ 21.151 *Eligibility.* An officer in the Reserve Corps may be examined for promotion to a higher grade when he meets the requirements of age, education, and professional training or experience prescribed in this part for eligibility for examination for original appointment in such higher grade.

§ 21.152 *Professional examination.* The professional examination shall consist of a review of the officer's Service record, physical condition, experience, and professional qualifications.

§ 21.153 *In time of war or national emergency.* When in time of war or national emergency, the Surgeon General finds, with the approval of the Administrator, that the duties and responsibilities which an officer of the Reserve Corps has been or may be assigned, make it appropriate that such officer be appointed to a higher grade, such officer, upon certification by a board that (a) he has served at least 6 months in his present grade, and (b) his Service record is such as to merit promotion to such higher grade, and (c) he appears to be physically qualified to perform the duties of such higher grade, may be appointed

to a higher temporary grade with the pay and allowances thereof, without examination and without regard to whether or not such officer meets the requirements of age, education, and professional training or experience provided in this part for eligibility for examination for original appointment to such grade, and without affecting his commission, and, if his service shall have been continuous, without renewing his oath of office.

SUBPART I—SEPARATION OF CERTAIN OFFICERS

§ 21.161 *Separation of Officers of Regular Corps originally appointed in or above senior assistant grade.* As soon as practicable after the conclusion of the first three years of service of an officer of the Regular Corps originally appointed in or above the grade of senior assistant, the record of such officer shall be reviewed by a board appointed by the Surgeon General composed of three or more commissioned officers of the Regular Corps, of whom at least one member shall be of the same profession as the officer whose record is under review. If the board finds such officer not fully qualified for further service and if such finding is approved by the Surgeon General and the Administrator, such officer shall be separated from the Service. (Sec. 210 (b), 58 Stat. 687; 42 U. S. C., Sup., 211 (b))

SUBPART J—RETIREMENT FOR DISABILITY

§ 21.171 *Meaning of terms.* For the purposes of this subpart, the term:

(a) "Retirement" means the retirement of an officer with retired pay for service-connected disability;

(b) "Service-connected disability" means in the case of an officer of the Regular Corps a service-aggravated disability or a disability from disease or injury incurred in line of duty, and in the case of an officer of the Reserve Corps a service-aggravated disability or a disability from disease or injury incurred in line of duty in time of war;

(c) "Service-aggravated disability" means in the case of an officer of the Regular Corps disability from pre-existing disease or injury aggravated in line of duty, and in the case of an officer of the Reserve Corps disability from pre-existing disease or injury aggravated in line of duty in time of war;

(d) "Total disability" means a disability which has continued for 90 days and which totally disables an officer for the useful and efficient performance of the duties of his grade;

(e) "Disability from misconduct or wilful neglect" means a disability resulting proximately from an act or omission in violation of a statute or regulation specifically applicable to the conduct of an officer, including disability proximately resulting from the unauthorized private practice of an officer's profession, or disability proximately resulting from an act or omission which in itself is immoral, including disability proximately resulting from intentional self-inflicted injury, and disability proximately re-

sulting from the excessive use of drugs or intoxicating liquors;

(f) "Recovery" means such recovery by a retired officer from his disability that he is not totally disabled.

§ 21.172 *Generally.* An officer shall be retired for service-connected total disability determined to exist in accordance with this part.

§ 21.173 *Effective date.* Retirement shall be effective on the first day of the month following the expiration of leave accumulated as of the date of the approval by the Administrator of a finding that the officer should be retired pursuant to this part or with respect to an officer of the Reserve Corps transferred to inactive duty after July 1, 1944, but before the date of the promulgation of this part on such earlier date as may be prescribed by the Administrator.

§ 21.174 *Duration.* Retired pay shall continue for life or until the recovery of the officer.

§ 21.175 *Termination; Regular Corps; recall to active duty.* If an officer of the Regular Corps receiving retired pay pursuant to this part recovers prior to the date on which he would be retired for age under section 211 (b) of the act, he shall be recalled to active duty. (Sec. 211 (d), 58 Stat. 688; 42 U. S. C., Sup., 212 (d))

§ 21.176 *Termination; Reserve Corps—(a) Termination of retired pay.* The retired pay of an officer of the Reserve Corps who recovers shall terminate with the last day of the month in which the Administrator approves a finding that he has recovered.

(b) *Recall to active duty.* If an officer of the Reserve Corps recovers during the period when his commission is in force he shall be subject to call to active duty. (Sec. 211 (d), 58 Stat. 688; 42 U. S. C., Sup., 212 (d))

§ 21.177 *Retired officer; review of disability.* Each officer receiving retired pay pursuant to this part shall submit to such examinations as the Surgeon General may direct.

§ 21.178 *Relapse after recovery.* If an officer who is retired pursuant to this part and whose retired pay has been terminated on account of his recovery shall again become totally disabled and if his relapse is not due to any new intervening cause, he shall again become entitled to retired pay.

§ 21.179 *Board to consider entitlement to, or continuation of, retirement status—(a) Appointment.* The Surgeon General shall appoint a board of officers to advise him whenever it shall appear to him that an officer may be entitled to retirement under this part or that a retired officer may have recovered.

(b) *Composition.* A board shall consist of three or more officers of the Service. The majority of the members shall be medical officers and at least one member shall be of the same profession as the officer whose retirement is being considered.

(c) *Powers.* A board may require an officer whose retirement or the termina-

tion of whose retired pay is being considered to undergo such examination by officers of the Service as it may direct and to appear before the board and answer any questions or produce any documents in his possession touching upon his health history or his activities at the time when the alleged disability arose or was aggravated.

§ 21.180 *Failure to undergo examination or supply information.* An officer whose retirement or the termination of whose retired pay is being considered under this part may be denied retirement pay or his retirement pay may be terminated for wilful failure to supply any information or undergo any examination required by a board or by the Surgeon General pursuant to this part.

§ 21.181 *Action by Surgeon General and Administrator.* The Surgeon General may order the retirement of an officer, the termination of the retired pay of a retired officer, or the recall to active duty of a retired officer of the Regular Corps, or make such other order as may be consistent with this part, and may, in any case, direct a board to make further investigation and reports or may dissolve a board and appoint another board to complete the investigation or re-investigate a case. He shall forward to the Administrator any order granting or denying retirement, terminating retired pay, or recalling to active duty an officer of the Regular Corps, together with the report and recommendations of the board. The Administrator (a) may approve the order made by the Surgeon General, (b) may disapprove such order, or (c) may return it to the Surgeon General for the submission of additional facts.

§ 21.182 *Presumptions.* The following presumptions shall be applicable with respect to disability; and they shall be overcome only by a preponderance of the evidence:

(a) *Good health when appointed.* It shall be presumed that every officer at the time of his appointment was free from all disease or injury not noted in his record.

(b) *Presumption of service-connected disability—(1) Regular Corps.* Every disability from disease or injury not existing at the time of the first active service of an officer of the Regular Corps, except a disability from misconduct or wilful neglect, which manifests itself while the officer is on active duty shall be presumed to be a service-connected disability. It shall be presumed that any disability from disease or injury which does not manifest itself within 60 days of the last active service of an officer of the Regular Corps is not a service-connected disability.

(2) *Reserve Corps.* Every disability from disease or injury not existing at the time of the first active service in time of war of an officer of the Reserve Corps, except a disability from misconduct or wilful neglect, which manifests itself while the officer is on active duty in time of war shall be presumed to be a service-connected disability. It shall be presumed that any disability from disease or injury which does not manifest itself

within 60 days of the last active service in time of war of an officer of the Reserve Corps is not a service-connected disability.

(c) *Presumption of service-connection of total disability resulting from partial disability previously determined to be service-connected*—(1) *Regular Corps*. Total disability which results during or within 60 days after the active service of an officer of the Regular Corps from a partial disability previously determined in a proceeding under this part to be service-connected shall be presumed to be a service-connected disability.

(2) *Reserve Corps*. Total disability which results during or within 60 days after the active service in time of war of an officer of the Reserve Corps from a partial disability previously determined in a proceeding under this part to be service-connected shall be presumed to be a service-connected disability.

(d) *Presumption of service-connection of aggravated disability*—(1) *Regular Corps*. Disability from pre-existing disease or injury aggravated during or within 60 days after the active service of an officer of the Regular Corps shall be presumed to be a service-connected disability.

(2) *Reserve Corps*. Disability from pre-existing disease or injury aggravated during or within 60 days after the active service in time of war of an officer of the Reserve Corps shall be presumed to be a service-connected disability.

§ 21.183 *Transmission of information to certain agencies*. The Surgeon General shall forward to the Veterans' Administration or the U. S. Employees' Compensation Commission, upon request, any record or document or a copy or abstract thereof obtained in a proceeding under this subpart.

§ 21.184 *Effective date*. Sections 21.171 to 21.183, inclusive, shall be effective as of July 1, 1944.

FOR AGE

§ 21.196 *Recall to active duty in time of war*. In time of war the Surgeon General may order any commissioned officer of the Regular Corps retired for age to present himself for examination before a board, and may order to active duty any such officer found physically capable of performing the duties to which he may be assigned: *Provided*, That the tour of duty of any officer so recalled shall not extend beyond the last day of the sixth month following the termination of the state of war. (Sec. 211 (d), 58 Stat. 688; 42 U. S. C., Sup., 212 (d))

SUBPART K—DETAIL ON LEAVE WITHOUT PAY

§ 21.201 *Generally*. The Surgeon General, with the approval of the Administrator, may place an officer detailed to a State, a political subdivision thereof, or an institution, pursuant to section 214 (b) or 214 (c) of the act, on leave without pay for such period as may be agreed upon by the Surgeon General, the State health authority or the head of the institution, and the officer. (Sec. 214 (d), 58 Stat. 690; 42 U. S. C., Sup., 215 (d))

§ 21.202 *Requirements*. No officer shall be placed on leave without pay pursuant to this part unless his services on a leave-without-pay basis have been requested by the State health authority in case of a detail to a State or a political subdivision thereof, or by the officer in charge of the institution in case of a detail to an institution, and he has applied for detail to the State or political subdivision thereof, or institution, on a leave-without-pay basis. (Sec. 214 (d), 58 Stat. 690; 42 U. S. C., Sup., 215 (d))

SUBPART L—UNIFORMS

MALE OFFICERS

§ 21.211 *Generally*. Except as provided in § 21.212, the uniforms of male officers of the Service shall be the same as the uniforms now or hereafter prescribed for male commissioned officers of the Coast Guard of corresponding grades, except that:

(a) *Insignia*. Public Health Service insignia shall be substituted for Coast Guard insignia other than appropriate insignia of grade, and,

(b) *Miniature corps device on collar tip*. A metal Public Health Service miniature corps device shall be worn on the left shirt collar tip of the slate gray or khaki uniform in lieu of the grade mark worn by commissioned officers of the Coast Guard.

§ 21.212 *Correspondence with Army uniforms in certain cases*. The uniforms of male officers of the Service detailed for duty or serving as liaison officers with the Army, or performing such other assignments in such places or under such circumstances as the Surgeon General may from time to time determine make the wearing of Army type uniforms more appropriate, shall be the same as the uniforms now or hereafter prescribed for male commissioned officers of corresponding grades of the Medical Corps of the Army, except that Public Health Service insignia shall be substituted for Army or Army Medical Corps insignia other than the block letters "U. S." and appropriate insignia of grade.

FEMALE OFFICERS

§ 21.221 *Generally*. Except as provided in § 21.222, the uniforms of female officers of the Service shall be the same as the uniforms now or hereafter prescribed for commissioned officers of the Women's Reserve of the Coast Guard (SPARS) of corresponding grades, except that:

(a) *Insignia*. Public Health Service insignia and headgear shall be substituted for SPAR insignia and headgear other than appropriate insignia of grade.

(b) *Sleeve marking*. The sleeve markings of grade worn on each sleeve of the jacket or blouse and overcoat of the blue uniform shall be of gold-colored lace or thread and shall correspond with the sleeve markings of grade worn on the blue uniform of male officers of the Service of corresponding grades. The sleeve markings of grade worn on each sleeve of the jacket or blouse of the white uniform shall be of gold-colored thread.

(c) *Corps device*. A corps device shall be worn on each sleeve of the jacket or blouse of the blue, white, or striped seer-

sucker uniform and of the overcoat. The corps device worn on the blue jacket or blouse and on the overcoat shall be of gold-colored lace or thread. The corps device worn on the white jacket or blouse shall be of gold-colored thread on a white background. The corps device worn on the striped seersucker jacket or blouse shall be of navy blue thread on a white background. A metal miniature corps device shall be worn on each lapel of the jacket or blouse of the blue, white, or striped seersucker uniform.

(d) *Seersucker uniform; miniature grade marking and corps device on collar tips*. A metal miniature grade marking shall be worn on the right collar tip of the dress of the striped seersucker uniform and a metal miniature corps device shall be worn on the left collar tip of the dress of the striped seersucker uniform.

(e) *Headgear*. Headgear, for female officers shall consist of: (1) a beret of white material or blue felt with a cap device to be worn at the front or left front, and (2) a garrison cap of striped seersucker or blue of any of the materials authorized for the blue uniform, and to be worn with a metal miniature cap device on the left side and a metal miniature grade mark on the right side. The blue or white beret or the blue garrison cap shall be worn with the blue uniform. The white beret shall be worn with the white uniform. The striped seersucker garrison cap or blue beret shall be worn with the striped seersucker uniform.

§ 21.222 *Correspondence with Army Nurse Corps uniforms in certain cases*. The uniforms of female officers of the Service detailed for duty or serving as liaison officers with the Army, or performing such other assignments in such places or under such circumstances as the Surgeon General may from time to time determine make the wearing of Army type uniforms more appropriate, shall be the same as the uniforms now or hereafter prescribed for commissioned officers of the Nurse Corps of the Army of corresponding grades, except that Public Health Service insignia shall be substituted for Army or Army Nurse Corps insignia other than the block letters "U. S." and appropriate insignia of grade.

§ 21.223 *Nurses, dietitians, and physical therapists; working uniforms*. Commissioned nurses, dietitians, and physical therapists while on duty at hospitals, or while performing other professional duties in which white working uniforms are customarily worn, shall wear a nurse's conventional white working uniform. A metal miniature corps device shall be worn on the left collar tip of this uniform and a metal miniature grade mark shall be worn on the right collar tip of this uniform, each device being worn one inch from the front edge of the collar.

§ 21.224 *Nurses on detail to States*. Officers detailed to State or local health departments while engaged in public health nursing, consisting of home visiting or clinical work, may wear the uniform dress, if any, of the State public health department to which detailed,

together with the garrison cap with miniature Public Health Service cap device on the left side and a miniature metal grade mark on the right side. While wearing State health department uniforms such nurses shall wear the same collar-tip insignia as commissioned nurse officers on hospital duty.

MALE AND FEMALE OFFICERS

§ 21.231 *Insignia.* Public Health Service insignia shall be:

(a) *Corps device.* An ornament of gold-colored metal or gold-colored lace or thread consisting of a fouled anchor and caduceus crossed as in the seal of the Service, 1 inch high and 1 inch wide. Except when incorporated as part of the cap device, the corps device shall be so placed on the uniform that the staff of the caduceus is vertical and the anchor is pointing inward. The capital letter "N" shall be superimposed upon the corps device of commissioned nurses, and shall be of white or silver-colored lace or thread or gold-colored metal to correspond with the composition of the corps device.

(b) *Miniature corps device.* A corps device $\frac{1}{16}$ inch high and $\frac{1}{16}$ inch wide.

(c) *Cap device.* An ornament of gold-colored metal or gold-colored lace or thread consisting of a shield with a chief with thirteen stars surmounted with a spread eagle, head dextral, with the whole placed on the corps device, with dimensions as follows:

Height of shield.....	$1\frac{3}{16}$ inches
Height of eagle.....	$\frac{7}{8}$ inch
Wing spread of eagle.....	$2\frac{1}{8}$ inches
Staff of caduceus.....	$2\frac{1}{2}$ inches
Length of anchor.....	$2\frac{1}{2}$ inches

(d) *Miniature cap device.* A cap device with dimensions as follows:

Height of shield.....	$\frac{1}{2}$ inch
Height of eagle.....	$\frac{1}{2}$ inch
Wing spread of eagle.....	$1\frac{1}{16}$ inches
Staff of caduceus.....	$1\frac{3}{16}$ inches
Length of anchor.....	$1\frac{3}{16}$ inches

(e) *Chin strap.* A sliding leather strap faced with gold-colored lace or thread, $\frac{1}{2}$ inch wide, with a center band of maroon running lengthwise, $\frac{1}{16}$ inch wide, with brass eyelets at each end, and with two slides of the same width and design as the strap at right angles to the strap.

(f) *Buttons.* Buttons of the same composition and arrangement as on the corresponding article of uniform clothing of a commissioned officer of the Coast Guard, Women's Reserve of the Coast Guard (SPARS), Medical Corps of the Army, or Nurse Corps of the Army, with the corps device of the Public Health Service embossed on the button.

§ 21.232 *Wearing of uniforms in time of war.* In time of war, officers of the Service on active duty, unless excepted by the Surgeon General, shall appear in uniform.

§ 21.233 *Wearing of uniforms in time of peace.* In time of peace, the Surgeon General shall from time to time designate those stations of the Service at which, and those areas, if any, in which officers of the Service shall wear uniforms.

§ 21.234 *Uniform of the day; generally.* The Surgeon General, or such officers as he may designate, shall from time to time prescribe the uniform of the day to be worn at particular stations of the Service or in particular areas at the seasons of the year and on dress occasions, and the Surgeon General, or such officers as he may designate, may also prescribe the circumstances under which uniforms need not be worn.

§ 21.235 *Uniform of the day; certain officers.* Officers of the Service detailed for duty with the Army, Navy, Coast Guard, or Coast and Geodetic Survey shall wear the uniform of the day most nearly corresponding to that worn by the unit with which such officers are serving.

§ 21.236 *Wearing of uniforms; inactive, retired, or former officers.* Unless authorized by the Surgeon General with the approval of the Administrator, officers of the Reserve Corps on inactive duty and retired officers of the Regular Corps shall not wear uniforms except on occasions of ceremony: *Provided*, That the Surgeon General may authorize an officer to wear the uniform of his grade for a period not to exceed 30 days following the termination of his commission, his transfer to inactive duty, or his retirement. (Sec. 510, 58 Stat. 711; 42 U. S. C., Sup., 228)

OTHER PERSONS

§ 21.241 *Persons authorized to wear similar insignia or uniforms.* Employees of the Public Health Service while wearing uniforms in accordance with regulations of the Surgeon General approved by the Administrator, may wear Public Health Service insignia, or insignia similar thereto, or uniforms similar to Public Health Service uniforms. (Sec. 510, 58 Stat. 711; 42 U. S. C. Sup., 228)

§ 21.242 *Wearing of certain insignia, or of ornamental jewelry resembling insignia.* Persons not in uniform and not representing themselves to be commissioned officers of the Public Health Service may wear ornamental jewelry resembling Public Health Service insignia, or may wear the corps device, or cap device, or miniatures thereof, in honor of a commissioned officer of the Public Health Service. (Sec. 510, 58 Stat. 711; 42 U. S. C., Sup. 228)

SUBPART M—DECORATIONS

§ 21.251 *Military, naval, or foreign government decorations—(a) Campaign decorations.* Medals, ribbons, or decorations authorized to be worn by members of the armed forces to signify service in time of war or at other times or service in any campaign or theater of operations may be worn by commissioned officers of the Service who served or shall serve on active duty during such war or other times or in such campaign or theater of operations, such authorization to be governed by the same rules and regulations as prescribed for the armed forces and for service with or under the jurisdiction of the armed forces.

(b) *Other decorations.* Commissioned officers may be awarded, and may accept

and wear, military ribbons, decorations, or medals awarded by the United States or by a foreign government under the same circumstances as may now or hereafter be provided by law in the case of members of the armed forces of the United States. (Sec. 212 (d), 58 Stat. 689; 42 U. S. C., Sup., 213 (d))

§ 21.252 *Wound or service chevrons.* Commissioned officers who served or shall serve with the Army during the First World War or the Second World War may wear, with respect to such service, the wound or service chevrons prescribed by the Army.

§ 21.253 *Other medals, ribbons, or badges.* Commissioned officers may wear medals, ribbons, or badges awarded to them by the Treasury Department. The distinctive badges adopted by military, hereditary, and patriotic societies composed of persons or descendants of persons who served in the armed forces of the United States or in the Service during the Colonial wars, the War of the Revolution, the War of 1812, the Mexican War, the Civil War, the Spanish-American War, the First World War, and the Second World War, respectively, may be worn on all occasions of ceremony by commissioned officers who are regular members of such organizations and entitled by their rules to wear such decorations.

SUBPART N—DISCIPLINE

GENERAL PROVISIONS

§ 21.261 *Applicability.* The provisions of this subpart shall apply to all commissioned officers, whether on leave, on active duty, or retired, except that they shall not apply to officers on detail pursuant to section 214 of the act to the extent that such regulations may be inconsistent with the special service in which they are engaged. Officers detailed for duty with the Army, Navy, or Coast Guard are subject to the laws for the government of the Service to which detailed. During the effective period of Executive Order 9575 of June 21, 1945, disciplinary action may be initiated, prosecuted, and completed either in accordance with the provisions of the said order or in accordance with the provisions of this subpart, or as otherwise specified in section 3.21 (a) of Executive Order 9555.

NOTE 1: Executive Order 9575, June 21, 1945, published in the FEDERAL REGISTER June 29, 1945, 10 F. R. 7895, provides as follows:

1. The Articles for the Government of the Navy are hereby adapted to apply to officers of the commissioned corps of the Public Health Service in the same manner and to the same extent as they apply to commissioned officers of the Navy under like circumstances.

2. Any member of the commissioned corps of the Public Health Service who violates any provision of the Articles for the Government of the Navy shall be subject to trial and punishment as prescribed therein. The authority conferred by the Articles for the Government of the Navy upon the Secretary of the Navy with respect to the convening of general courts-martial and courts of inquiry, the review of their proceedings and the confirmation, remission, mitigation, and execution of sentences of general courts-martial shall be vested in the Federal Security Ad-

ministrator, and the authority conferred by law for such purposes upon the commander in chief of a fleet or squadron and other officers of the Navy shall be vested in the Surgeon General of the Public Health Service. The authority to convene a general court-martial or court of inquiry may not be delegated to any other officer of the Public Health Service.

3. The general courts-martial and courts of inquiry convened pursuant to this authority shall have the same powers and authority as other general courts-martial and courts of inquiry under the Articles for the Government of the Navy. The provision of Article 7 thereof shall apply in carrying out sentences of imprisonment and hard labor.

4. Commissioned officers of the Public Health Service now or hereafter detailed for duty with the Army, Navy, or Coast Guard shall be subject to the laws for the government of the service to which detailed as now prescribed by law. In the initiation, prosecution, and completion of disciplinary action, including remission or mitigation of punishments for any offense which has been or may be committed by any commissioned officer of the Public Health Service while detailed for duty with the Army, Navy, or Coast Guard, the jurisdiction shall depend upon and be in accordance with the laws and regulations applicable to the Army, Navy, Coast Guard, or Public Health Service, as the case may be, whichever has jurisdiction of the person of the offender at the various stages of such action: *Provided*, That any punishment imposed and executed in accordance with the provisions of this paragraph shall not exceed that to which the offender was liable at the time of the commission of the offense.

5. Naval Courts and Boards, 1937 and modifications or revisions thereof, shall govern the conduct of general courts-martial and courts of inquiry in the Public Health Service.

6. This order shall be published in the *FEDERAL REGISTER* and shall be effective on and after the thirtieth day following the date of such publication.

NOTE 2: Section 3.21 (a) of Executive Order 9655 provides as follows:

The following-enumerated paragraphs of the Regulations for the Government of the United States Public Health Service, approved June 18, 1931, as amended, are revoked: 4, 6-8 (incl.), 10-13 (incl.), 16-21 (incl.), 23-31 (incl.), 33-43 (incl.), 45, 49-82 (incl.), 84-87 (incl.), 99-102 (incl.), 118-124 (incl.), 128 except subparagraph (c), 129, 142, 226-259 (incl.), 279-304 (incl.), 306-389 (incl.), 899, and 909-921 (incl.). The revocation of paragraphs 284, 285, 288, and 316-389 (incl.) shall not affect any act done or offense committed under paragraphs 284, 285, and 288, or any proceeding had or commenced in any disciplinary action under paragraphs 316-389 (incl.); and such disciplinary action may be initiated, prosecuted, and completed in accordance with paragraphs 316-389 (incl.) as if such revocation had not been made. Disciplinary action for any act done or offense committed as prescribed in paragraphs 284, 285, and 288 may also be initiated, prosecuted, and completed in accordance with the provisions of these regulations.

§ 21.262 *Orders of superior officers.* Officers are required to observe and promptly to obey the lawful orders of the Surgeon General and all other official superiors. Such orders may be written or oral, but all countermanding orders shall be in writing unless the original order was oral and is countermanded by the officer who issued it.

§ 21.263 *Officer in charge; designation.* The officer in charge of a station shall have authority over all officers

serving with him and shall enforce Service regulations and issue and enforce such lawful orders as he may deem necessary for proper administration of the station. As used in this subpart, "officer in charge" means the officer so assigned by the Surgeon General.

§ 21.264 *Officer in temporary charge; designation.* In the event of the absence, disability, or death of the officer in charge, the ranking officer assigned to the station shall be in temporary charge and perform the duties of the officer in charge: *Provided*, That at hospital, medical relief, quarantine, and such other stations as the Surgeon General may designate, the next ranking medical officer shall be the officer in temporary charge.

§ 21.265 *Officer in temporary charge; authority.* An officer in temporary charge shall, make no substantial changes in the regular routine of the station unless such changes are found to be necessary from conditions of emergency or changed circumstances. Any order making such change together with the reasons therefor shall be entered in the files of the station over the signature of the officer in temporary charge.

§ 21.266 *Official correspondence.* All official communications written by officers relative to matters of official business shall be forwarded through the officer in charge.

§ 21.267 *Furnishing information.* No officer shall publish or furnish for publication any official reports of current statistics of the operations of the Service or any information concerning the Service without authority from the Surgeon General; nor shall an officer publish or offer for publication any article dealing with professional subjects or the policy of the Service unless said articles shall have been submitted to and approved by the Surgeon General or his designated representative. No reports or information concerning the Service shall be volunteered to the press without the consent of the officer in charge, to whom also representatives of the press shall be referred when requesting information.

§ 21.268 *Letters of recommendation.* No officer shall give any letter of recommendation with respect to any article of manufacture or on behalf of any firm or corporation.

§ 21.269 *Outside employment.* No officer on active duty shall render any professional services for remuneration except with written approval of the Surgeon General.

§ 21.270 *Reporting when detailed.* Officers detailed for duty to other Executive departments or independent establishments of the Government shall report by letter, telegram, or in person to the secretary of such department or head of the independent establishment or to the chief officer of the particular service to which detailed.

§ 21.271 *Misconduct.* The following actions or conduct shall constitute grounds for disciplinary action pursuant to these regulations: (a) wilful disobedience of the lawful orders of a superior

officer, (b) negligence or carelessness in obeying orders, (c) excessive use of drugs or intoxicating liquors, (d) disorderly or immoral conduct tending to bring discredit upon the officer or upon the Service, or upon both, (e) financial irregularities, (f) use of language disrespectful of official superiors or other officers, (g) any publication or public statement impugning the professional competency or personal character of another officer, (h) waste of public property or knowingly permitting such waste, (i) conviction of a felony or an offense involving moral turpitude, (j) wilful submission of false information in application for appointment or in any proceeding of the Service, (k) abusive treatment of subordinate officers or employees, of patients or beneficiaries of the Service, or of members of the public in their dealings with the Service, (l) absence without leave unless excused for good cause, (m) violation of any regulation prescribed for the government of the Service.

§ 21.272 *Summary punishment.* The officer in charge may impose upon an officer subject to his authority the following punishment for misconduct during any period when the latter was so subject: (a) Private reprimand; (b) suspension of privileges pending immediate report of such misconduct to, and instruction from, the Surgeon General. Any such action shall be entered on the Service record of the officer. Such entry shall include the date and nature of the offense and the action taken.

§ 21.273 *Leave of absence during pendency of charges.* An officer authorized to grant leave of absence shall not grant leave to an officer against whom charges are pending, but requests for leave at that time shall be referred to the Surgeon General for action.

§ 21.274 *Grievances.* If any officer shall consider himself aggrieved by another officer and fails to secure an adjustment of the matter to his satisfaction, he may report such fact in writing through the officer in charge to the Surgeon General.

BOARDS OF INVESTIGATION

§ 21.281 *Order to appear before board; time limitations.* When an officer is charged by his superior officer, or by any responsible person or persons, with conduct constituting a ground for disciplinary action under this subpart, he may be ordered to appear before a board of investigation, but no officer shall be so ordered to appear or punished for any offense connected with the Service committed more than one year before the issuance of such order. Any period during which an officer is outside the continental United States or in Alaska or any period during which discovery of the offense was prevented by the giving of false information by or in behalf of an officer shall not be counted as part of such one-year limitation.

§ 21.282 *How convoked.* A board of investigation may be ordered by the Administrator or by the Surgeon General. Such order shall include the time and place of assembly.

§ 21.283 *Composition.* The board shall consist wholly of commissioned officers of the Service and of not less than three members, who shall be appointed by the Administrator upon recommendation of the Surgeon General. The members of the board shall, if practicable, be senior in rank to the accused officer and shall, if practicable, include at least one officer of the same profession as the accused officer.

§ 21.284 *Authority.* The board shall hear the case and make a report of its findings. If the accused officer is found guilty, the board shall make recommendations as to punishment which shall be limited to the following:

- (a) Dismissal from the Service;
- (b) Reduction of grade;
- (c) Reduction of rank number in his own grade;
- (d) Retention of his present number on register for a specified time or until a specified number of officers shall have been promoted over him;
- (e) Official reprimand by circular letter;
- (f) Official reprimand by Surgeon General;
- (g) Any combination of paragraphs (b), (c), (d), (e), and (f).

§ 21.285 *Service representative.* In connection with any proceeding before a board of investigation, the Surgeon General shall detail an officer of the Service, not liable to be summoned as a witness, to prepare a statement of the charges and specifications against the accused officer and to act in the interest of the government as Service representative before the board. The Service representative shall not be a member, and shall be independent of the control of the board. The Service representative shall investigate all the circumstances of the case. All persons connected with the Service shall furnish the Service representative with such information within their knowledge as he may request. He shall have the right to be furnished with such instructions and papers or copies thereof as may be necessary for his guidance.

§ 21.286 *Notice of charges; right to counsel.* When charges are preferred against an officer for the investigation of which a board of investigation is ordered, the officer shall be furnished with a copy of such charges and the specifications thereof and shall be notified that he may, if desired, have counsel to aid in his defense.

§ 21.287 *Presiding officer.* The senior officer of the board shall be the presiding officer. He shall (a) preserve order, (b) decide upon matters relating to the routine of business, (c) request the presence of witnesses, (d) administer oaths as required, and (e) adjourn the board from day to day. He shall be authorized at any time to order the exclusion from the room of any person other than the members of the board, the recorder, stenographer, the accused and his counsel, and the Service representative, and to order a closed session limited to members of the board for the purpose of deliberation upon objections to questions

and evidence and upon the validity of challenges and pleas, and of formulating its findings and recommendations. Should any member of the board object to a decision of the presiding officer the question shall be submitted to and decided by a majority vote of the board.

§ 21.288 *Recorder.* The junior officer of the board shall be recorder. Under the direction and control of the board it shall be his duty (a) to record the proceedings, (b) to append original documents (or authenticated copies thereof) to the record, (c) to have custody of the record and all documents submitted to the board, (d) to assist the board in systematizing the information it may receive, (e) to render the board such assistance as will enable it to present the facts to the convoking authority, (f) to read the charges and specifications when the accused is arraigned, (g) if practicable to read the record of the proceedings of the preceding session at the opening of each session, (h) as may be directed by the presiding officer, to prepare and send out requests to witnesses to appear and testify, and (i) in conjunction with the presiding officer to authenticate the proceedings by his signature.

§ 21.289 *Stenographer.* Stenographic assistants shall be employed to record the testimony.

§ 21.290 *The record.* Except as otherwise provided, the entire proceedings of the board shall be fully set forth in the record, which shall be signed by the chairman and the recorder. Such record shall be confidential and shall not be disclosed, except for the purposes of the proceedings, provided that the accused and his counsel may be permitted access to the record for the purpose of preparing his defense in such proceedings.

§ 21.291 *Oath of board members.* (a) When the board assembles, the recorder shall read the order convoking it. Such order shall be read in the presence of the Service representative, the stenographer, the accused officer, and his counsel. The recorder shall then administer the following oath to each member of the board: "I do solemnly swear (or affirm) that I will carefully and impartially investigate and try the case now about to be opened; that in announcing my conclusions and recommendations to be embodied in the report of this board to be submitted to the convoking authority, I will be governed wholly by the evidence adduced, and I will not be influenced for or against the accused by anything not clearly shown in the recorded evidence; so help me God." The presiding officer shall then administer the same oath to the recorder of the board.

§ 21.292 *Affirmations.* The closing phrase invoking the Deity in the oaths prescribed in §§ 21.291, 21.293, and 21.301 shall be omitted in cases of affirmation.

§ 21.293 *Oath of recorder and stenographer.* The recorder and the stenographic assistants shall then be sworn by the presiding officer to keep a true record of proceedings, as follows: "I do solemnly swear (or affirm) that I will faithfully perform the duties of recorder

(or stenographer) to this board, and that I will not divulge any of the proceedings of the investigation; so help me God."

§ 21.294 *Sessions.* The board shall sit daily, except Sundays and holidays, until a decision is reached unless temporarily adjourned or dismissed by the authority which convoked it: *Provided,* That the presiding officer may, for good cause, grant a continuance to either party for such time and as often as may appear to be just. When the proceedings of the board have commenced they shall not be suspended or delayed on account of the absence of any of the members if a majority is present, and in the absence of the accused officer without good cause the board may proceed as if he were present.

§ 21.295 *Challenges.* The presiding officer shall ask the accused whether he objects to being tried by any member of the board, and, in case of objection, he shall state his reasons therefor. The recorder shall enter a minute of the inquiry and of the answer upon the records. A challenged member shall have the right to reply to the accused. All parties except the unchallenged members shall be excluded until a decision has been reached upon the validity of the challenge by the remaining members of the board. Should the challenge be sustained, the facts shall be reported by the presiding officer to the Surgeon General, and if the number of members is reduced below three the board shall adjourn until instructions are received. Each challenge, whenever the accused wishes to challenge more than one member, shall be received and considered separately.

§ 21.296 *List of witnesses.* The Service representative and the accused shall each furnish the presiding officer a list of his witnesses. Other witnesses may be introduced at a later stage of the investigation upon giving reasonable notice. The notice to testify shall be prepared by the recorder and signed by the presiding officer.

§ 21.297 *Reading of charges and specifications.* The recorder shall read in the presence of the accused the charges and specification of charges preferred against him, and the accused shall be called upon to plead on each specification and charge seriatim, as follows: The recorder shall read the specification of the first charge, and the presiding officer shall then address the accused by name and designation and ask whether he is guilty or not guilty of the specification just read. Each specification shall be read and the accused asked to plead in each instance until all of the specifications of the first charge have been covered. Then the charge shall be read and the accused be required to plead to that. The specifications and charges shall be pleaded to in this manner until all have been covered.

§ 21.298 *Plea to charges.* If the accused officer is present and refuses to plead, the presiding officer shall direct a plea of "not guilty" to be entered.

§ 21.299 *Plea in bar.* A plea in bar of investigation shall be in writing, signed

by the accused, and appended to the record. Witnesses may be called and arguments submitted by both parties upon such plea. The board shall deliberate upon the matter in closed session, and, upon reopening, the board's decision shall be announced by the presiding officer. If the plea is sustained, a report shall be forwarded to the convoking authority and the board shall adjourn to await further orders.

§ 21.300 *Preliminary instructions to witnesses.* Witnesses other than the accused shall be present only when testifying and shall be warned that they are not to converse on any matter pertaining to the pending investigation.

§ 21.301 *Calling of witnesses; oath.* The witnesses shall be called before the board separately. The presiding officer shall administer to each the following oath: "I do solemnly swear (or affirm) that I will make true answers to such questions as may be propounded to me; so help me God." Witnesses shall be cautioned before giving their testimony to testify only to facts which are within their own knowledge.

§ 21.302 *Verification of testimony.* After the testimony of the witness is closed the whole of his testimony as recorded may be read over to him and, when corrected in such parts as are in error, he shall sign it. The signatures of the witnesses shall be authenticated by the presiding officer of the board.

§ 21.303 *Witness fees.* Upon the application of the presiding officer payment of the usual witness fees to witnesses unconnected with the Government service may be authorized.

§ 21.304 *Evidence; admissibility.* Evidence may be received by the board even though inadmissible under rules of evidence applicable to court procedure. The Service representative or the counsel for the accused may, however, object to the admission of evidence or testimony on the ground that it is irrelevant, immaterial, incompetent, or otherwise improper, and if such objection is overruled by the board he shall be allowed to enter his objection upon the record. Notwithstanding the provisions of § 21.281, whenever it shall appear to the board to be material to the charges to prove or disprove a particular habit of the accused, evidence as to his record in that regard for a period of three years prior to the order convoking the board shall be admissible.

§ 21.305 *Depositions.* Depositions of individuals who are unable to appear in person before the board and whose testimony is material to a complete investigation of the case may be received, provided that the accused shall be given an opportunity to have a representative present when the deposition is taken.

§ 21.306 *Order of examination.* The evidence on the part of the Service shall be first taken. The evidence for the defense shall be taken when the Service rests. Either side may rest at pleasure. The examination of witnesses shall close by taking such testimony as may be offered in rebuttal, surrebuttal, im-

peachment, and to sustain the credibility of those witnesses whose testimony an effort has been made to impeach. The board may recall a witness at any stage of the proceedings, provided that the right of cross-examination by the accused and the Service representative shall not be denied. Each witness shall first be examined in chief by the party who summons him, and then cross-examined by the opposite party. In case of new matter being introduced on cross-examination, the party calling the witness may examine him with respect to such matter, and, under like circumstances, a recross-examination shall be permitted. The board may put such questions to the witness as may be deemed necessary; a question by a member of the board generally shall not be asked until the Service representative and the accused have finished their examinations.

§ 21.307 *Testimony of accused.* The accused may, in any case, testify in his own behalf, but his failure to do so shall create no presumption against him. He may decline to answer any questions which may tend to incriminate him.

§ 21.308 *Defense rebuttal.* When the examination of witnesses is closed the accused may present argument in his defense, in writing or orally, in person or by counsel. This statement, if written, may be read before the board. The whole shall become a part of the record.

§ 21.309 *Reply of Service representative.* The Service representative shall have the right to reply to the defense in writing or orally, and this reply shall become a part of the record.

§ 21.310 *Close of hearing.* When the Service representative and the defense have completed their arguments, the hearing shall be closed. The board may, however, before its finding, authorize reopening for the introduction of new evidence, provided it be shown that the evidence is material and its omission would leave the case incomplete. The board shall then retire to consider the record.

§ 21.311 *Consideration by board.* (a) When the board has sufficiently examined the evidence, the presiding officer shall put the question upon each specification of each charge, beginning with the first, whether the specification is "proved," "not proved," or "proved in part." No written minute of the votes shall be preserved unless so ordered by the unanimous vote of the board. In any oral vote the member of the board who is junior in rank shall vote first. When a majority of the board agrees upon a finding it shall be so recorded.

(b) When the members have voted upon all the specifications of any charge the question shall be put upon the charge to each member, "Is the accused guilty of this charge, or not guilty?" When a majority decision is arrived at, the result shall be recorded. The board shall then proceed to the next charge and specifications until votes have been taken and decisions recorded upon all the charges and specifications.

(c) When the members of the board have voted upon all the charges, if the accused has been found guilty upon any of them the members shall proceed to vote upon the punishment to be recommended. Each member shall write down the punishment which he believes should be recommended and shall hand his vote to the presiding officer, who shall announce the result. If a majority shall not have agreed upon the nature and degree of the punishment to be recommended, the chairman shall proceed, beginning with the mildest punishment that has been proposed and continuing, if necessary, to the next more severe punishment, and so on, successively, until a punishment to be recommended has been decided upon by a majority of the members of the board.

(d) A finding of guilty shall not be entered on a charge other than a charge specified. In case evidence develops which in the opinion of the Service representative warrants additional charges and specifications, appropriate recommendation shall be made with respect thereto by the Service representative to the Surgeon General. The Service representative shall give due notice to the presiding officer, whereupon the board shall await further instructions from the Surgeon General.

§ 21.312 *Findings and recommendations of board.* After all charges and specifications have been voted upon, the recorder, under the direction of the board, shall draw up the findings, specifying as to each charge whether the accused has been found guilty or not guilty, and, on approval by the board, shall enter such findings upon the record, together with the recommendations of the board as to punishment and clemency if the accused has been found guilty of any charge.

§ 21.313 *Recommendations of board.* (a) In arriving at its recommendations as to the nature and degree of the punishment, if any, to be imposed, the board shall take into consideration all previous convictions and the official record of the accused. If mitigating circumstances have appeared during the proceedings which could not be taken into consideration in determining the degree of guilt found by the verdict, the board may avail itself of such circumstances as grounds for recommending clemency. Any recommendation for clemency shall be inserted immediately after the recommendation as to punishment.

§ 21.314 *Report to accompany record.* The board shall prepare a report to accompany the record and in such report shall review the evidence as a whole, with specific reference to all evidence and to any conclusions of law on controverted questions upon which the findings are based. The report of the board shall be signed by the members concurring; any member or members not concurring, in whole or in part, may submit and sign a minority report.

§ 21.315 *Transmittal of record and report.* After the record (including the transcript of the testimony) and other documents have been signed, they shall

be forwarded by the presiding officer to the Surgeon General. The board shall then adjourn pending further orders.

ACTION UPON FINDINGS AND RECOMMENDATIONS OF BOARD

§ 21.321 *Action by Surgeon General.* The Surgeon General shall review the record, report, and recommendations of the board, and may either order further investigation by the board or transmit the papers in the case to the Administrator with his recommendations.

§ 21.322 *Action by the Administrator.* No recommendation for punishment shall be effective until approved by the Administrator. The Administrator shall review the record, report, and recommendations of the board and the recommendations of the Surgeon General, and may either order a further investigation by the board or approve the findings and recommendations in whole or in part; or, upon the basis of the approved findings, he may order punishment or a grant of clemency or other disposition not inconsistent with this part. The disposition of a case by the Administrator shall be final.

SUBPART O—BURIAL PAYMENTS IN TIME OF WAR

§ 21.331 *Burial payments, officers on active duty in time of war.* The following expenses may be allowed in event of the death of a commissioned officer while on active duty in time of war:

(1) Burial expenses, not to exceed \$500.00, restricted to: cost of recovery of body, undertaker's services, embalming and other preservative methods, casket, outside box when required, hire of hearse, and interment.

(2) Expenses of cremation, not to exceed \$100.00, including the cost of a suitable urn.

(3) Cost of transportation of remains to place of burial.

(4) A flag of the United States may be furnished to drape the casket or couch. The flag may be retained by the surviving spouse or legal next of kin after burial.

Remains may be cremated upon written request of the surviving spouse or the next of kin in the order named, either at place of death or after arrival or remains at destination.

In any case where funeral expenses authorized in this section are borne by individuals, reimbursement to such individuals may be made. (58 Stat. 689, 710; 42 U. S. C. 213, 224)

SUBPART P—QUARTERS

§ 21.341 *Definitions.* As used in this subpart, the terms:

(a) "On active duty" and entitled to "active-duty pay" shall apply to a commissioned officer of the Public Health Service while on the active list or while required to perform duty in accordance with law for which he is entitled to active-duty pay; *Provided*, That such terms shall not apply to any officer while absent from duty under conditions which, under the laws governing the Public Health Service, would prevent him from receiving full pay.

(b) "Permanent station" shall mean the place where an officer is assigned to

duty under orders which do not in terms provide for the termination thereof.

(c) "Dependent" shall include the officer's lawful wife, and unmarried children under twenty-one years of age, including step-children and adopted children when such step-children or adopted children are in fact dependent upon the officer. It shall also include the father or mother of the officer, if in fact dependent upon such officer for his or her chief support.

(d) "Quarters" includes fuel, water, and electricity and other necessary utilities services. (56 Stat. 359, 37 U. S. C. 106; E. O. 9255, Oct. 13, 1942, 3 CFR, Cum. Supp.)

§ 21.342 *Adequacy of quarters.* For the purposes of this subpart the Surgeon General and, with respect to any station of the Service, the officer in charge of such station shall be competent superior authority as defined in Executive Order 9255 dated October 13, 1942. The Surgeon General shall determine the adequacy of quarters for the officer in charge. The officer in charge shall determine the adequacy of quarters for officers on duty at the station. (56 Stat. 359, 37 U. S. C. 106; E. O. 9255, Oct. 13, 1942, 3 CFR, Cum. Supp.)

§ 21.343 *Assignment of quarters.* Quarters at each station of the Service, if available, shall be assigned by the Surgeon General to the officer in charge, and such other quarters as may be available for additional officers shall be assigned by the officer in charge to officers on duty whose presence on the station is essential to the prompt and proper performance of Service functions. An officer ordered to assume permanent charge of a station will, in reporting his arrival, state that he has occupied the quarters assigned by the Surgeon General, if such be the case. In the assignment of quarters consideration shall be given to the number, age, and sex of dependents, if any. An officer assigned adequate quarters shall be entitled to rental allowance if by reason of orders of competent authority his dependents are prevented from occupying such quarters. (56 Stat. 359, 37 U. S. C. 106; E. O. 9255, Oct. 13, 1942, 3 CFR, Cum. Supp.)

§ 21.344 *Leaves of absence.* An officer shall be entitled to retain quarters assigned at his station during leaves of absence authorized by laws or regulations, or when on temporary duty. An officer under suspension shall continue to occupy quarters as when on duty status. (56 Stat. 359, 37 U. S. C. 106; E. O. 9255, Oct. 13, 1942, 3 CFR, Cum. Supp.)

§ 21.345 *Voluntary and joint occupancy of quarters.* Quarters at the permanent station shall be conclusively presumed to be adequate while occupied voluntarily by an officer having no dependents, or by an officer with his dependents, jointly by two or more officers, with or without dependents, or jointly by an officer and the dependents of another officer. (56 Stat. 359, 37 U. S. C. 106; E. O. 9255, Oct. 13, 1942, 3 CFR, Cum. Supp.)

§ 21.346 *Permission to occupy unassigned quarters.* Any unassigned quarters at a station may, with the permission of a competent superior authority and so long as not needed for assignment to offi-

cers on permanent duty at the station, be occupied by officers not permanently stationed thereat, but no officer unaccompanied by dependents will be permitted to occupy as quarters at a station other than his permanent station more than one room and a bath. (56 Stat. 359, 37 U. S. C. 106; E. O. 9255, Oct. 13, 1942, 3 CFR, Cum. Supp.)

§ 21.347 *Application for quarters.* An officer reporting to a station under orders for permanent duty shall upon arrival make written application to the officer in charge for assignment to quarters. The officer in charge shall assign the reporting officer to quarters if adequate quarters are available or notify said officer in writing that adequate quarters are not available. (56 Stat. 359, 37 U. S. C. 106; E. O. 9255, Oct. 13, 1942, 3 CFR, Cum. Supp.)

§ 21.348 *Appeal to Surgeon General.* In the event an officer assigned to quarters considers the quarters inadequate, he may appeal through the officer in charge to the Surgeon General, giving in detail the reasons for such appeal. The officer in charge shall forward this appeal with an endorsement setting forth his reasons for the assignment. The decision of the Surgeon General as to the adequacy of the quarters assigned shall be final. (56 Stat. 359, 37 U. S. C. 106; E. O. 9255, Oct. 13, 1942, 3 CFR, Cum. Supp.)

PART 22—PERSONNEL OTHER THAN COMMISSIONED OFFICERS

LEPROSY DUTY BY CIVIL SERVICE OFFICERS AND EMPLOYEES

Sec.
22.1 Duty requiring intimate contact with leprosy patients; additional pay for civil service officers or employees.
22.2 Exception respecting certain persons.

DERIVATION: §§ 22.1 and 22.2, inclusive, contained in E. O. 9655, Nov. 14, 1945, 3 CFR 1945 Supp.

§ 22.1 *Duty requiring intimate contact with leprosy patients; additional pay for civil service officers or employees.* Except as provided in § 22.2 civil service officers and employees of the Service shall receive additional pay for duty requiring intimate contact with leprosy patients on the same basis as is set forth in § 21.91 of this chapter with respect to officers of the commissioned corps. (Sec. 209 (g), 58 Stat. 687; 42 U. S. C., Sup., 210 (g))

§ 22.2 *Exception respecting certain persons.* (a) No civil service officer or employee of the Service who is occupying a position allocated at a level above similar positions at general hospital stations of the Service shall receive any additional payment under § 22.1 until the status of such position has been reallocated in accordance with similar positions at general hospital stations of the Service.

(b) Nothing contained in this subpart shall be construed to authorize any reduction during his incumbency in his present assignment of any civil service officer or employee of the Service who on the effective date of § 22.1 was receiving any increase in pay or allowances under the authority of previous law or regulations on account of his detail for duty

at a station of the Service devoted to the care of persons afflicted with leprosy. (Sec. 209 (g), 58 Stat. 687; 42 U. S. C., Sup., 210 (g))

PART 23—PROVISIONS APPLYING TO BOTH COMMISSIONED OFFICERS AND OTHER PERSONNEL

DERIVATION: § 23.1 contained in Regulations, Surgeon General, May 24, 1946, approved, Acting Federal Security Administrator, 11 F. R. 5785.

BURIAL PAYMENTS

§ 23.1 *Other personnel and commissioned officers.* The following expenses may be allowed in the case (a) of a commissioned officer in the event of death while on active duty not in time of war, and (b) of an employee of the Public Health Service who dies either as a result of disease or injury directly attributable to the performance of his official duties, or while detailed for duty outside the continental limits of the United States:

(1) Cost of preparation for burial of remains not to exceed \$400.00, restricted to: cost of undertaker's services, embalming, and other preservative methods, casket, outside box when required, and hire of hearse.

(2) Cost of transportation of remains to place of burial.

In any case where funeral expenses authorized in this section are borne by individuals, reimbursement to such individuals may be made. (58 Stat. 689, 710; 42 U. S. C. 213, 224)

Subchapter C—Medical Care and Examinations

PART 31—MEDICAL CARE FOR CERTAIN PERSONNEL OF THE COAST GUARD, COAST AND GEODETIC SURVEY, PUBLIC HEALTH SERVICE, AND FORMER LIGHTHOUSE SERVICE

DEFINITIONS

Sec.

31.1 Meaning of terms.

PROVISIONS APPLICABLE TO COAST GUARD, COAST AND GEODETIC SURVEY AND PUBLIC HEALTH SERVICE

31.2 Persons entitled to treatment.

31.3 Use of Service facilities.

31.4 Use of other than Service facilities.

31.5 Application for treatment; active duty personnel.

31.6 Personnel absent without leave.

31.7 Continuance of medical relief after loss of status.

31.8 Retired personnel; extent of treatment.

31.9 Dependent members of families; treatment.

31.10 Dependent members of families; use of Service facilities.

PROVISIONS APPLICABLE TO PERSONNEL OF FORMER LIGHTHOUSE SERVICE

31.11 Persons entitled to treatment.

31.12 Use of Service facilities.

31.13 Use of other than Service facilities.

31.14 Application for treatment; active duty personnel.

31.15 Continuance of medical relief after loss of status.

31.16 Retired personnel; extent of treatment.

AUTHORITY: §§ 31.1 to 31.16, inclusive, issued under 58 Stat. 682; 42 U. S. C. Sup., Ch. 6A.

DERIVATION: §§ 31.1 to 31.16, inclusive, contained in E. O. 9703, Mar. 12, 1946, 11 F. R. 2625.

DEFINITIONS

§ 31.1 *Meaning of terms.* As used in this part, the term:

(a) "Act" means the act approved July 1, 1944, 58 Stat. 682, entitled "An act to consolidate and revise the laws relating to the Public Health Service, and for other purposes."

(b) "Service" means the Public Health Service.

(c) "Surgeon General" means the Surgeon General of the Public Health Service.

(d) "Medical relief station" means a first-, second-, third-, or fourth-class station of the Service.

(e) "First-class station" means a hospital operated by the Service.

(f) "Second-class station" means a medical relief facility, other than a hospital of the Service, under the charge of a commissioned officer.

(g) "Third-class station" means a medical relief facility, other than a hospital of the Service, under the charge of a medical officer or employee of the Service other than a commissioned officer.

(h) "Fourth-class station" means a medical relief facility designated by the Surgeon General, other than a first-, second-, or third-class station.

(i) "Designated physician" means a physician holding an appointment to act regularly for the Service for a class or classes of specified beneficiaries at a place where there is no medical relief station.

(j) "Designated dentist" means a dentist holding an appointment to perform dental service for the Service for a class or classes of specified beneficiaries.

(k) "Active duty" means active duty status as distinguished from being on inactive status or retired and includes periods of authorized leave or liberty.

(l) "Dependent members of families" in the case of male personnel means the lawful wife, the unmarried children (including stepchildren or adopted children) under 21 years of age, and the father or mother if in fact dependent upon such son for his or her chief support; and in the case of female personnel, the unmarried children (including stepchildren or adopted children) under 21 years of age if their father is dead or they are in fact dependent on such mother for their chief support, the father or mother if in fact dependent upon such daughter for his or her chief support, and the husband if in fact dependent upon such wife for his chief support: *Provided, however,* that in the case of members of the Women's Reserve of the Coast Guard the husbands of such members shall not be considered dependents.

PROVISIONS APPLICABLE TO COAST GUARD, COAST AND GEODETIC SURVEY AND PUBLIC HEALTH SERVICE

§ 31.2 *Persons entitled to treatment.* To the extent and under the circumstances prescribed in these regulations, the following persons shall be entitled to medical, surgical, and dental treatment and hospitalization by the Service:

(a) *Coast Guard.* (1) Commissioned officers, chief warrant officers, warrant officers, cadets, and enlisted personnel of the Regular Coast Guard, including those on shore duty and those on detached duty, whether on active duty or retired;

(2) Regular members of the Coast Guard Reserve when on active duty or when retired for disability;

(3) Temporary members of the Coast Guard Reserve when on active duty or in case of physical injury incurred or sickness or disease contracted while performing active Coast Guard duty;

(4) Members of the Women's Reserve of the Coast Guard when on active duty or when retired for disability;

(5) Members of the Coast Guard Auxiliary in case of physical injury incurred or sickness or disease contracted while performing active Coast Guard duty.

(b) *Coast and Geodetic Survey.* Commissioned officers, ships' officers, and members of the crews of vessels of the Coast and Geodetic Survey, including those on shore duty and those on detached duty whether on active duty or retired.

(c) *Public Health Service.* (1) Commissioned officers of the Regular Corps of the Service, whether on active duty or retired;

(2) Commissioned officers of the Reserve Corps of the Service when on active duty or when retired for disability.

§ 31.3 *Use of Service facilities.* Except as otherwise provided herein, the persons specified in § 31.2 shall be entitled to medical, surgical, and dental treatment and hospitalization only at medical relief stations and by designated physicians and designated dentists, and the cost of services procured elsewhere shall not be borne by the Service.

§ 31.4 *Use of other than Service facilities.* (a) When a person specified in § 31.2 who is on active duty requires immediate medical, surgical, or dental treatment or hospitalization and the urgency of the situation does not permit treatment at a medical relief station or by a designated physician or designated dentist, an officer of the same service as the patient may arrange for treatment or hospitalization at the expense of the Service.

(b) When the circumstances are such that an officer of the same service as the patient is not available to make the necessary arrangements, the treatment or hospitalization may be obtained by or on behalf of the patient at the expense of the Service.

(c) In every case of treatment or hospitalization as defined in paragraph (b) of this section, the responsible superior officer of the patient shall be notified as promptly as possible and a full report shall be submitted by such officer to the Surgeon General through appropriate official channels. As soon as practicable, unless the interests of the patient or the Government require otherwise, treatment or hospitalization shall be continued at a medical relief station or by a designated physician or designated dentist or at another appropriate Federal medical facility.

(d) When the necessary medical relief cannot be obtained from a medical

relief station or a designated physician or designated dentist, preference shall be given to other Federal medical facilities when reasonably available and when conditions permit.

(e) Vouchers on proper forms covering expenses for treatment or hospitalization under the circumstances specified in paragraphs (a) and (b) of this section shall be forwarded to the Surgeon General through appropriate official channels. Each such voucher shall be accompanied by or contain a statement of the facts necessitating the treatment or hospitalization. Unreasonable charges for emergency treatment or hospitalization will not be allowed.

(f) Expenses for consultants or special services, or for dental treatment other than emergency measures to relieve pain, shall not be allowed except when authorized in advance by the headquarters of the Service or, in extraordinary cases, when subsequently approved by such headquarters upon receipt of report and satisfactory explanation as to the necessity and urgency therefor.

§ 31.5 *Application for treatment; active duty personnel.* (a) An applicant for medical relief who is on active duty shall furnish a certificate identifying him. Such certificate, in the case of Coast Guard personnel, shall be signed by an officer of the Coast Guard, and in the case of Coast and Geodetic Survey personnel, shall be signed by an officer of the Coast and Geodetic Survey. Commissioned officers of any of the services mentioned in § 31.2 and officers in charge of units may sign their own certificates. In an emergency, the officer in charge of a medical relief station, or a designated physician or designated dentist, may accept other evidence of status satisfactory to him.

(b) A temporary member of the Coast Guard Reserve except when on active duty or a member of the Coast Guard Auxiliary shall, when applying for medical relief, furnish a statement signed by a responsible superior officer setting forth the facts and circumstances giving rise to the need for medical relief. In emergencies, such statement shall be furnished promptly after the member has received the immediately required care and treatment. Such statement shall be presumptive evidence of the facts stated, but if investigation indicates that the injury, sickness, or disease was not incurred or contracted in the manner stated, further treatment may be denied.

§ 31.6 *Personnel absent without leave.* No member of any of the services enumerated in § 31.2 shall be entitled when absent without leave to medical relief except at a medical relief station or by a designated physician or designated dentist.

§ 31.7 *Continuance of medical relief after loss of status.* If a member is separated from any of the services enumerated in § 31.2, except persons specified in § 31.2 (a) (3) and (5) who shall be entitled to treatment after separation under the conditions set forth in such subparagraphs, while undergoing treatment by the Service, his treatment shall be dis-

continued immediately unless the physician in charge determines that the condition of the patient does not permit interruption of treatment, in which case the treatment shall be discontinued as soon as practicable and the condition of the patient permits. At that time he shall be discharged from treatment and shall not thereafter be afforded medical relief by the Service by reason of his previous service.

§ 31.8 *Retired personnel; extent of treatment.* (a) A retired member of the Coast Guard, Coast and Geodetic Survey, or Public Health Service specified in § 31.2 shall be entitled to medical, surgical, and dental treatment and hospitalization at medical relief stations of the first-, second-, and third-class, upon presentation of satisfactory evidence of his status.

(b) Elective medical or surgical treatment requiring hospitalization shall be furnished only at hospitals operated by the Service.

(c) Dental treatment shall be furnished to the extent of available facilities only at medical relief stations where full-time dental officers are on duty; at other medical relief stations the dental treatment shall be limited to emergency measures necessary to relieve pain.

§ 31.9 *Dependent members of families; treatment.* To the extent and under the circumstances prescribed in this part, the Service shall provide medical advice and out-patient treatment at first-, second-, and third-class medical relief stations and hospitalization at first-class stations to the dependent members of families of the following persons:

(a) *Coast Guard.* Commissioned officers, chief warrant officers, warrant officers, cadets, and enlisted personnel of the Regular Coast Guard, including those on shore duty and those on detached duty, whether on active duty or retired; and regular members of the United States Coast Guard Reserve and members of the Women's Reserve of the Coast Guard, when on active duty or when retired for disability.

(b) *Coast and Geodetic Survey.* Commissioned officers, ships' officers, and members of the crews of vessels of the United States Coast and Geodetic Survey, including those on shore duty and those on detached duty, whether on active duty or retired.

(c) *Public Health Service.* Commissioned officers of the Regular Corps of the Service, whether on active duty or retired, and commissioned officers of the Reserve Corps of the Service when on active duty or when retired for disability.

§ 31.10 *Dependent members of families; use of Service facilities.* (a) A dependent member of the family of any person specified in § 31.9 shall, upon presentation of satisfactory evidence of such status, be entitled to medical advice and out-patient treatment at first-, second-, and third-class medical relief stations and hospitalization at first-class stations if suitable accommodations are available therein and if the condition of the dependent is such as to require hos-

pitalization, both as determined by the medical officer in charge.

(b) Hospitalization at first-class stations shall be at a per diem cost to the officer, enlisted person, member of a crew or other person concerned. Such cost shall be at such uniform rate as may be prescribed from time to time by the President for the hospitalization of dependents of naval and Marine Corps personnel at any naval hospital.

(c) Hospitalization at first-class stations and out-patient treatment at first-, second-, and third-class stations may include such services and supplies as, in the judgment of the medical officer in charge, are necessary for reasonable and adequate treatment.

(d) Dental treatment shall be furnished to the extent of available facilities only at medical relief stations where full-time officers are on duty.

PROVISIONS APPLICABLE TO PERSONNEL OF FORMER LIGHTHOUSE SERVICE

§ 31.11 *Persons entitled to treatment.* To the extent and under the circumstances prescribed in this part, the following persons shall be entitled to medical, surgical, and dental treatment and hospitalization by the Service: Lightkeepers, assistant lightkeepers, and officers and crews of vessels of the former Lighthouse Service, including any such persons who subsequent to June 30, 1939, have involuntarily been assigned to other civilian duty in the Coast Guard, who were entitled to medical relief at hospitals and other stations of the Service prior to July 1, 1944, and who are now or hereafter on active duty or who have been or may hereafter be retired under the provisions of section 6 of the act of June 20, 1918, as amended (33 U. S. C. 763).

§ 31.12 *Use of Service facilities.* Except as otherwise provided herein, the persons specified in § 31.11 shall be entitled to medical, surgical, and dental treatment and hospitalization only at medical relief stations and by designated physicians and designated dentists, and the cost of services procured elsewhere shall not be borne by the Service.

§ 31.13 *Use of other than Service facilities.* (a) When a person specified in § 31.11 who is on active duty requires immediate medical, surgical, or dental treatment or hospitalization and the urgency of the situation does not permit treatment at a medical relief station or by a designated physician or designated dentist, an officer or other appropriate supervisory official of the Coast Guard may arrange for treatment or hospitalization.

(b) In every such case of treatment or hospitalization, a full report thereof shall be submitted to the Surgeon General through Coast Guard headquarters. As soon as practicable, unless the interests of the patient or the Government require otherwise, treatment or hospitalization shall be continued at a medical relief station or by a designated physician or designated dentist or at another appropriate Federal medical facility.

(c) When the necessary medical relief cannot be obtained from a medical relief station or a designated physician

or designated dentist, preference shall be given to other Federal medical facilities when reasonably available and when conditions permit.

(d) Vouchers on proper forms covering expenses for treatment or hospitalization under the circumstances specified in paragraph (a) of this section shall be forwarded to the Surgeon General through Coast Guard headquarters. Each such voucher shall be accompanied by or contain a statement of the facts necessitating the treatment or hospitalization. Unreasonable charges for emergency treatment or hospitalization will not be allowed.

(e) Expenses for consultants or special services, or for dental treatment other than emergency measures to relieve pain, shall not be allowed except when authorized in advance by the headquarters of the Service or, in extraordinary cases, when subsequently approved by such headquarters upon receipt of report and satisfactory explanation as to the necessity and urgency therefor.

§ 31.14 *Application for treatment; active duty personnel.* An applicant for medical relief who is on active duty shall furnish a certificate identifying him. Such certificate shall be signed by an officer or other appropriate supervisory official of the Coast Guard. In an emergency, the officer in charge of a medical relief station, or a designated physician or designated dentist, may accept other evidence of status satisfactory to him.

§ 31.15 *Continuance of medical relief after loss of status.* If a person is separated while undergoing treatment by the Service, his treatment shall be discontinued immediately unless the physician or dentist in charge determines that the condition of the patient does not permit interruption of treatment, in which case the treatment shall be discontinued as soon as practicable and the condition of the patient permits. At that time he shall be discharged from treatment and shall not thereafter be afforded medical relief by the Service by reason of his previous service.

§ 31.16 *Retired personnel; extent of treatment.* (a) Any retired person specified in § 31.11 shall be entitled to medical, surgical, and dental treatment and hospitalization at medical relief stations of the first, second, and third class, upon presentation of satisfactory evidence of his status.

(b) Elective medical or surgical treatment requiring hospitalization shall be furnished only at hospitals operated by the Service.

(c) Dental treatment shall be furnished to the extent of available facilities only at medical relief stations where full-time dental officers are on duty; at other medical relief stations the dental treatment shall be limited to emergency measures necessary to relieve pain.

PART 32—MEDICAL CARE FOR SEAMEN AND CERTAIN OTHER PERSONS

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AUTHORITY: §§ 32.1 to 32.116, inclusive, issued under secs. 215, 321, 58 Stat. 690, 695; 42 U. S. C., Sup., 216, 248. Additional and more specific authorities are cited in parentheses at the end of sections to which they pertain.

DERIVATION: §§ 32.1 to 32.116, inclusive, contained in Regulations, Surgeon General, June 12, 1945, approved by Acting Federal Security Administrator, June 29, 1945, 10 F. R. 8138.

DEFINITIONS

§ 32.1 *Meaning of terms.* When used in this part:

(a) "Act" means the act approved July 1, 1944, 58 Stat. 682, entitled "An act to consolidate and revise the laws relating to the Public Health Service, and for other purposes";

(b) The term "Service" means the Public Health Service;

(c) The term "Surgeon General" means the Surgeon General of the Public Health Service;

(d) The term "seamen" includes any person employed on board in the care, preservation, or navigation of any vessel, or in the service, on board, of those engaged in such care, preservation, or navigation;

(e) The term "vessel" includes every description of watercraft or other artificial contrivance used, or capable of being used, as a means of transportation on water, exclusive of aircraft and amphibious contrivances;

(f) "Medical relief station" means a first-, second-, third-, or fourth-class station of the Service;

(g) "First-class station" means a hospital operated by the Service;

(h) "Second-class station" means a medical relief facility, other than a hospital of the Service, under the charge of a commissioned officer;

(i) "Third-class station" means a medical relief facility, other than a hospital of the Service, under the charge of an acting assistant surgeon;

(j) "Fourth-class station" means a medical relief facility, other than a first-, second-, or third-class station, under the charge of an authorized Government representative;

(k) "Active duty", with respect to an enrollee of the United States Maritime Service, means that the enrollee is on the active list of that service, as distinguished from being on inactive status, and includes absence on authorized leave or liberty.

BENEFICIARIES

§ 32.6 *Persons eligible.* (a) Under this part the following persons are entitled to care and treatment by the Service as hereinafter prescribed:

(1) Seamen employed on vessels of the United States registered, enrolled, or licensed under the maritime laws thereof, other than canal boats engaged in the coasting trade, hereinafter designated as American seamen;

(2) Seamen employed on United States or foreign flag vessels as employees of the United States through the War Shipping Administration;

(3) Seamen, not enlisted or commissioned in the military or naval establishments, who are employed on State school ships or on vessels of the United States Government of more than five tons' burden;

(4) Seamen on vessels of the Mississippi River Commission;

(5) Officers and crews of vessels of the Fish and Wildlife Service;

(6) Enrollees in the United States Maritime Service on active duty and members of the Merchant Marine Cadet Corps;

(7) Cadets at State maritime academies or on State training ships;

(8) Employees and noncommissioned officers in the field service of the Public Health Service when injured or taken sick in line of duty;

(9) Persons afflicted with leprosy;

(10) Seamen employed on foreign flag vessels owned or operated by citizens of the United States or by corporations incorporated under the law of the United States or of any State;

(11) Seamen on foreign flag vessels other than those seamen employed on foreign flag vessels specified in subparagraphs (2) and (10);

(12) Non-beneficiaries for temporary treatment and care in case of emergency. (Secs. 331, 332, 610 (c), 58 Stat. 698, 714; 42 U. S. C., Sup., 255, 256, 249 (note))

NOTE: § 32.6 does not list all the persons entitled to care and treatment by the Public Health Service.

(b) Separate regulations govern: (1) The medical care of certain personnel, and their dependents, of the Coast Guard, Coast and Geodetic Survey, and Public Health Service (see Part 31 of this chapter); (2) physical and mental examinations of aliens (see Part 34); and (3) care and treatment of narcotic addicts (see Part 33).

(c) While regulations of the Public Health Service are not required with respect thereto, circular instructions by the Service cover the care and treatment or physical examination of the following:

(1) Persons not otherwise eligible for treatment, for purposes of study;

(2) Persons detained in accordance with quarantine laws;

(3) Persons detained by the Immigration and Naturalization Service, for treatment at the request of that Service;

(4) Persons entitled to treatment under the Employees' Compensation Commission Act and extensions thereof;

(5) Beneficiaries of other Federal agencies on a reimbursable basis;

(6) Medical examinations of:

(i) Employees of the Alaska Railroad and employees of the Federal Government for retirement purposes;

(ii) Employees in the Federal classified service, and applicants for appointment, as requested by the Civil Service Commission for the purpose of promoting health and efficiency;

(iii) Seamen for purposes of qualifying for certificates of service; and

(iv) Employees eligible for benefits under the Longshoremen's and Harbor Workers' Compensation Act, as amended, as requested by any deputy commissioner thereunder. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

AMERICAN SEAMEN

§ 32.11 *Use of Service facilities.* American seamen (hereinafter referred to in §§ 32.11 to 32.25, inclusive, as seamen) shall, on presenting evidence of

eligibility, be entitled to medical, surgical, and dental treatment and hospitalization at medical relief stations of the Service. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

§ 32.12 *Use of other than Service facilities.* (a) When a seaman requires medical, surgical, or dental treatment or hospitalization and the urgency of the situation does not permit treatment at a medical relief station, arrangements for necessary treatment or hospitalization at the expense of the Service from public or private medical or hospital facilities other than those of the Service may be made by the officer in charge of a medical relief station or a quarantine station or by the director of a Service district. When such emergency treatment is necessary preference shall be given to other Federal medical facilities when reasonably available and when conditions permit.

(b) If eligibility cannot be established at the time of application by the seaman or by the person who applies in his behalf, the applicant shall be notified that the authorization for treatment is conditional and that the payment of reasonable expenses by the Service for such treatment shall be subject to proof of eligibility.

(c) In every such case of emergency treatment or hospitalization, authorized either conditionally or unconditionally, a full report shall be submitted promptly by the authorizing officer to the Surgeon General. The authorizing officer shall keep himself informed regarding the progress of the case to the end that treatment or hospitalization shall not be unduly and unnecessarily prolonged. As soon as practicable, unless the interests of the patient or the Government require otherwise, treatment or hospitalization shall be continued at a medical relief station or at another appropriate Federal medical facility.

(d) Expenses for consultants or special services, or for dental treatment other than emergency measures to relieve pain, shall not be allowed except when authorized in advance by the headquarters of the Service or, in extraordinary cases, when subsequently approved by such headquarters upon receipt of report and satisfactory explanation as to the necessity and urgency therefor.

(e) Certified vouchers on proper forms covering expenses for emergency treatment or hospitalization shall be forwarded to the Surgeon General by the authorizing officer, and each such voucher shall contain a statement of the facts necessitating the treatment of hospitalization. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

§ 32.13 *Application for treatment.* A sick or disabled seaman, in order to obtain the benefits of the Service, must apply in person, or by proxy if too sick so to do, at a medical relief station or to an officer of the Service as specified in § 32.12 and must furnish satisfactory evidence of his eligibility for such benefits. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup. 249)

§ 32.14 *Evidence of eligibility.* (a) As evidence of his eligibility an appli-

cant must present a properly executed master's certificate or a continuous discharge book or a certificate of discharge showing that he has been employed on a registered, enrolled, or licensed vessel of the United States. The certificate of the owner or accredited commercial agent of a vessel as to the facts of the employment of any seaman on said vessel may be accepted in lieu of the master's certificate where the latter is not procurable. When an applicant cannot furnish any of the foregoing documents, his oath or affirmation as to the facts of his most recent (including his last) employment as a seaman, stating names of vessels and dates of service, may be accepted as evidence in support of his eligibility; such oath or affirmation shall be taken before a notary or other person authorized by law to administer oaths. Documentary evidence of eligibility, excepting continuous discharge books and certificates of discharge, shall be filed at the station where application is granted. Where continuous discharge books and certificates of discharge are submitted as evidence of eligibility, the pertinent information shall be abstracted therefrom, certified by the officer accepting the application, and filed at the station.

(b) Except as otherwise provided in §§ 32.11 to 32.25, inclusive, documentary evidence of eligibility must show that the applicant has been employed for 60 days of continuous service on a registered, enrolled, or licensed vessel of the United States, a part of which time must have been during the 90 days immediately preceding application for relief. There may be included as a part of such 60 days of continuous service as a seaman time spent in training as (1) an active duty enrollee in the United States Maritime Service, (2) a member of the Merchant Marine Cadet Corps, (3) a cadet at a State maritime academy, or (4) a cadet on a State training ship. The phrase "60 days of continuous service" shall not be held to exclude seamen whose papers show brief intermissions between short services that aggregate the required 60 days: *Provided*, That any such intermission does not exceed 60 days. The time during which a seaman has been treated as a patient of the Service shall not be reckoned as absence from vessel in determining eligibility. When the seaman's service on his last vessel is less than 60 days, his oath or affirmation as to previous service may be accepted. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

§ 32.15 *Sickness or injury while employed.* A seaman taken sick or injured on board or ashore while actually employed on a vessel shall be entitled to care and treatment without regard to length of service. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup. 249)

§ 32.16 *Seamen from wrecked vessels.* Seamen taken from wrecked vessels of the United States and returned to the United States, if sick or disabled at the time of their arrival in the United States, shall be entitled to care and treatment without regard to length of service. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

§ 32.17 *Lapse of more than 90 days since last service.* Where more than 90 days have elapsed since an applicant's last service as a seaman and he can show that he has not definitely changed his occupation, such period of time shall not exclude him from receiving care and treatment (a) if due to closure of navigation or economic conditions resulting in decreased shipping with consequent lack of opportunity to ship or (b) in the event the applicant has been receiving treatment at other than Service expense. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

§ 32.18 *Procedure in case of doubtful eligibility.* When a reasonable doubt exists as to the eligibility of an applicant for care and treatment, the matter shall be referred immediately to the headquarters of the Service for decision. If, in the opinion of the responsible Service officer, the applicant's condition is such that immediate care and treatment is necessary, temporary care and treatment shall be given pending receipt of the decision as to eligibility. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

§ 32.19 *False document evidencing service.* The issuance or presentation of a false document as evidence of service with intent to procure the treatment of a person as a seaman shall be immediately reported to the headquarters of the Service. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

§ 32.20 *Treatment during voyage; treatment when not arranged for.* The Service shall not be liable for the expense of caring for sick and disabled seamen incurred during a voyage, nor when the care of a seaman has not been arranged for by a responsible officer of the Service. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

§ 32.21 *Injury while committing breach of peace.* Seamen injured in street brawls or while otherwise committing a breach of the peace shall not receive treatment at the expense of the Service while in jail or in a hospital other than a hospital belonging to or under contract with the Service. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

§ 32.22 *Communicable diseases.* The Service shall not be liable for the expense of caring for seamen who are suffering from communicable diseases and who, in accordance with State or municipal health laws and regulations, are taken to quarantine or other hospitals under charge of local health authorities, unless such patients were admitted at the time at the request of a responsible officer of the Service. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

§ 32.23 *Certificate of discharge from treatment.* A certificate of discharge from treatment may, at the discretion of the officer in charge, be given to a hospital patient, but such certificate, when presented at another medical relief station, shall not be taken as sufficient evidence of the applicant's eligibility for care and treatment, but may be considered in connection with other documentary evidence submitted by the

seamen. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

SEAMEN; EMPLOYEES OF THE UNITED STATES THROUGH WAR SHIPPING ADMINISTRATION

§ 32.41 *Conditions and extent of treatment.* Seamen employed on United States or foreign flag vessels as employees of the United States through the War Shipping Administration shall be entitled to care and treatment by the Service under the same conditions, where applicable, and to the same extent as is provided for American seamen. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

SEAMEN; STATE SCHOOL SHIPS AND VESSELS OF THE U. S. GOVERNMENT

§ 32.46 *Condition and extent of treatment.* Seamen, not enlisted or commissioned in the military or naval establishments, who are employed on State school ships or on vessels of the United States Government of more than five tons' burden, shall be entitled to care and treatment by the Service under the same conditions, where applicable, and to the same extent as is provided for American seamen. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

SEAMEN; MISSISSIPPI RIVER COMMISSION

§ 32.51 *Conditions and extent of treatment.* Seamen on vessels of the Mississippi River Commission shall be entitled to care and treatment by the Service under the same conditions, where applicable, and to the same extent as is provided for American seamen. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

SEAMEN; FISH AND WILDLIFE SERVICE

§ 32.56 *Conditions and extent of treatment.* Seamen on vessels of the Fish and Wildlife Service shall be entitled to care and treatment by the Service under the same conditions, where applicable, and to the same extent as is provided for American seamen. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

MARITIME SERVICE ENROLLEES AND MERCHANT MARINE CADETS

§ 32.61 *Use of Service facilities.* Enrollees in the United States Maritime Service on active duty and members of the Merchant Marine Cadet Corps shall, upon written request of the responsible officer of the station or training ship to which such enrollees or cadets are attached, identifying the applicant, be entitled to medical, surgical, and dental treatment and hospitalization at medical relief stations of the Service. Whenever an enrollee or cadet applies for relief without the above-mentioned written request and in the opinion of the responsible Service officer the applicant's condition is such that immediate care and treatment is necessary, temporary care and treatment shall be given pending verification of the applicant's status as an enrollee or cadet. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

§ 32.62 *Use of other than Service facilities.* (a) When an enrollee on active duty or a cadet requires medical, surgical, or dental treatment or hospitaliza-

tion for an emergency condition and the urgency of the situation does not permit treatment at a medical relief station or at a Maritime Service medical facility, arrangements for necessary treatment or hospitalization at the expense of the Service from public or private medical or hospital facilities other than those of the Service may be made by the officer in charge of a medical relief station or a quarantine station, by the director of a Service district, or by the responsible officer of the Service assigned to a Maritime Service station, to a Merchant Marine Cadet Corps school, or to a State maritime academy. When such emergency treatment is necessary preference shall be given to other Federal medical facilities when reasonably available and when conditions permit.

(b) If eligibility cannot be established at the time of application by the enrollee or cadet or by the person who applies in his behalf, the applicant shall be notified that the authorization for treatment is conditional and that the payment of reasonable expenses by the Service for such treatment shall be subject to proof of eligibility.

(c) In every such case of emergency treatment or hospitalization, authorized either conditionally or unconditionally, a full report shall be submitted promptly by the authorizing officer to the Surgeon General. The authorizing officer shall keep himself informed regarding the progress of the case to the end that treatment or hospitalization shall not be unduly and unnecessarily prolonged. As soon as practicable, unless the interests of the patient or the Government require otherwise, treatment or hospitalization shall be continued at a medical relief station or at another appropriate Federal medical facility.

(d) Expenses for consultants or special services, or for dental treatment other than emergency measures to relieve pain, shall not be allowed except when authorized in advance by headquarters of the Service or, in extraordinary cases, when subsequently approved by such headquarters upon receipt of report and satisfactory explanation as to the necessity and urgency therefor.

(e) Certified vouchers on proper forms covering expenses for emergency treatment or hospitalization shall be forwarded to the Surgeon General by the authorizing officer, and each such voucher shall contain a statement of the facts necessitating the treatment or hospitalization. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

§ 32.63 *Injury while committing breach of peace.* Enrollees on active duty or cadets injured in street brawls or while otherwise committing a breach of the peace shall not receive treatment at the expense of the Service while in jail or in a hospital other than a hospital belonging to or under contract with the Service. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

§ 32.64 *Communicable diseases.* The Service shall not be liable for the expense of caring for enrollees on active duty or cadets who are suffering from communicable diseases and who, in accordance

with State or municipal health laws and regulations, are taken to quarantine or other hospitals under charge of local health authorities, unless such patients were admitted at the time at the request of a responsible officer of the Service. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

§ 32.65 *Absence without leave.* Enrollees on active duty or cadets who are absent without leave shall not be entitled to receive treatment by the Service except at a medical relief station. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

CADETS AT STATE MARITIME ACADEMIES OR ON STATE TRAINING SHIPS

§ 32.76 *Conditions and extent of treatment.* (a) Cadets at State maritime academies or on State training ships while they are enrollees in the U. S. Maritime Service shall be entitled to care and treatment by the Service under the same conditions and to the same extent as is provided for enrollees in the U. S. Maritime Service on active duty: *Provided, however,* That the written request of the superintendent or other responsible officer of an academy, including the master of a training ship, shall be acceptable in lieu of the written request of the responsible officer of the Maritime Service.

(b) Cadets at State maritime academies or on State training ships when not enrolled in the U. S. Maritime Service shall be entitled to care and treatment by the Service under the same conditions, where applicable, and to the same extent as is provided for American seamen: *Provided, however,* That the written request of the superintendent or other responsible officer of an academy, including the master of a training ship, shall be acceptable in lieu of the documentary evidence of eligibility required of American seamen. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

FIELD EMPLOYEES OF THE PUBLIC HEALTH SERVICE

§ 32.81 *Use of Service facilities.* Employees and noncommissioned officers in the field service of the Public Health Service when injured or taken sick in line of duty shall, upon presentation of satisfactory evidence of their status, be entitled to medical, surgical, and dental treatment and hospitalization at medical relief stations. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

§ 32.82 *Use of other than Service facilities.* (a) Employees and noncommissioned officers in the field service of the Public Health Service when injured or taken sick in line of duty shall be entitled to the same care and treatment under the same conditions and to the same extent as is provided for American seamen in § 32.12. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

(b) When employees or noncommissioned officers in the field service of the Public Health Service on duty in any foreign place are injured or taken sick in line of duty, the officer in charge shall make the necessary arrangements for treatment or hospitalization. If the patient himself is the only employee or noncommissioned officer of the Service

on duty at a foreign place, the treatment or hospitalization may be obtained by or on behalf of the patient. In every such case, a full report shall be submitted to the Surgeon General by the officer in charge or by the patient himself where there is no superior on duty at the foreign place. In all other respects the provisions of § 32.12 shall govern where applicable. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

PERSONS AFFLICTED WITH LEPROSY

§ 32.86 *Admissions to Service facilities.* Any person afflicted with leprosy who presents himself for care, detention, or treatment or who may be apprehended pursuant to regulations prescribed under section 332 or 361 of the act and any person afflicted with leprosy who is duly consigned to the care of the Service by the proper health authority of any State, Territory, or the District of Columbia shall be received into the Service hospital at Carville, Louisiana, or into any other hospital of the Service which has been designated by the Surgeon General as being suitable for the temporary accommodation of persons afflicted with leprosy. (Sec. 331, 58 Stat. 698; 42 U. S. C. Sup., 255.)

§ 32.87 *Diagnostic board for arriving patients.* At the earliest practicable date, after the arrival of a patient at the Service hospital at Carville, Louisiana, the medical officer in charge shall convene a board of not less than three medical officers of the Service, who shall confirm or disapprove the diagnosis of leprosy. (Sec. 332, 58 Stat. 698; 42 U. S. C., Sup., 256.)

§ 32.88 *Detention or discharge according to diagnosis.* If the diagnosis of leprosy is confirmed, the patient shall be detained in the hospital as provided in this part; if the diagnosis is not confirmed, the patient shall be discharged. (Sec. 332, 58 Stat. 698; 42 U. S. C., Sup., 256.)

§ 32.89 *Examinations and treatment.* Patients shall undergo the usual routine clinical examinations which may be required for the diagnosis of primary or secondary conditions, and such treatment as may be prescribed. (Sec. 332, 58 Stat. 698; 42 U. S. C., Sup., 256.)

§ 32.90 *Restrictions on movement within reservation.* No patient shall be allowed to proceed beyond the limits set aside for the detention of patient suffering from leprosy except upon authority from the headquarters of the Service and under prescribed conditions applicable to the individual patient. Should any patient violate his instructions in this regard, he shall upon his return, be properly safeguarded to prevent a repetition of the offense, or, at the discretion of the medical officer in charge, be permitted to give bond to the United States of America in a penal sum not exceeding \$5,000 conditioned upon his faithful observance of this part. (Sec. 332, 58 Stat. 698; 42 U. S. C., Sup., 256)

§ 32.91 *Isolation or restraint.* There shall be provided the necessary accommodations, within the limits set aside for persons afflicted with active leprosy, for isolation or restraint of patients when

in the judgment of the medical officer in charge such action is necessary for the protection of themselves or others. The medical officer in charge shall maintain a separate register in which shall be recorded the names of patients who have been placed in isolation or restraint, and all circumstances attendant upon such isolation or restraint. (Sec. 332, 58 Stat. 698; 42 U. S. C., Sup., 256)

§ 32.92 *Discharge.* The medical officer in charge of the Service hospital at Carville, Louisiana, shall convene, from time to time, a board of three medical officers for the purpose of examining patients with a view to recommending their discharge. When in the judgment of the board a patient may be regarded as no longer a menace to the public health, he may be discharged, upon approval of the headquarters of the Service, as being either cured or an arrested or latent case. (Sec. 332, 58 Stat. 698; 42 U. S. C., Sup., 256)

§ 32.93 *Notification to health authorities regarding discharged patients.* Upon the discharge of a patient the medical officer in charge shall give notification of such discharge to the proper health officer of the State, Territory, District of Columbia, or other jurisdiction in which the discharged patient is to reside. The notification shall also set forth the clinical findings and other essential facts necessary to be known by the health officer relative to such discharged patient. (Sec. 332, 58 Stat. 698; 42 U. S. C., Sup., 256)

SEAMEN ON FOREIGN FLAG VESSELS OWNED OR OPERATED BY UNITED STATES CITIZENS OR CORPORATIONS

§ 32.101 *Conditions and extent of treatment.* For the duration of the present war and for six months thereafter seamen employed on foreign flag vessels which are owned or operated by citizens of the United States or by corporations incorporated under the laws of the United States or of any State shall be entitled to care and treatment by the Service under the same conditions, where applicable, and to the same extent as is provided for American seamen. (Sec. 610 (c), 58 Stat. 714; 42 U. S. C., Sup., 249 (Note))

SEAMEN ON OTHER FOREIGN FLAG VESSELS

§ 32.106. *Conditions and extent of treatment; rates; burial.* (a) Except as provided in §§ 32.41 and 32.101 for seamen on certain foreign flag vessels, seamen on foreign flag vessels may, when suitable accommodations are available and on application of the master, owner, or agent of the vessel, be hospitalized at first-class stations or furnished outpatient treatment, including physical examinations, at first-, second-, and third-class stations at rates prescribed by the Surgeon General with the approval of the Administrator.

(b) Upon similar application, hospitalization of such seamen or private services in connection with their treatment may be arranged for at second- and third-class stations, with the understanding that all expenses shall be paid directly to the vendors by the master, owner, or agent of the vessel. For any

professional services which may be furnished by Service personnel in connection with such hospitalization or treatment, the rates charged shall be those prescribed by the Surgeon General with the approval of the Administrator.

(c) If any such seaman dies while receiving treatment by the Service, the expenses of burial shall be paid directly to the vendors by the master, owner, or agent. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

NONBENEFICIARIES; TEMPORARY TREATMENT IN EMERGENCY

§ 32.111 *Conditions and extent of treatment.* Persons not entitled to treatment by the Service may receive temporary care and treatment from the Service in case of emergency as an act of humanity. Such temporary care and treatment shall be limited to hospitalization at first-class stations and to out-patient treatment at first-, second-, and third-class stations. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

RED CROSS PERSONNEL

§ 32.116 *Emergency medical care when serving with U. S. Coast Guard.* Red Cross uniformed personnel serving with the U. S. Coast Guard may be admitted upon proper evidence of their status with the U. S. Coast Guard to hospitals and second-class medical relief stations of the Public Health Service for emergency medical care and treatment. Hospitalization will be furnished at Service hospitals only and, provided suitable accommodations are available, at a per diem charge to each patient admitted under this regulation equivalent to the uniform per diem reimbursement rate for Government hospitals as approved by the President for each fiscal year. (Sec. 322, 58 Stat. 696; 42 U. S. C., Sup., 249)

PART 33—NARCOTIC ADDICTS

Sec.

- 33.1 Definitions.
- 33.2 Prisoners; entitlement to industrial good time allowance.
- 33.3 Prisoners; forfeiture and restoration of good conduct or industrial good time allowances; deductions from term of sentence; partial or total restoration.
- 33.4 Continuation as ex-prisoner.
- 33.5 Prisoners, ex-prisoners and probationers; cash and clothing furnished upon discharge.
- 33.6 Prisoners, ex-prisoners, and probationers; transportation furnished upon discharge.
- 33.7 Voluntary patients; admission.
- 33.8 Contraband.

AUTHORITY: §§ 33.1 to 33.8, inclusive, issued under secs. 215, 341-345, 58 Stat. 690, 698-702; 42 U. S. C., Sup., 216, 257-261.

DERIVATION: §§ 33.1 to 33.8, inclusive, contained in Regulations, Acting Surgeon General, Oct. 23, 1945, approved by Acting Federal Security Administrator, Oct. 26, 1945, effective Oct. 31, 1945, 10 F. R. 13452.

§ 33.1 *Definitions.* When used in this part:

(a) "Act" means the Public Health Service Act, approved July 1, 1944, 58 Stat. 682.

(b) "Habit-forming narcotic drug" or "narcotic" has the meaning prescribed in section 2 (j) of the act, i. e., "opium

and coca leaves and the several alkaloids derived therefrom, the best known of these alkaloids being morphine, heroin, and codeine, obtained from opium, and cocaine derived from the coca plant; all compounds, salts, preparations, or other derivatives obtained either from the raw material or from the various alkaloids; Indian hemp and its various derivatives, compounds, and preparations, and peyote in its various forms."

(c) "Addict" has the meaning prescribed in section 2 (k) of the act, i. e., "any person who habitually uses any habit-forming narcotic drugs so as to endanger the public morals, health, safety, or welfare, or who is or has been so far addicted to the use of habit-forming narcotic drugs as to have lost the power of self-control with reference to his addiction."

(d) "Hospital" means the United States Public Health Service Hospital at Lexington, Kentucky, or the United States Public Health Service Hospital at Fort Worth, Texas, and such other hospitals operated by the United States Public Health Service as may be hereafter designated by the Surgeon General as being especially equipped for the accommodation of addicts.

(e) "Prisoner" means an addict who has been sentenced to confinement upon conviction of an offense against the United States, including convictions by general courts-martial or by consular courts.

(f) "Probationer" means an addict who has been placed on probation by any court of the United States which has imposed as one of the conditions of such probation that he submit himself for treatment until discharged as cured.

(g) "Voluntary patient" means an addict who signs an application requesting, agreeing, and consenting to submit to treatment and who receives care and treatment at a hospital.

(h) "Ex-prisoner" means a prisoner whose sentence has expired and who, prior to the expiration thereof, applies for and receives further care and treatment.

(i) "Patient" means a "prisoner," "ex-prisoner," "probationer," or "voluntary patient" who is an inmate of a hospital.

(j) "Good conduct allowance" refers to commutation of sentence for good conduct provided by the act of June 21, 1902, as amended (18 U. S. C. 710), made applicable by section 343 of the Public Health Service Act to addicts confined in any institution in execution of a judgment or sentence imposed upon conviction of an offense against the United States.

(k) "Industrial good time allowance" refers to the commutation of sentence for employment in industry provided by section 8 of the act of May 27, 1930 (18 U. S. C. 744h), made applicable by section 343 of the Public Health Service Act to addicts confined in any institution in execution of a judgment or sentence.

(l) "Cure" means, with respect to any patient, that, in the opinion of the medical officer in charge, he is no longer an addict.

(m) "Discharge," with respect to any patient, means release from the hospital

pursuant to direction of the medical officer in charge.

(n) "Bureau of Prisons" means the Bureau of Prisons in the Department of Justice.

§ 33.2 *Prisoners; entitlement to industrial good time allowance.* (a) The Surgeon General shall designate industries, and supporting activities, employment in which may form the basis for industrial good time allowances pursuant to this section.

(b) All prisoners regularly assigned by the medical officer in charge to such industries or activities shall be eligible for industrial good time allowances in addition to good conduct allowances, except parole or conditional-release violators while serving the balance of sentences originally imposed, and prisoners assigned to segregation quarters.

(c) The standard industrial good time allowance shall be:

(1) 2 days per month for the first year during which the prisoner is so assigned; 4 days per month during the second, third, and fourth years; 5 days per month during the fifth and succeeding years;

(2) One-half of the foregoing allowances when regularly assigned on a part-time basis.

(d) Allowances at less than the standard rate may be made a condition of the assignment to the designated industries or activities of (1) prisoners serving their second or subsequent terms under sentences of more than one year, (2) prisoners transferred from other institutions for disciplinary reasons or (3) parole or conditional-release violators while serving new sentences.

(e) The medical officer in charge shall either allow or disallow industrial good time to those eligible. Allowances shall be credited for each calendar month as earned. Where computations are made for fractions of a month, resulting allowances of a fraction of a day shall be considered as a full day. The award of industrial good time shall be subject to the approval of the Director of the Bureau of Prisons.

(f) Upon recommendation of the medical officer in charge, and approval by the Surgeon General and the Director of the Bureau of Prisons, prisoners who have performed extraordinarily meritorious service may be granted additional industrial good time allowances; the total industrial good time allowance, however, shall not exceed three days for each month of employment in designated industries or duties for the first year or part thereof, or five days for each such month in any succeeding year or part thereof.

§ 33.3 *Prisoners, forfeiture and restoration of good conduct or industrial good time allowances; deductions from term of sentence; partial or total restoration.* (a) When the medical officer in charge has reason to believe that a prisoner has violated the rules of the hospital, thereby warranting a forfeiture of deductions from sentence for good conduct or industrial good time, or both, he shall appoint a trial court, to be composed of three officers of the hospital to investigate the alleged violation. The

prisoner shall be notified of the investigation and given an opportunity to cross-examine all witnesses, unless, in the opinion of the trial court such cross-examination is not feasible, and he shall be permitted to call such witnesses as the court may deem necessary and proper. The prisoner may request the assistance of an officer of the Service to assist him in presenting his case. At the conclusion of the investigation, the trial court shall make formal findings of fact, and, if violations are found, recommendations as to the extent of the forfeiture to be imposed. The medical officer in charge may order further proceedings or upon the basis of the findings of the trial court that one or more violations have occurred shall determine the amount of the good conduct or industrial good time allowances that the prisoner shall forfeit. The determination of the medical officer in charge shall be transmitted through the Surgeon General to the Director of the Bureau of Prisons for approval.

(b) The medical officer in charge may recommend a partial or total restoration of forfeited good conduct or industrial good time allowances. Such recommendation, with reasons therefor, shall be transmitted through the Surgeon General to the Director of the Bureau of Prisons for approval.

§ 33.4 *Continuation as ex-prisoner.* When the medical officer in charge, upon examination of a prisoner not less than one month prior to the expiration of his maximum sentence, determines that the prisoner is still an addict and may be cured of such addiction by further treatment, he shall notify the prisoner, on a form prescribed by the Surgeon General, of the advisability of submitting to further treatment and of the estimated maximum time necessary to cure him of his addiction.

Such prisoner may apply for further treatment, on a form prescribed by the Surgeon General, signifying that if his application is accepted, and in consideration of such acceptance, he agrees and consents to submit to care and treatment for the estimated maximum period necessary to cure him or until such earlier date on which he is certified as cured, and to comply with any regulations or rules which may be adopted governing the operation of the hospital and his conduct therein.

§ 33.5 *Prisoners, ex-prisoners, and probationers; cash and clothing furnished upon discharge.* Every prisoner, ex-prisoner, and probationer shall, in the discretion of the medical officer in charge, be furnished upon discharge with cash in amounts not exceeding similar allowances currently made to Federal prisoners on release from a penal, correctional, disciplinary or reformatory institution, and with suitable clothing.

§ 33.6 *Prisoners, ex-prisoners, and probationers; transportation furnished upon discharge.* Every prisoner, ex-prisoner, and probationer shall be furnished with transportation, by the cheapest usually traveled route, to the place of conviction or of bona fide residence within the continental United States, or to such

other place within the continental United States as, in the opinion of the medical officer in charge, may afford the best opportunity for permanent rehabilitation.

§ 33.7 *Voluntary patients; admission.* A person seeking admission as a voluntary patient to hospitals of the Service shall submit an application on a form prescribed by the Surgeon General and a medical certificate by a qualified physician as to the addiction of the applicant, the physical and mental condition of the applicant, and such other information as may be pertinent. The Surgeon General shall cause the applicant to be examined, shall determine whether he is an addict and whether he may be cured of his addiction by care and treatment in a hospital, shall estimate the maximum time necessary to effect such cure, and shall notify the applicant of such determinations.

If an applicant is determined to be eligible for admission, he shall signify in writing that if his application is accepted, and in consideration of such acceptance, he agrees and consents to submit to care and treatment for the maximum period which has been estimated to be necessary to cure him or until such earlier date on which he is certified as cured, to pay for his subsistence, care, and treatment at rates fixed by the Surgeon General, if required by the Surgeon General, and to comply with any regulations or rules which may be adopted governing the operation of the hospital and the conduct of voluntary patients treated therein.

§ 33.8 *Contraband.* Any article or thing not routinely furnished by the institution to patients or authorized by law or by hospital authorities to be in possession of patients, including any letter or message intended to be received by an inmate of the hospital and introduced by persons other than those authorized by law or by hospital authorities, is contraband.

PART 34—MEDICAL EXAMINATION OF ALIENS

- Sec. 34.1 Applicability.
- 34.2 Definitions.
- 34.3 Examinations: by whom made; female aliens.
- 34.4 Scope of examinations.
- 34.5 Aliens free of disease or defect; notation on visa.
- 34.6 Aliens afflicted with disease or defect.
- 34.7 Certificates and notifications; Class A.
- 34.8 Certificates and notifications; Class B.
- 34.9 Certificates and notifications; Class C.
- 34.10 Detention and observation; adequacy of facilities.
- 34.11 Medical and other care; death.
- 34.12 Quarantinable diseases.
- 34.13 Re-examination; convening of boards; expert witnesses; reports.

AUTHORITY: §§ 34.1 to 34.13, inclusive, issued under sec. 16, 39 Stat. 874, secs. 322 (c), 325, 58 Stat. 696, 697; 8 U. S. C. 152, 42 U. S. C., Sup. 249 (c), 252.

DERIVATION: §§ 34.1 to 34.13, inclusive, contained in Regulations, Surgeon General, Aug. 26, 1947, approved by Acting Federal Security Administrator, effective Sept. 30, 1947, 12 F. R. 5848.

§ 34.1 *Applicability.* The provisions of this part shall apply to (a) the medical examination and reexamination of

aliens presented therefor to the Public Health Service upon the arrival of such aliens at a port of entry, or upon an application for a visa at a foreign consulate of the United States, and (b) the medical and other care, and burial, of aliens admitted to Public Health Service stations and hospitals at the request of the Immigration Service.

§ 34.2 *Definitions.* As used in this part, terms shall have the following meanings:

(a) *Immigration Service.* The Immigration and Naturalization Service of the Department of Justice.

(b) *Loathsome or dangerous contagious disease.* Any of the following diseases:

- | | |
|-------------------------------------|---------------------------------|
| 1. Actinomycosis. | 11. Lymphogranuloma Venereum. |
| 2. Amebiasis. | 12. Mycetoma. |
| 3. Blastomycosis. | 13. Paragonimiasis. |
| 4. Favus. | 14. Ring worm of scalp. |
| 5. Filariasis. | 15. Schistosomiasis. |
| 6. Gonorrhoea. | 16. Chancroid. |
| 7. Granuloma Inguinale. | 17. Syphilis, infectious stage. |
| 8. Keratoconjunctivitis infections. | 18. Trachoma. |
| 9. Leishmaniasis. | 19. Trypanosomiasis. |
| 10. Leprosy. | 20. Yaws. |

(c) *Medical certificate.* A document issued by an examining medical officer to the Immigration Service, signed by him and certifying his findings with respect to an alien's physical and mental condition.

(d) *Medical notification.* A document issued by an examining medical officer to a consular authority, signed by the officer and notifying such authority of his findings with respect to an alien's physical and mental condition.

(e) *Medical officer.* A physician assigned or detailed by the Surgeon General of the Public Health Service to make mental and physical examinations of aliens.

(f) *Medical officer in charge.* A medical officer charged by the Surgeon General with responsibility for the conduct and supervision of all medical examinations made at a designated place or in a designated area.

§ 34.3 *Examinations: by whom made; female aliens.* Aliens presented to the Public Health Service for medical examination shall be examined by medical officers. Female aliens shall be examined only by female medical officers, or in the presence of a female, who may be an assistant to a medical officer.

§ 34.4 *Scope of examinations.* In performing examinations and re-examinations, medical officers shall give consideration to only those matters which relate to the physical or mental condition of the alien, and shall issue certificates or notifications of a disease or defect as hereinafter provided only if the presence of such disease or defect is clearly established.

§ 34.5 *Aliens free of disease or defect; notation on visa.* If an alien is found to have no physical or mental disease or defect, medical officers shall so indicate by notation on his visa.

§ 34.6 *Aliens afflicted with disease or defect.* If an alien is found to have one

or more physical or mental diseases or defects, medical officers shall report their findings to the Immigration Service, by medical certificate, or to the presenting consular authority, by medical notification.

§ 34.7 *Certificates and notifications; Class A.* A Class A certificate or a Class A notification shall be issued with respect to any alien who is found to be afflicted with any of the following diseases or defects:

(a) Tuberculosis in any form;

(b) A loathsome or dangerous contagious disease;

(c) Idiocy, imbecility, feeble-mindedness, epilepsy, insanity, chronic alcoholism, or constitutional psychopathic inferiority;

(d) A mental defect not enumerated in paragraph (c) of this section; *Provided, however,* That a Class A certificate or Class A notification shall in no case be issued with respect to an alien having only mental shortcomings due to ignorance, or suffering only from a mental condition attributable to remediable physical causes, or from a psychosis of a temporary nature caused by a toxin, drug, or disease.

§ 34.8 *Certificates and notifications; Class B.* A Class B certificate, or Class B notification, shall be issued with respect to an alien who has a physical defect which is of such a nature that it may affect his ability to earn a living. The certificate, or notification, shall state the nature and extent of the physical defect, whether it is chronic or permanent, and the extent to which it is likely to render the alien incapable of pursuing a vocation or profession for which he has particular training or experience, or, if he has no such vocation or profession, incapable of performing ordinary physical or manual work.

§ 34.9 *Certificates and notifications; Class C.* A Class C Certificate, or Class C notification, shall be issued with respect to an alien who has a disease or defect other than those for which a Class A or Class B certificate (or notification) is required to be issued.

§ 34.10 *Detention and observation; adequacy of facilities.* (a) Whenever, upon an examination, it appears to the medical officer in charge that there is doubt about the physical or mental condition of an alien, the alien shall be held over for such observation and further examination as may be reasonably necessary to determine his physical or mental condition.

(b) When in the judgment of the medical officer in charge, a medical examination or re-examination cannot be satisfactorily completed at a station or place at which it is undertaken, such examination or re-examination shall be discontinued and such officer shall recommend to the presenting authority that the alien be removed to a place where the examination or re-examination may be satisfactorily completed.

§ 34.11 *Medical and other care; death.* (a) Upon request of the Immigration Service, an alien detained by it shall be admitted to a hospital or station of the

Public Health Service and receive therein necessary medical, surgical, and dental care. An alien found, in the course of an examination or re-examination, to be in need of emergency care shall be given such care to the extent deemed practicable by the medical officer in charge, and if in need of further care, he shall be returned to the presenting authority with the medical officer's recommendations concerning such further care.

(b) In case of death of an alien the body shall be delivered to the presenting authority; but if such death occurs in the United States, or in a territory or possession thereof, public burial shall be provided upon request of the Immigration Service and subject to its agreement to pay the burial expenses. Autopsies shall not be performed unless approved by the Immigration Service.

§ 34.12 *Quarantinable diseases.* Any alien arriving at a port of the United States who, in the course of a medical examination, is found to be infected with a disease defined as quarantinable under Part 71 of this chapter (Foreign Quarantine Regulations of the Public Health Service) shall be held under observation, isolated and released in accordance with the applicable provisions of such regulations.

§ 34.13 *Re-examination; convening of boards; expert witnesses; reports.* (a) The Surgeon General, or when authorized, a medical officer in charge, shall convene a board of medical officers to re-examine an alien

(1) Upon the request of the Immigration Service for a re-examination by such a board, or

(2) Upon an appeal by the alien from a certificate of insanity or mental defect, issued at a port of entry.

(b) Such a board shall consist of three, when practicable, but in no case less than two, medical officers. In the event that a board consists of three medical officers, the decision of the majority thereof shall prevail.

(c) Re-examination shall include:

(1) A medical examination by the board;

(2) A review of all records submitted;

(3) Use of any laboratory or diagnostic methods or tests deemed advisable; and

(4) Consideration of statements regarding the alien's physical or mental condition made by a reputable physician after his examination of the alien.

(d) An alien who is to be re-examined shall be notified of the time and place of his re-examination not less than five days prior thereto.

(e) An alien being re-examined may introduce as witnesses before the board such physicians or medical experts as the board may in its discretion permit, at his own cost and expense, *Provided,* That an alien who has appealed from a certificate of insanity or mental defect shall be permitted to introduce at least one expert medical witness. If witnesses offered are not permitted by the board to testify, the record of the proceedings shall show the reason for the denial of permission.

(f) Witnesses before the board shall be given an adequate opportunity to ex-

amine medical certificates involved in the re-examination and to present all relevant and material evidence, orally or in writing, until such time as the proceedings are declared by the board to be closed.

(g) The findings and conclusions of the board shall be based on its medical examination of the alien and on the evidence presented to it and made a part of the record of its proceedings.

(h) The board shall report its findings and conclusions to the Immigration Service, and shall also give prompt notice thereof to the alien if the re-examination has been held upon his appeal. The board's report to the Immigration Service shall specifically affirm, modify, or reject the findings and conclusions of prior examining medical officers.

(i) If the board finds that an alien re-examined by it has a disease or defect not previously certified, it shall issue its certificate in accordance with the applicable provisions of this part.

(j) After submission of its report, the board shall not be reconvened in the same case except upon the express authorization of the Surgeon General.

Subchapter D—Grants

PART 51—GRANTS TO STATES FOR PUBLIC HEALTH SERVICES

Sec.	Definitions.
51.1	Definitions.
51.2	Allotments; extent of health problems.
51.3	Basis of allotments.
51.4	Allotments; estimates; time of making; duration.
51.5	State plans; submission and amendments.
51.6	State plans; contents.
51.7	State plans; time of submission and approval.
51.8	Payments to States.
51.9	Required expenditure of State and local funds.
51.10	Required administrative standard; State plans; expenditures.
51.11	Required administrative standard; State plans; health services.
51.12	Required administrative standard; State plans; personnel administration on a merit basis.
51.13	Required administrative standard; State plans; training of personnel.
51.14	Required administrative standard; fiscal affairs.
51.15	Required administrative standard; required information; reports when due; audits.
51.16	Effective date; prior regulations superseded.

AUTHORITY: §§ 51.1 to 51.16, inclusive, issued under secs. 2, 215, 314, 58 Stat. 682, 690, 693, as amended by 60 Stat. 421, 424; 42 U. S. C., Supp. 201, 216, 246.

DERIVATION: §§ 51.1 to 51.16, inclusive, contained in Regulations, Surgeon General, May 12, 1947, approved by Acting Federal Security Administrator, 12 F. R. 3187.

§ 51.1 *Definitions.* As used in this part:

(a) "Act" means the Public Health Service Act approved July 1, 1944, 58 Stat. 682, as amended.

(b) "Exception" means the amount of Federal funds expended contrary to this part or the State plan.

(c) "Federal funds" means funds appropriated by Congress for carrying out the purposes of section 314 of the act.

(d) "Financial need" as applied to any State means the relative per capita income as shown by data, supplied by the Bureau of Foreign and Domestic Commerce for the most recent five-year period, available on January 1, preceding the fiscal year for which Federal funds are appropriated.

(e) "General health purposes" means the establishment and maintenance of public health services within the meaning of subsection (c) of section 314 of the act.

(f) "Official forms" means forms and instructions supplied by the Public Health Service to the State health authority for use in the submittal of State plans or information required with respect to the operation of such plans.

(g) "Political subdivision" includes counties, health districts, municipalities, and other subdivisions of the State established for governmental purposes.

(h) "Population" as applied to any State or political subdivision, means the total population thereof according to the most recent Federal Census for which figures are available on January 1, preceding the fiscal year for which Federal funds are appropriated.

(i) "Public Health Service" means the Public Health Service in the Federal Security Agency.

(j) "State" includes any State, the District of Columbia, Hawaii, Alaska, Puerto Rico, or the Virgin Islands.

(k) "State plan" refers to the information and proposals, including budgets, submitted by the State health authority pursuant to the regulations in this part for activities of the State and political subdivisions thereof for (1) the prevention, treatment and control of venereal disease, (2) the prevention, treatment and control of tuberculosis, (3) establishing and maintaining adequate public health services, or (4) the prevention, treatment, and control of mental illness, including emotional, psychiatric and neurological disorders.

(l) Insofar as the regulations in this part relate to the State mental health program, "State health authority" means, in the case of any State in which there is a single State agency other than the State health authority charged with responsibility for administering such program, the State mental health authority.

§ 51.2 *Allotments; extent of health problems.* For the purpose of making allotments to the several States:

(a) *Veneral disease.* The extent of the venereal disease problem shall be determined by the Surgeon General taking into consideration such factors as:

(1) The varying composite and racial prevalence rates for syphilis;

(2) The extent to which treatment facilities have been provided as evidenced by the population under treatment for syphilis;

(3) The total number of syphilis patients brought to treatment in the primary or secondary stages during the previous year;

(4) The varying costs of providing equal services as determined by the inverse function of the syphilitic density,

and the direct function of the size of the population of each State;

(5) The need for training centers and demonstrations in selected areas;

(6) The need for facilities for the prevention and control of venereal diseases in localities where there is an unusual concentration of population.

(b) *Tuberculosis.* The extent of the tuberculosis problem shall be determined by the Surgeon General taking into consideration such factors as:

(1) The morbidity of the disease;

(2) The mortality attributed to the disease;

(3) The relative need among the States of facilities for diagnosis and treatment of tuberculous persons.

(c) *Special health problems.* The extent of special health problems shall be determined by the Surgeon General taking into consideration such factors as:

(1) The ratio which the mean annual number of deaths in each State from all causes except cancer, tuberculosis, venereal disease, suicides, homicides, accidents, and maternal and infant deaths, bears to the total mortality in the United States from the same group of causes, as shown by the most recent mortality statistics;

(2) Special conditions which create unequal burdens in the administration of equal public health services among the States indicated by the relative population density as shown by the most recent Bureau of Census population census;

(3) The ratio which the number of persons engaged in hazardous industry in each State bears to the total number of persons engaged in hazardous industry based upon the 1940 labor force as shown by the 1940 Labor Force of the Bureau of the Census.

(d) *Mental health.* The extent of the mental health problem shall be determined by the Surgeon General, taking into consideration such factors as:

(1) The prevalence of emotional and psychiatric disorders affecting mental health;

(2) The relative need among the States for clinics for diagnosis and treatment of mentally ill persons.

§ 51.3 *Basis of allotments.* Of the total sum determined to be available for each fiscal year for allotment to the several States for the purposes of subsections (a), (b), and (c) of section 314 of the act, allotments to the several States shall be made as follows:

(a) *Veneral disease.* Of the amount available for allotment for venereal disease control programs:

From 20 percent to 40 percent, on the basis of population, weighted by financial need.

From 60 percent to 80 percent, on the basis of the extent of the venereal disease problem.

(b) *Tuberculosis.* Of the amount available for allotment for tuberculosis control programs:

From 20 percent to 40 percent, on the basis of population, weighted by financial need.

From 60 percent to 80 percent, on the basis of the extent of the tuberculosis problem.

(c) *General health purposes.* Of the amount available for allotment for general health purposes other than for mental health:

From 40 percent to 60 percent, on the basis of population, weighted by financial need.

From 40 percent to 60 percent, on the basis of the extent of special health problems.

(d) *Mental health.* Of the amount available for allotment for mental health programs:

From 20 percent to 40 percent, on the basis of population, weighted by financial need.

From 60 percent to 80 percent, on the basis of the extent of the mental health problem.

§ 51.4 *Allotments; estimates; time of making; duration.* (a) For each fiscal year, the Surgeon General shall, with the approval of the Administrator, determine the amount of the appropriation for each program which shall be available for allotment among the several States.

(b) Prior to the beginning of each fiscal year the Surgeon General shall prepare and make available to the States an estimated schedule of the amounts which it is expected will be allotted to each State during the fiscal year from estimated appropriations.

(c) Allotments for each program for the first quarter shall be made prior to the beginning of such quarter or as soon thereafter as practicable, and shall equal not less than 30 percent nor more than 40 percent of the total sum determined to be available for allotment during that fiscal year. At the end of the first quarter, the amounts of such allotments which have not been certified for payment to the respective States pursuant to § 51.8 shall become available for allotment among the States in the same manner as moneys which had not previously been allotted.

(d) Allotments for each program for the remaining nine months shall be made prior to the beginning of the second quarter or as soon thereafter as practicable, and shall equal the total sum remaining unpaid and unallotted from the amount available for allotment during the fiscal year.

(e) The Secretary of the Treasury and the respective State health authorities shall be notified of the amounts of allotments and of the period for which they are made.

§ 51.5 *State plans; submission and amendments.* (a) Each State making application for grants under section 314 of the act shall submit plans through its State health authority for each fiscal year for carrying out the purposes of such section. A State making application for Federal funds for more than one of the purposes authorized by section 314 of the act may consolidate its plan: *Provided*, That the information specifically required for a State plan is distinguished with respect to each purpose.

(b) The State plan and amendments thereto shall be prepared in accordance with official forms supplied by the Public Health Service for the purpose.

(c) The State plan may be amended with the approval of the Surgeon General. Amendments shall state the period they are to be in effect.

§ 51.6 *State plans; contents.* A State plan with respect to any program shall consist of two parts:

(a) Part I shall describe the current organization and functions of health

services for the program and the proposals of the State health authority for extending, improving, and otherwise modifying such organization and functions. It shall include a description of the services, and a statement that the plan if approved will be carried out as described and in accordance with the regulations prescribed under section 314 of the act.

(b) Part II shall consist of proposed budgets for carrying out the activities described in Part I, and shall specify the period for which such budgets are submitted.

§ 51.7 *State plans; time of submission and approval.* (a) Parts I and II of a plan (the former in duplicate, the latter in triplicate) shall be submitted at least 45 days prior to the beginning of the Federal fiscal year to which the plan relates.

(b) Review and approval of Part I shall precede review and approval of Part II. Part II of a plan shall not be approved unless each item thereof relates to activities specifically described in Part I.

Part II of a plan shall not be approved for any period antedating receipt of such part by the Public Health Service, except that in the event of epidemics or similar emergency, involving expenditures not capable of prediction, telegraphic requests for approval of emergency expenditures may be tentatively approved pending submission of necessary amendments to Parts I and II (and justification thereof) at a later date prescribed at the time of such tentative approval.

§ 51.8 *Payments to State.* Payments from allotments to a State having an approved plan shall not exceed the allotment to such State or the total estimated expenditure necessary for carrying out the State plan whichever is less.

Subject to the foregoing limitations, payments shall be made as follows:

(a) For the first quarter two payments shall be made from the allotment for such quarter. The first payment shall equal 45 percent of the amount allotted to each State for that quarter. The second payment shall be the amount of the difference between the unpaid balance of the allotment of the respective State and the unencumbered cash balance of the respective fund in the State treasury at the beginning of the first quarter, adjusted for exceptions.

(b) Payment for subsequent quarters from the allotments for the final third quarter period shall be made once in each quarter and shall be based upon an application for funds showing the estimated requirements for such quarter and the estimated unencumbered balance of the respective fund in the State treasury at the beginning of the quarter for which payment is to be made. All such payments shall be in the amount of the difference between the estimated requirement and the estimated unencumbered cash balance adjusted for exceptions, except that the amount paid together with such estimated unencumbered balance shall not exceed 35 percent of the total amount available to the State for the year.

Except with respect to the first payment in the first quarter, payments from allotments shall not be certified unless all reports and documents prescribed by the regulations in this part to be due have been received. Payments subsequent to such first payment shall not be made until an application for the payment has been received.

§ 51.9 *Required expenditure of State and local funds.* (a) Moneys paid to any State pursuant to section 314 of the act shall be paid upon the condition that there be expended in the State, during the fiscal year for which payment is made and for purposes specified in the State plan with respect to which the payment is made, public funds of the State and its political subdivisions (excluding any funds derived by loan or grant from the United States) in amounts determined as follows:

(1) With respect to payments for a venereal disease control program, an amount equal to 50 percent of the amount of Federal funds to be expended pursuant to the State plan.

(2) With respect to payments for a tuberculosis control program, an amount equal to the amount of Federal funds to be expended pursuant to the State plan.

(3) With respect to payments for a general health program other than the mental health program, an amount equal to 50 percent of the amount of Federal funds to be expended pursuant to the State plan.

(4) With respect to payments for a mental health program, an amount equal to 50 percent of the amount of Federal funds to be expended pursuant to the State plan.

The expenditures required for any one of the above programs shall be additional to the expenditures required for other programs.

(b) Federal funds paid to a State shall not be used to conserve State and local funds.

§ 51.10 *Required administrative standard; State plans; expenditures.* (a) Federal funds paid to a State shall be expended solely for the purposes specified in plans approved by the Surgeon General and in accordance with the regulations in this part.

(b) State laws and regulations governing the custody and disbursement of State funds shall govern the custody and disbursement of Federal funds paid to the State, subject to such modification as may be determined by the Surgeon General.

§ 51.11 *Required administrative standard; State plans; health services.* The State plan shall provide for health services in substantial accordance with nationally accepted standards. Compliance with standards of performance by health agencies receiving Federal funds shall be evaluated on the basis of criteria prescribed by the Surgeon General.

§ 51.12 *Required administrative standards; State plans; personnel administration on a merit basis.* A system of personnel administration on a merit basis shall be established and maintained for personnel employed in programs, the

budgets of which provide for the expenditure of Federal funds or of State funds for matching purposes. Standards for evaluating compliance with this requirement shall be contained in "Merit System Policies of the Public Health Service" in effect at the time of the expenditure.

NOTE: For Merit System Policies of the Public Health Service see Appendix B to Part 53.

§ 51.13 *Required administrative standards; State plans; training of personnel.* Use of Federal funds for training personnel for State and local health work shall be authorized by the State health authority in accordance with "Minimum Standards for Sponsored Training of the Public Health Service." Records of authorized training shall be maintained in State health departments and shall be audited for compliance with these standards.

§ 51.14 *Required administrative standards; fiscal affairs.* (a) A separate and distinct fund account shall be maintained for each fund of Federal moneys by the principal State accounting officer.

(b) An efficient method for the conduct of fiscal affairs (including financial and property controls) shall be established and maintained with respect to State and local public health agencies receiving financial assistance through grants pursuant to the regulations in this part.

§ 51.15 *Required administrative standards; required information; reports when due; audits.* (a) The Surgeon General may require the submission of information pertinent to the operation of the State plans and to the purpose of the grants, including the following:

(1) A certification on an official form as to the amount of State and local funds available for carrying out the State plan shall be due in duplicate within 90 days after the beginning of the fiscal year.

(2) A statement on an official form showing the distribution of all funds by functional activities for the next fiscal year and estimates of need for the second year following shall be due in duplicate on May 15 of each year.

(3) Quarterly reports on official forms showing total receipts, expenditures, unliquidated encumbrances and balances of Federal funds, and total quarterly expenditures from Federal grants and other sources for each budget shall be due in duplicate 45 days after the close of the quarter.

(4) A detailed annual report on an official form showing expenditures for each budget and item for the preceding fiscal year shall be due in duplicate on October 1, of each year.

(5) A report on an official form showing personnel, facilities and services for each local health organization included in the current State plan shall be due in duplicate on September 15, of each year.

(6) The following reports on official forms shall be submitted with respect to venereal disease activities within 45 days after the close of the period to which they pertain:

(1) A quarterly report on laboratory activities, drug distribution and fees to private physicians.

(ii) A quarterly activity report for each cooperative health unit or a summary of such activities by the State health authority.

(iii) A quarterly morbidity report, with separate report by each city of 200,000 population or over.

(7) The following reports on official forms shall be submitted with respect to tuberculosis control activities within 45 days after the close of the period to which they pertain:

(i) A semiannual report on mass chest surveys, and tuberculosis morbidity, and mortality, with separate report for cities of 500,000 population or over.

(ii) An annual report on clinic and nursing services.

(b) Audit of the activities and programs described in the State plan may be made after prior consultation with the State health authority. Records, documents, and information available to the State health authority pertinent to the audit shall be accessible for purposes of audit.

§ 51.16 *Effective date; prior regulations superseded.* The regulations in this part, which shall become effective upon May 16, 1947, shall apply for the fiscal year 1948 and thereafter, and with respect to the fiscal year 1948 and thereafter, shall supersede the regulations heretofore contained in this part.

PART 52—GRANTS FOR CANCER CONTROL PROGRAMS

Sec.	
52.1	Definitions.
52.2	Basis of allotments.
52.3	State plans; submission and amendments.
52.4	State plans; contents.
52.5	State plans; time of submission and approval.
52.6	Payments to States.
52.7	Required expenditure of State and local funds.
52.8	Required administrative standard; State plans; expenditures.
52.9	Required administrative standard; State plans; cancer services.
52.10	Required administrative standard; State plans; personnel administration on a merit basis.
52.11	Required administrative standard; State plans; training of personnel.
52.12	Required administrative standard; fiscal affairs.
52.13	Required information and reports; audits.
52.14	Project grants; eligibility; submission of plan; approval.
52.15	Project plans; contents.
52.16	Payment to project grantees; unused funds.
52.17	Project expenditures; required reports; audits.

AUTHORITY: §§ 52.1 to 52.17, inclusive, issued under secs. 215 and 402 (f), 58 Stat. 690, 707, as amended, and by the Federal Security Agency Appropriation Act, 1948, approved July 8, 1947, Pub. Law 165, 80th Cong.; 42 U. S. C. Sup. 216, 282.

DERIVATION: §§ 52.1 to 52.17, inclusive, contained in Regulations, Acting Surgeon General, approved by Acting Federal Security Administrator, July 15, 1947, effective July 19, 1947, 12 F. R. 4817.

§ 52.1 *Definitions.* As used in this part:

(a) "Act" means the "Public Health Service Act" approved July 1, 1944, 58 Stat. 682, as amended.

(b) "Allotment" means funds allotted to a State on the basis of the formula prescribed in these regulations and to be expended under plans submitted by the State health authority. (§§ 52.2 to 52.13, inclusive, relate to allotted funds).

(c) "Exception" means the amount of Federal funds expended contrary to this part or the State plan.

(d) "Federal funds" means funds appropriated by Congress for carrying out the purposes of Title IV of the act.

(e) "Extent of cancer problem" means the ratio which the average annual number of deaths from cancer during the years 1940-44, inclusive, in each State bears to the total cancer mortality in the United States.

(f) "Financial need" as applied to any State means the relative per capita income, as shown by data supplied by the Bureau of Foreign and Domestic Commerce for the period 1941-1945, inclusive.

(g) "Grantee" includes any State agency administering a cancer program and any university, hospital, laboratory, institution, or professional nonprofit organization whether public or private dealing with the cancer problem which receives a grant of Federal funds under the regulations in this part.

(h) "Official forms" means forms and instructions supplied by the Public Health Service to the State health authority for use in the submittal of State plans or information required with respect to the operation of such plans.

(i) "Political subdivision" includes counties, health districts, municipalities, and other subdivisions of the State established for governmental purposes.

(j) "Population" as applied to any State or political subdivision, means the total population thereof, as of July 1, 1945, according to the estimates of the Bureau of the Census.

(k) "Program" means the activities and services planned for the prevention, control and eradication of cancer.

(l) "Project grant" means funds allotted to a grantee for carrying out special projects. (§§ 52.14 to 52.17, inclusive, relate specifically to projects.)

(m) "Public Health Service" means the Public Health Service in the Federal Security Agency.

(n) "Special projects" means specific programs of a noncontinuing nature relating to the prevention, control and eradication of cancer, including training. Research projects other than for statistical research are excluded.

(o) "State" includes any State, the District of Columbia, Hawaii, Alaska, Puerto Rico, or the Virgin Islands.

(p) "State health authority" means the official State agency administering the State health program.

(q) "State plan" refers to the information and proposals, including budgets, submitted by the State health authority pursuant to the regulations in this part for activities of the States and political subdivisions thereof for the prevention, control and eradication of cancer.

§ 52.2 *Basis of allotments.* Of the total sum determined by the Surgeon General to be available for the fiscal year 1948 for grants to States on a formula basis, allotments to the several States shall be as follows:

60 percent on the basis of population weighted by financial need.

35 percent on the basis of the extent of the cancer problem.

5 percent on the basis of relative population density.

§ 52.3 *State plans; submission and amendments.* (a) Each State making application for grants for a cancer control program shall submit plans through its State health authority. A State making such an application may consolidate its plan with the plans submitted in accordance with section 314 of the act provided that the information specifically required for a State plan is distinguished with respect to each purpose.

(b) The State plan and amendments thereto shall be prepared in accordance with official forms supplied by the Public Health Service for the purpose.

(c) The State plan may be amended with the approval of the Surgeon General or his designee. Amendments shall state the period they are to be in effect.

§ 52.4 *State plans; contents.* A State plan for a cancer control program shall consist of two parts:

(a) Part I shall describe the current organization and functions of health services for the program and the proposals of the State health authority for extending, improving and otherwise modifying such organization and functions. It shall include a description of the services and a statement that the plan if approved shall be carried out as described and in accordance with the regulations in this part.

(b) Part II shall consist of proposed budgets for carrying out the activities described in Part I, and shall specify the period for which such budgets are submitted.

§ 52.5 *State plans; time of submission and approval.* Review and approval of Part I shall precede review and approval of Part II. Part II of a plan shall not be approved unless each item thereof relates to activities specifically described in Part I. Part II of a plan shall not be approved for any period antedating receipt of such part by the Public Health Service except that in the event of emergencies involving expenditures not capable of prediction, telegraphic requests for approval of emergency expenditures may be tentatively approved pending submission of necessary amendments to Parts I and II (and justification thereof) at a later date prescribed at the time of such tentative approval.

§ 52.6 *Payments to States.* Payments from allotments to a State having an approved plan shall not exceed the allotment to such State or the total estimated expenditure necessary for carrying out the State plan, whichever is less. Subject to the foregoing limitations, payments shall be made as follows:

(a) The payment for the first quarter shall equal 35 percent of the total amount allotted to each State for the fiscal year.

(b) Payment for subsequent quarters from the allotments for the final three-quarter period shall be made once in each quarter and shall be based upon an application for funds showing the estimated requirements for such quarter

and the estimated unencumbered balance of the respective fund in the State Treasury at the beginning of the quarter for which payment is to be made. All such payments shall be in the amount of the difference between the estimated requirement and the estimated unencumbered cash balance adjusted for exceptions, except that the amount paid together with such estimated unencumbered balance shall not exceed 35 percent of the total amount available to the State for the year. Except with respect to the first payment in the first quarter, payments from allotments shall not be certified unless all reports and documents prescribed by the regulations in this part to be due have been received. Any amount in excess of 35 percent of the total allotment to a State remaining unpaid after the third quarter payment shall be placed in the fund for special projects and will be allotted on a project basis for the current year. Any unpaid balance in the allotment account of a State remaining unpaid after the final payment to a State shall be available for allotment on a project basis during the remainder of the current year.

§ 52.7 *Required expenditure of State and local funds.* Federal funds paid to a State for its cancer control program shall not be used to conserve State and local funds otherwise available for such purpose.

§ 52.8 *Required administrative standard; State plans; expenditures.* (a) Federal funds paid to a State shall be expended solely for the purposes specified in plans approved by the Surgeon General or his designee, and in accordance with the regulations in this part.

(b) State laws and regulations governing the custody and disbursement of State funds shall govern the custody and disbursement of Federal funds paid to the State, subject to such modification as may be determined by the Surgeon General.

§ 52.9 *Required administrative standard; State plans; cancer services.* The State plan shall provide for cancer services in substantial accordance with nationally accepted standards. Compliance with standards of performance by health agencies receiving Federal funds shall be evaluated on the basis of criteria prescribed by the Surgeon General.

§ 52.10 *Required administrative standard; State plans; personnel administration on a merit basis.* A system of personnel administration on a merit basis shall be established and maintained for personnel employed in the program, the budget of which provides for the expenditure of Federal funds. Standards for evaluating compliance with this requirement shall be contained in "Merit System Policies of the Public Health Service" in effect at the time of the expenditure.

§ 52.11 *Required administrative standard; State plans; training of personnel.* Use of Federal funds for training personnel for State and local health work shall be authorized by the State health authority in accordance with "Minimum Standards for Sponsored Training of the Public Health Service."

Records of authorized training shall be maintained in the State health agency and shall be audited for compliance with these standards.

§ 52.12 *Required administrative standard; fiscal affairs.* (a) A separate and distinct fund account shall be maintained for Federal cancer funds by the principal State accounting officer.

(b) An efficient method for the conduct of fiscal affairs (including financial and property controls) shall be established and maintained with respect to State and local public health agencies receiving financial assistance through grants pursuant to the regulations in this part.

§ 52.13 *Required information and reports; audits.* (a) The Surgeon General may require the submission of information pertinent to the operation of the State plan and to the purpose of the grant, including the following, which wherever possible may be consolidated with data furnished in accordance with section 314 of the act: *Provided*, That the information specifically required for the cancer control program is identified:

(1) A certification on an official form as to the amount of State and local funds available for carrying out the State plan shall be due in duplicate prior to October 1, 1947.

(2) Quarterly reports on official forms showing total receipts, expenditures, unliquidated encumbrances and balances of Federal funds, and total quarterly expenditures from Federal grants and other sources for each budget shall be due in duplicate 45 days after the close of the quarter.

(3) A detailed annual report on an official form showing expenditures for each budget and item for the fiscal year 1948 shall be due in duplicate on October 1, 1948.

(4) A report on an official form showing personnel, facilities and services for each local health organization included in the current State plan shall be due in duplicate on September 15, 1947.

(b) Audit of the activities and program described in the State plan may be made after prior consultation with the State health authority. Records, documents, and information available to the State health authority pertinent to the audit shall be accessible for purposes of audit.

§ 52.14 *Project grants; eligibility; submission of plan; approval.* State health agencies, universities, hospitals, laboratories, institutions, or professional nonprofit organizations, public or private will be eligible to apply for funds for projects relating to cancer control. The applicant shall submit plans for such projects through the State health authority.

§ 52.15 *Project plans; contents.* A project plan with respect to a cancer grant shall describe:

(a) The current organization and functions of the applicant, personnel available for cancer activities, objectives of the project and techniques for operation; and

(b) The amount of funds available to the applicant for the project, the amount

of Federal funds required, the personnel needed, the cost of permanent equipment, consumable supplies and travel, and the period during which the project will be operated.

§ 52.16 *Payment to project grantees; unused funds.* Upon the approval of a project plan the total amount of the project will be paid directly to the grantee. A separate and distinct fund account shall be maintained by the grantee for the Federal funds paid hereunder. Any balances of the grant remaining unspent at the close of the project shall be returned to the Treasury of the United States.

§ 52.17 *Project expenditures; required reports; audits.* Federal funds paid to a project grantee shall be expended solely for the purposes specified in the project plan approved by the Surgeon General and in accordance with the regulations in this part. A monthly report of expenditures listing personnel employed and salaries, cost and nature of permanent equipment, cost and type of consumable supplies and cost of travel shall be submitted to the Surgeon General by the grantee. Audit of the activities described in the project plan may be made after prior consultation with the grantee. Records, documents and information available to the grantee pertinent to the audit shall be accessible for purposes of audit.

PART 53—GRANTS FOR SURVEY, PLANNING AND CONSTRUCTION OF HOSPITALS

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Appendix A—General standards of construction and equipment.

Appendix B—Merit System Policies of the United States Public Health Service.

AUTHORITY: §§ 53.1 to 53.79, inclusive, issued under sec. 622, Pub. Law 725, 79th Cong., 60 Stat. 1042; 42 U. S. C. Supp. 291e.

DERIVATION: §§ 53.1 to 53.79, inclusive, contained in Regulations, Acting Surgeon General, Jan. 24, 1947, approved Federal Hospital Council, Nov. 14, 1946, and Federal Security Administrator, Feb. 4, 1947, as amended by Regulations, Surgeon General, approved Federal Hospital Council and Federal Security Administrator, June 5, 1947, 12 F. R. 980, 3808.

SUBPART A—DEFINITIONS

§ 53.1 *Definitions.* Except as otherwise stated, the following terms shall have the following meanings when used in the regulations in this part:

(a) *Area.* A logical hospital service area, taking into account such factors as population distribution, natural geographic boundaries, transportation and trade patterns, all parts of which are reasonably accessible to existing or proposed hospital facilities and which has been designated by the State Agency as a base, intermediate, or rural area. Nothing in the regulations in this part shall preclude the formation of an interstate area with the mutual agreement of the States concerned.

(b) *Base area.* Any area which is so designated by the State Agency and has the following characteristics: (1) Irrespective of the population of the area, it shall contain a teaching hospital of a medical school; this hospital must be suitable for use as a base hospital in a coordinated hospital system within the State; or (2) the area has a total population of at least 100,000 and contains or will contain on completion of the hospital construction program under the State plan at least one general hospital which has a complement of 200 or more beds for general use. This hospital must furnish internships and residencies in two or more specialties and must be suitable for use as a base hospital in a coordinated hospital system within the State.

(c) *Intermediate area.* Any area so designated by the State Agency which: (1) Has a total population of at least 25,000 and (2) contains, or will contain on completion of the hospital construction program under the State plan, at least one general hospital which has a complement of 100 or more beds and which would be suitable for use as a district hospital in a coordinated hospital system within the State.

(d) *Rural area.* Any area so designated by the State Agency which constitutes a unit, no part of which has been included in a base or intermediate area.

(e) *Coordinated hospital system.* An interrelated network of general hospitals

throughout a State in which one or more base hospitals provide district hospitals and the latter in turn provide rural and other small hospitals with such services relative to diagnosis, treatment, medical research and teaching as cannot be provided by the smaller hospitals individually.

(f) *Hospital.* Public health centers and general, tuberculosis, mental, chronic disease, and other types of hospitals, and related facilities, such as laboratories, out-patient departments, nurses' home and training facilities, and central service facilities operated in connection with hospitals, but not institutions furnishing primarily domiciliary care. The term "hospital," except as applied generally to include public health centers, shall be restricted to institutions providing community service for in-patient medical or surgical care of the sick or injured; this includes obstetrics. It shall exclude Federal hospitals and institutions found to constitute a public hazard.

(g) *Allied special hospital.* Cardiac, eye-ear-nose-throat, isolation, maternity, children's orthopedic, and skin and cancer, as well as other hospitals providing similar specialized types of care commonly given in general hospitals. The term excludes mental, tuberculosis, and chronic disease hospitals.

(h) *Chronic disease hospital.* A hospital, the primary purpose of which is medical treatment of chronic illness, including the degenerative diseases, and which furnishes hospital treatment and care, administered by or under the direction of persons licensed to practice medicine in the State. The term includes such convalescent homes as meet the foregoing qualifications. It excludes tuberculosis and mental hospitals, nursing homes, and also institutions, the primary purpose of which is domiciliary care.

(i) *General hospital.* Any hospital for in-patient medical or surgical care of acute illness or injury and for obstetrics, of which not more than 50% of the total patient days during the year are customarily assignable to the following categories of cases: Chronic, convalescent and rest, drug and alcoholic, epileptic, mentally deficient, mental, nervous and mental, and tuberculosis.

(j) *Mental hospital.* A hospital for the diagnosis and treatment of nervous and mental illness but excluding institutions for the feeble-minded and epileptics.

(k) *Nonprofit hospital.* Any hospital owned and operated by a corporation or association, no part of the net earnings of which is applied, or may lawfully be applied, to the benefit of any private shareholder or individual.

(l) *Psychopathic hospital.* A type of mental hospital where patients may receive intensive treatment and where only a minimum of continued treatment facilities will be afforded.

(m) *Tuberculosis hospital.* A hospital for the diagnosis and treatment of tuberculosis, excluding preventoria.

(n) *Hospital bed.* A bed for an adult or child patient. Bassinets for the newborn in a nursery, beds in labor rooms and in health centers, and other beds

used exclusively for emergency purposes are not included in this definition.

(o) *Population.* In computing the population of the State or any area thereof for purposes of the regulations in this part, the State Agency shall use the latest figures of civilian population certified by the Federal Department of Commerce with such adjustments as may be necessary to reflect changing local conditions. Such adjustments shall not result in any increase in the total population of the State over the figures certified by the Department of Commerce.

(p) *Public health center.* A publicly owned facility utilized by a local health unit for the provision of public health services, including related facilities such as laboratories, clinics, and administrative offices operated in connection with public health centers.

(q) *Local health unit.* A single county, city, county-city, or local district health unit, as well as a State health district unit where the primary function of the State district unit is the direct provision of public health services to the population under its jurisdiction.

(r) *Public health services.* Services provided through organized community effort in the endeavor to prevent disease, prolong life, and maintain a high degree of physical and mental efficiency. In addition to the services which the community already provides as a matter of practice, the term shall include such additional services as the community from time to time may deem it desirable to provide.

(s) *State.* The 48 States, Alaska, Hawaii, Puerto Rico, and the District of Columbia.

(t) *State agency.* As the context may require, either the agency designated by the State pursuant to section 612 (a) (1) of the Federal Hospital Survey and Construction Act or the agency designated to administer the State plan pursuant to section 623 (a) (1) of the Federal Act.

(u) *Surgeon General.* The Surgeon General of the United States Public Health Service.

(v) *Federal Act.* Title VI of the Public Health Service Act, as amended by the Hospital Survey and Construction Act (Public Law 725, 79th Congress, 60 Stat. 1042; 42 U. S. C. Supp. 291 (e)), approved August 13, 1946.

SUBPART B—DISTRIBUTION OF GENERAL HOSPITAL BEDS

§ 53.11 *Plan of distribution.* It is the intention of the regulations in this part to provide for distribution of general hospital beds among the different areas of the State so as to provide comprehensive and adequate types of hospital services to all sizes of communities. In accordance with this intent the general methods by which general hospital beds shall be distributed among base areas, intermediate areas, and rural areas, shall be as provided for in §§ 53.12 to 53.14, inclusive.

§ 53.12 *Maximum State allowance.* The number of general hospital beds required to provide adequate hospital services to the people residing in any State shall be:

(a) In States having 12 or more persons per square mile, 4.5 beds per thousand population;

(b) In States having less than 12 and more than 6 persons per square mile, 5 beds per thousand population; and

(c) In States having 6 persons or less per square mile, 5.5 beds per thousand population.

If in any area (base, intermediate, or rural), as determined by the State agency, there are more beds than required by these standards, such excess may be eliminated in calculating the maximum allowance for the State as a whole.

§ 53.13 *Standards for construction program.* The construction program under the State plan shall provide for general hospital beds, existing and proposed, in each area within the State in accordance with the following standards:

(a) In States having 12 or more persons per square mile, 2.5 beds per thousand population in rural areas, 4.0 beds per thousand in intermediate areas, and 4.5 beds per thousand in base areas;

(b) In States having less than 12 but more than 6 persons per square mile, 3 beds per thousand population in rural areas, 4.5 beds per thousand in intermediate areas, and 5 beds per thousand in base areas; and

(c) In States having 6 or less persons per square mile, 3.5 beds per thousand population in rural areas, 5.0 beds per thousand in intermediate areas, and 5.5 beds per thousand in base areas.

In addition, the State agency shall subtract from the total number of beds permitted for each area under § 53.12 the total number of beds permitted for each area under this section or the number of beds in existence, whichever is greater. The total number of beds so determined for all areas shall be distributed at the discretion of the State agency and without regard to standards specified in §§ 53.12 and 53.13. This shall be done in such a manner as to meet the special needs of any area and facilitate the coordination of hospital services. In allocating beds under this section, the State Agency shall give special consideration to hospitals serving persons in rural areas and communities with relatively small financial resources.

§ 53.14 *Beds classified as general hospital beds.* The count of existing general hospital beds shall include the beds in the hospitals of this category as defined above, and also: (a) Beds in allied special hospitals, and (b) beds in any tuberculosis, mental, or chronic disease hospital which are specifically assigned for the care of general patients, except where the beds so assigned in any institution number less than ten. Beds for persons hospitalized for the primary condition of tuberculosis, mental, or chronic disease shall be excluded.

SUBPART C—DISTRIBUTION OF TUBERCULOSIS, MENTAL, AND CHRONIC DISEASE HOSPITAL BEDS

§ 53.21 *Maximum State allowance.* The number of beds required to provide adequate hospital services for tuberculous patients, mental patients, and

chronic disease patients in any State shall be:

(a) For tuberculous patients, 2.5 times the average annual deaths from tuberculosis in the State over the 5-year period from 1940 to 1944 inclusive;

(b) For mental patients, 5 per thousand population; and

(c) For chronic disease patients, 2 per thousand population.

The count of existing tuberculosis, mental, and chronic disease hospital beds shall include the beds in the hospitals of these respective categories, as defined above, and also beds in any general hospital which are specifically assigned for the care of tuberculous, mental and chronic disease patients respectively, except where the beds so assigned in any institution number less than 10 in any category.

§ 53.22 *Distribution.* Whenever practicable, tuberculosis hospitals receiving grants under the Federal Act shall be built in centers of population and in proximity to general hospitals.

Whenever practicable, mental hospitals receiving grants under the Federal Act shall be located in centers of population and in proximity to general hospitals.

Whenever practicable, chronic disease hospitals shall be built in centers of population and in proximity to general hospitals.

SUBPART D—DISTRIBUTION OF PUBLIC HEALTH CENTERS

§ 53.31 *Maximum State allowance.* The number of public health centers in a State (counting those existing as well as those provided with aid under the act), shall not exceed one per 30,000 State population, except in States having less than 12 persons per square mile the number shall not exceed one per 20,000 population. The following shall be excluded from the count of public health centers:

(a) Existing facilities which the State Agency, after consultation with the State health authority, has determined to be unsuitable for use as public health centers, and

(b) Auxiliary facilities such as laboratories and clinics, whether existing or proposed, and whether they are located within the same structure as the health department office or in a separate structure.

§ 53.32 *Distribution.* The general method of distribution of public health centers throughout the State shall conform to the plan of organization of local health units within the State. In instances where the State Health Department is not the State Agency designated under section 623 (a) (1) of the Federal Act, the method of distribution shall be determined after consultation with the State health authority.

SUBPART E—PRIORITY OF PROJECTS

§ 53.41 *Manner of determination.* The general manner in which the State Agency shall determine the priority of projects included in the State construction program shall conform with the principles set out in §§ 53.40 to 53.47, inclusive.

§ 53.42 *Balance among categories of facilities.* Insofar as practicable, the State Agency shall develop its construction program in relation to the proportionate need for each of the five categories of facilities (general, mental, tuberculosis, chronic, and health centers). In determining proportionate needs, consideration shall be given to existing facilities and those under construction without assistance under the Federal act.

§ 53.43 *All categories of facilities; additional facilities as against replacements.* Initial installations and additions to existing hospitals and health centers shall be given priority over replacements, except:

(a) Where replacement is of minor character and necessary to the provision of needed additional facilities;

(b) Where, in the case of a hospital, replacement is essential to eliminate an existing needed hospital which constitutes a public hazard;

(c) Where, in the case of a public health center, the State health authority has certified that the existing facility is unsuitable for use as a public health center.

§ 53.44 *General hospital category.* The relative priority of these projects shall be determined after consideration of the following factors in the order of importance as given:

(a) The relative need for beds in the area (base, intermediate, or rural) in which the project will be located, taking into account the utilization of existing general hospital beds in the area and giving special consideration to projects providing service for persons located in rural communities and areas with relatively small financial resources;

(b) The extent to which beds will be made available for groups of the population which by reason of race, creed, or color are less adequately served than other groups of the population.

§ 53.45 *Chronic diseases category.* Priority shall be given to those projects in which the chronic disease facilities will be operated as sub-units of general hospitals.

§ 53.46 *Public health centers.* Highest priority in this category shall be given to the provision of facilities for local health units serving rural communities and areas with relatively small financial resources. Where the agency designated to administer the State plan is not the State health authority, the State Agency shall determine the relative priorities to be established after consultation with the State health authority.

§ 53.47 *Size and character.* Insofar as practicable and without affecting the priority of hospitals serving rural communities and areas with relatively small financial resources, special consideration shall be given to applications for construction of projects of a size and character consistent with efficient and economical operation.

SUBPART F—GENERAL STANDARDS OF CONSTRUCTION AND EQUIPMENT

§ 53.51 *General.* Plans and specifications for each project submitted to the

Surgeon General for approval under the Federal Act shall be prepared in accordance with the "General Standards of Construction and Equipment" for hospitals of different classes and in different types of locations as prescribed by the Surgeon General set forth in Appendix A to this part. The Surgeon General may approve plans and specifications which contain deviations from the requirements prescribed, if he is satisfied that the purposes of such requirements have been fulfilled.

The design and construction covered by the plans and specifications must conform with the applicable State and local laws, codes, and ordinances and with the approved State plan. The plans and specifications must be complete and adequate for contract purposes and have the approval and recommendation of the State Agency.

Equipment shall be provided in the kind and to the extent necessary for the proper functioning of the facility as planned.

§ 53.52 *Size of mental and psychopathic hospitals.* No application for construction of a psychopathic hospital with a capacity of more than 500 beds or of a mental hospital with a capacity of more than 3,000 beds shall be approved. This requirement shall not be construed to prevent approval of applications for improvements of psychopathic and mental hospitals with bed capacities equal to or greater than those specified above if such improvements are designed to provide more intensive treatment facilities within such hospitals.

§ 53.53 *Size of tuberculosis hospitals.* No application for construction of a tuberculosis hospital with a capacity of less than 100 beds shall be approved, except that an application for construction of a tuberculosis hospital with a capacity from 50 to 100 beds may be approved where necessary to provide facilities for an isolated area too small to support a larger hospital.

SUBPART G—NON-DISCRIMINATION AND HOSPITAL SERVICES FOR PERSONS UNABLE TO PAY THEREFOR

§ 53.61 *General.* The State plan shall provide for adequate hospital facilities for the people residing in a State without discrimination on account of race, creed, or color and shall provide for adequate hospital facilities for persons unable to pay therefor.

§ 53.62 *Non-discrimination.* Before a construction application is recommended by a State Agency for approval, the State Agency shall obtain assurance from the applicant that the facilities to be built with aid under the act will be made available without discrimination on account of race, creed, or color to all persons residing in the area to be served by that hospital. However, in any area where separate hospital facilities are provided for separate population groups, the State Agency may waive the requirement of assurance from the construction applicant if (a) it finds that the plan otherwise makes equitable provision on the basis of need for facilities and services of like quality for each such population group in the area, and (b) such finding is subsequently approved by the Sur-

geon General. Facilities provided under the Federal Act will be considered as making equitable provision for separate population groups when the facilities to be built for the group less well provided for heretofore are equal to the proportion of such group in the total population of the area, except that the State plan shall not program facilities for a separate population group for construction beyond the level of adequacy for such group.

§ 53.63 *Hospital services for persons unable to pay therefor.* Before a construction application is recommended by a State Agency for approval, the State Agency shall obtain assurance that the applicant will furnish a reasonable volume of free patient care. As used in this section, "free patient care" means hospital service offered below cost or free to persons unable to pay therefor, including under "persons unable to pay therefor," both the legally indigent and persons who are otherwise self-supporting but are unable to pay the full cost of needed hospital care. Such care may be paid for wholly or partly out of public funds or contributions of individuals and private and charitable organizations such as community chests or may be contributed at the expense of the hospital itself. In determining what constitutes a reasonable volume of free patient care there shall be considered conditions in the area to be served by the applicant including the amount of free care that may be available otherwise than through the applicant. The requirement of assurance from the applicant may be waived if the applicant demonstrates to the satisfaction of the State Agency, subject to subsequent approval by the Surgeon General, that furnishing such free patient care is not feasible financially.

SUBPART H—METHODS OF ADMINISTRATION OF THE STATE PLAN

§ 53.71 *General.* The State plan shall provide for general methods of administration which are in accord with the principles set out in §§ 53.72 to 53.78, inclusive.

§ 53.72 *Construction program.* The State hospital construction program shall be developed in the following manner:

(a) The State Agency shall determine need for hospital facilities of all types and health center facilities by applying the ratios heretofore specified and deducting existing facilities, except those justifying replacement under priority regulations.

(b) The State Agency shall determine through field investigation, and otherwise, the approximate locations within each area at which needed beds or health centers should most appropriately be built.

(c) After having determined hospital and public health center needs, the State Agency shall establish an overall construction program. This program shall set forth all such needs in accordance with the standards specified in §§ 53.12, 53.21, and 53.31 and shall show the relative need for each project included, irrespective of the availability of funds for

construction and for maintenance and operation.

(d) The State Agency shall, from time to time as necessary, but at least annually, review the overall hospital construction program. Annually, at a time fixed by the Surgeon General, the Agency shall submit to him a report, which shall contain such revisions of the construction program, as the Agency considers necessary.

(e) The State Agency shall establish a separate construction schedule on such forms and for such periods as the Surgeon General may prescribe. Insofar as funds are available for construction and for maintenance and operation, construction shall be scheduled in the order of relative need.

§ 53.73 *Personnel administration.* A system of personnel administration on a merit basis shall be established and maintained with respect to the personnel employed in the administration of the State plan. Such a system shall include provision for:

(a) Impartial administration of the merit system;

(b) Operation on the basis of published rules or regulations;

(c) Classification of all positions on the basis of duties and responsibilities and establishment of qualifications necessary for the satisfactory performance of such duties and responsibilities;

(d) Establishment of compensation schedules adjusted to the responsibility and difficulty of the work;

(e) Selection of permanent appointees on the basis of examinations so constructed as to provide a genuine test of qualifications and so conducted as to afford all qualified applicants opportunity to compete;

(f) Advancement on the basis of capacity and meritorious service; and

(g) Tenure of permanent employees.

Substantial compliance with the merit system policies of the Public Health Service as set forth in Appendix B will be deemed to meet the requirements of the regulations in this part.

§ 53.74 *Fair hearings.* The State Agency shall establish such rules and regulations as will provide an opportunity for an appeal to and a fair hearing before the State Agency to every applicant for a construction project who is dissatisfied with any action of the State Agency regarding its application.

§ 53.75 *Construction standards.* The State Agency shall adopt general standards of construction and equipment for the various types of hospitals and health centers assisted under this program. The standards adopted shall not be less than the general standards prescribed by the Surgeon General and set forth in Appendix A to this part.

§ 53.76 *Publicizing the State plan.* (a) Prior to submission of the State plan to the Surgeon General, the State Agency shall publish a general description of the provisions proposed to be included in the State plan and shall give reasonable notice of a public hearing at which all interested persons or organizations will be given an opportunity to be heard.

(b) After the Surgeon General has approved the State plan, the State

Agency shall publish a general description of its provisions in newspapers having general circulation throughout the State and shall make the approved State plan available for examination, upon request, to all interested persons or organizations.

§ 53.77 *Processing construction applications*—(a) *Form of application.* Construction applications, including a detailed estimate of the cost of the project, shall be submitted to the Surgeon General through the State Agency and shall be executed on forms prescribed by the Surgeon General.

(b) *Order of processing applications.* The State Agency shall process applications received in the order of priority, except that the State Agency may approve, recommend and forward to the Surgeon General applications out of the order of priority if:

(1) The State Agency has afforded reasonable opportunity for development and presentation of projects in the order of priority, and

(2) If the State Agency certifies to the Surgeon General that financial resources for the construction, maintenance and operation of projects of higher priority are not then available.

The priority of a project under the State plan shall not be affected by the fact that other projects of lower priority have previously been approved and recommended by the State Agency.

(c) *Assurances from applicant.* In addition to assurance otherwise required by the State Agency, before approving an application, the State Agency must have assurance from the applicant:

(1) That actual construction work will be performed by the lump sum (fixed price) contract method, that adequate methods of obtaining competitive bidding will be or have been employed prior to awarding the construction contract, either by public advertising or circularizing three or more bidders, and that the award of the contract will be or has been made to the responsible bidder submitting the lowest acceptable bid;

(2) That the construction contracts will prescribe the minimum rates of pay for laborers and mechanics engaged in construction of the project as determined by the Secretary of Labor and that such minimum rates will be stated in the specifications advertised in the call for bids on the proposed project;

(3) That the requirement that each contractor or subcontractor shall furnish a weekly sworn affidavit with respect to the wages paid each employee during the preceding week, as required by 48 Stat. 948 (40 U. S. C. 276 (b) and 276 (c)), and the regulations issued pursuant thereto, will be incorporated in the project specifications and made a part of the construction contract;

(4) That the project will not be advertised or placed on the market for bidding until the final working drawings and specifications have been approved by the Surgeon General and the applicant has been so notified;

(5) That no construction contract or contracts for the project or a part thereof, the cost of which is in excess of the estimated cost approved in the application for that portion of the work covered

by the plans and specifications, will be entered into without the prior approval of the Surgeon General;

(6) That the construction contract will require the contractor to furnish performance and payment bonds, the amount of which shall each be in an amount not less than fifty percentum (50%) of the contract price, and to maintain during the life of the contract adequate fire, workmen's compensation, public liability and property damage insurance;

(7) That any change or changes in the contract which (i) makes any major alteration in the work required by the plans and specifications, or (ii) raises the total contract price over the approved estimate of cost of the work covered by the plans and specifications will be submitted to the Surgeon General for prior approval;

(8) That the construction contract will provide that the Surgeon General, the State Agency and their representatives will have access at all times to the work wherever it is in preparation or progress and that the contractor will provide proper facilities for such access and inspection;

(9) That the applicant will provide and maintain competent and adequate architectural or engineering supervision and inspection at the project to insure that the completed work conforms with the approved plans and specifications; and

(10) That the hospital, when completed, will be operated and maintained in accordance with minimum standards prescribed by the State Agency for the maintenance and operation of hospitals aided under the Federal act.

Provided: That the State Agency, with the prior approval of the Surgeon General may waive technical compliance with any of the requirements of this paragraph except subparagraph (1) if it finds that the purpose of such requirement has been fulfilled.

(d) *Certification to the Surgeon General.* After the State Agency has approved a construction application, it shall recommend it to the Surgeon General for approval and shall certify:

(1) That the application contains reasonable assurance as to title, payment of prevailing rates of wages, and financial support for the non-Federal share of the cost of construction and the entire cost of maintenance and operation when completed;

(i) Availability of funds for the non-Federal share of construction costs shall mean (a) funds immediately available, placed in escrow, or acceptably pledged, or (b) funds or fund sources specifically earmarked in a sum sufficient for that purpose or (c) other assurances acceptable to the Surgeon General.

(ii) To assure the availability of funds for maintenance and operation, the application for the construction of a new project must include a proposed operating budget, on a form prescribed by the Surgeon General, for the two year period immediately following its completion. In the case of an addition to an existing facility, the application must include a statement showing that funds are or will be available to meet the difference between proposed expenditures

and anticipated income from the operation of the constructed addition for the two year period immediately following its completion.

(2) That the plans and specifications are in accord with Appendix A;

(3) That the application is in conformity with the State plan approved by the Surgeon General and contains an assurance that the applicant will conform to the applicable requirements of the plan;

(4) That the application contains an assurance that the applicant will conform to the requirements of §§ 53.61, 53.62, and 53.63 regarding the provision of facilities without discrimination on account of race, creed, or color, and for furnishing needed hospital facilities for persons unable to pay therefor;

(5) That the application contains an assurance that the applicant will conform to State standards for operation and maintenance and to all applicable State laws and State and local codes, regulations, and ordinances;

(6) That the application is entitled to priority over other projects within the State and that in making this determination the State agency has complied with paragraph (b) of this section; and

(7) That the State Agency has approved the application.

(e) *Amendments to application.* An amendment to any application approved by the Surgeon General shall be processed in the same manner as an original application, except that the original application's conformity with priority regulations shall suffice for the amendment. Minor changes not provided for under paragraph (c) (7) of this section are not considered amendments.

§ 53.78 *Requests for construction payments*—(a) *Certification by State Agency.* The State Agency shall certify to the Surgeon General the amount of payments due to an applicant for the cost of work performed and materials and equipment furnished.

Requests for payment under the construction contract shall be submitted in each of three stages, as follows:

(1) The first installment when not less than 25 percent of the work of construction of the building has been completed.

(2) The second installment when the mechanical work has been substantially roughed in, and

(3) The third installment when work under the construction contract is completed and final inspection made.

Requests for payment of the Federal share of other allowable costs such as architect's fee, inspection cost, and cost of equipment shall be included in requests for payments made at one or more of the stages indicated in this paragraph.

All costs that have not been determined at the time the third payment for work performed under the construction contract is requested shall form the basis of a request for final payment of the Federal share of the entire project.

With the consent of the Surgeon General, the State Agency may adopt a different schedule of payments, but in no case shall such payments be less frequent than those scheduled in this paragraph.

(b) *Inspection by State Agency.* As a basis for certification by the State Agency that payment of an installment is due an applicant, the State Agency, without expense to the Federal government, shall make adequate inspections to determine that the work has been performed upon a project, or purchases have been made, in accordance with the approved plans and specifications.

§ 53.79 *Fiscal and accounting requirements—(a) Construction allotments.* The State Agency shall be responsible for establishing and maintaining accounts and fiscal controls of all Federal and State funds allotted for construction projects. Federal and State funds shall be separately identified by maintaining separate fund accounts for this purpose.

The fiscal records shall be so designed as to show at any given time the Federal funds allotted, encumbered, and unencumbered balances. If State contributions are made for construction, separate accounts, reflecting similar information, shall be maintained for State funds.

(b) *Construction payments.* Where the State may receive Federal funds for applicants for construction project grants, or the State itself is an applicant, adequate records of account and fiscal controls shall be established and maintained by the State to assure proper accounting of all funds received and disbursed. Similar suitable accounts shall be maintained to show the receipt and disbursement of State, local or other funds used for matching purposes.

The State Agency shall require that applicants receiving Federal funds establish and maintain adequate accounting and fiscal records to reflect the receipt and expenditure of funds allotted and paid for construction projects. Separate accounts by source shall be maintained of all funds received for construction projects. These records shall be maintained regardless of whether Federal funds are received through the State Agency or directly from the Federal government.

The States which by law are authorized to make payments to applicants shall promptly pay such applicants funds certified for payment by the Surgeon General for approved construction projects.

APPENDIX A—GENERAL STANDARDS OF CONSTRUCTION AND EQUIPMENT

Sec.

- I. Introduction.
- II. Site survey and soil investigation.
- III. General design and construction standards.
 - A. Site.
 - B-1. General hospital.
 - 2. Tuberculosis hospital.
 - 3. Mental hospital.
 - 4. Psychiatric hospital.
 - 5. Chronic disease hospital.
 - 6. Nurses' home.
 - 7. School of nursing.
 - 8. Public health centers.
 - 9. State public health laboratory.
 - 10. Details, finishes, etc.
 - 11. Finishes.
 - C. Structural.
 - D. Mechanical.
 - E. Preparation of plans, specifications and estimates.

IV. Equipment.

I. *Introduction.* The standards set forth herein have been established by the Surgeon General of The U. S. Public Health Service as required by the Hospital Survey and Construction Act. These standards constitute minimum requirements for construction and equipment and shall apply to all projects for which Federal assistance is requested under the act. They are considered necessary to insure properly planned and well constructed hospitals and public health centers which can be maintained and efficiently operated to furnish adequate services.

It should be particularly noted that the small hospital of 50 beds or under, presents a special problem. The size of the various departments will be generally smaller and will depend upon the requirements of the particular hospital. Some of the functions allotted separate spaces of rooms in these General Standards may be combined provided that the resulting plan will not compromise the best standards of medical and nursing practice.

Since these are minimum requirements it is desirable only that they form a basis for development of higher standards. In the interest of promoting the development of higher standards it is the intention of the Public Health Service to make suggestions and disseminate the latest information as to current good practice in planning and design of health facilities. This information will be distributed from time to time to State Agencies and other interested persons.

No attempt has been made in establishing these standards to comply with all of the various State and local codes and regulations. However, strict compliance with all applicable State and local codes and regulations is required. Likewise, compliance is required with minimum standards of construction and equipment promulgated by the State Agency where such requirements provide a higher standard than these Federal requirements.

II. *Site survey and soil investigation.* 1. The applicant shall provide for a survey and soil investigation of the site and furnish a plat of the site. The purpose of this survey and soil investigation is to obtain all information necessary for the design of the building, foundations and mechanical service connections and development of the site. It is suggested that this matter be deferred until the Architect has been selected in order that he may co-operate with the Engineer who obtains the data.

2. If any existing structures or improvements on the site are to be removed by the owners or others, the buildings or improvements must be so designated on the plat.

3. Any discrepancies between the Survey and the recorded legal description shall be reconciled or explained.

4. The plat shall indicate: (a) The courses and distances or property lines.

(b) Dimensions and location of any buildings, structures, easements, rights-of-way or encroachments on the site.

(c) Details of party walls, or walls and foundations adjacent to the lot lines.

(d) The position, dimensions and elevations of all cellars, excavations, wells, back-filled areas, etc., and the elevation of any water therein.

(e) All trees which may be affected by the building operations.

(f) Detailed information relative to established curb and building lines and street, alley sidewalk and curb grades at or adjacent to the site and the materials of which they are constructed.

(g) All utility services and the size, characteristics, etc., of these services.

(h) The location of all piping, mains, sewers, poles, wires, hydrants, manholes, etc., upon, over or under the site or adjacent to the site if within the limits of the survey.

(i) Complete information as to the disposal of sanitary, storm water and subsoil drainage and suitability of subsoil for rain-water or sanitary disposal purposes if dry wells are used.

(j) Official datum upon which elevations are based and a bench mark established on or adjacent to the site.

(k) Contours on elevations taken at 20 feet intervals, changes in slope, etc., over that portion of the site to be developed.

(l) Elevations of contours, bottoms of excavations, etc.

(m) Contemplated date and description of any proposed improvements to approaches or utilities adjacent to the site.

5. The plat shall bear a certification by the City Engineer or other qualified official, that the true street lines and the officially established grades of curbs, sidewalks and sewers are correctly given.

6. Adequate investigation shall be made to determine the subsoil conditions. The investigations shall include a sufficient number of test pits or test borings as will determine, in the judgment of the Architect, the true conditions.

7. Samples of strata of soil or rock taken in each pit or boring shall be retained in hermetically sealed cans. Each sample can shall be identified as to the boring and elevations at which taken and the labels initialed by the Engineer making the soil investigation.

8. The following information shall be noted on the plat:

(a) Thickness, consistency, character and estimated safe bearing value of the various strata encountered in each pit or boring.

(b) Amount and elevation of ground water encountered in each pit or boring, its probable variation with the seasons and effect on the subsoil.

(c) The elevation of rock, if known and the probability of encountering quicksand.

(d) Average depth of frost effect below surface of ground.

(e) High and low water levels of nearby bodies of water affecting the ground water level.

(f) The probability of freshets overrunning the site.

(g) Whether the soil contains alkali in sufficient quantities to affect concrete foundation.

(h) The elevation and location of the top of workings relative to the site, if the site is underlaid with mines, or old workings are located in the vicinity.

(i) Whether the site is subject to mineral rights which have not been developed.

III. *General design and construction standards—(A) Site.* The site of any hospital should be reasonably accessible to the center of community activities. Public transportation should be available within a reasonable distance, especially if an outpatient service is to be maintained.

No hospitals should be built in a remote outlying district but should be located in relation to the center of population, close to where patients live and where competent special medical and surgical consultation is readily available and where employees can be recruited and retained.

The site should not be near insect breeding areas, noise or other nuisance producing industrial developments; airports, railways or highways producing noise or air pollution, or near penal or other objectionable institutions or near a cemetery.

Adequate roads and walks shall be provided within the lot lines to the main entrance, ambulance entrance and service entrance.

The site for a public health center should be convenient to the center of community activities.

(B-1). *General Hospital.* Units required in the General Hospital:

Administration Department

Up to and including 100 beds:
Business office with information counter.
PBX Board and night information.
Administrator's office.¹
Director of nurses' office.¹
Medical record room.
Staff lounge.
Lobby.
Public toilets.

Over 100 beds:
Business office.
Information counter.
PBX Board and night information.¹
Administrator's office.
Director of nurses' office.
Admitting office.
Medical social service room.
Medical record room (should be easily available to O. P. D.)
Staff lounge.
Library, conference and board room.
Lobby.
Reception room.
Public toilets.
Toilets for administrative personnel.

Adjunct Diagnostic and Treatment Facilities

Laboratory:

Up to and including 100 beds:
One room for 50 beds.
Two rooms for 100 beds.

Over 100 beds:
Four rooms.

Basal metabolism and electrocardiography:
Up to and including 100 beds; No special provisions required. Can be done in bed rooms.

Over 100 beds: One room near the laboratory and convenient to Out-Patient Dept.

Morgue and autopsy:¹ may not be required in hospital under 50 beds if other facilities such as undertaker or coroner are available. Where provided: Combination morgue and autopsy with mortuary refrigerator.

Radiology: Each hospital to have at least a radiographic room with adjoining dark-room, toilet, and office. Hospitals of 150 beds and over should have at least 1 additional radiographic room. The radiology department must be convenient to in- and out-patients, and should have lead protection as required.

Physical therapy: In hospitals of 100 beds and over: Space should be provided for electrotherapy, hydrotherapy, massage, and exercise. Equipment to be furnished when competent technician is acquired.

Pharmacy:

Up to and including 100 beds: Drug room with minimum facilities for compounding.

Over 100 beds: Complete pharmacy and may include space for manufacturing and solution preparation depending on policy of hospital. Must be convenient to Out-Patient Department.

Nursing Department

General:

No room shall have more than 4 beds. In hospitals over 200 beds, rooms with more than 4 beds are permissible but not advisable. Each room shall have a lavatory. Nursing units composed of multi-bed rooms shall have a quiet room. Approximately $\frac{1}{3}$ of the hospital beds shall be in one-bed rooms, $\frac{1}{3}$ in two-bed rooms, and $\frac{1}{3}$ in four-bed rooms.¹

Size of nursing unit: Not more than 30 beds.¹ Larger units are permissible in hospitals over 200 beds, if additional facilities are provided.

Minimum room areas: 80 sq. ft. per bed in two- and four-bed rooms. 125 minimum sq. ft. in one-bed rooms.

¹ Desirable but not mandatory.

Service rooms in each nursing unit:

Nurses' station.
Utility room.
Floor pantry (one per floor).
Two toilets (male and female).
Bedpan facilities.
One bathroom.
Stretcher alcove.
Linen closet.
Supply closet.
Janitors' closet.

Isolation suite: One for each hospital unless contagious disease nursing unit is available in hospital.

Treatment room: One for each two nursing units per floor.

Solarium: One for each nursing floor.¹

Nurses' toilet room: One for each nursing floor.

In hospitals of 100 beds and over the maternity department shall be housed in a separate wing or floor.

Nursery Department

Full term nursery:

Area required: Not less than 24 square feet per bassinet, 30 square feet recommended.

Number of bassinets: No more than 12 bassinets in each full term nursery, 8 recommended.

Examination and work room: One examination and work room between each two full term nurseries.

Premature nursery (to be provided where four or more premature bassinets will be required):

Area required: 40 square feet per bassinet.
Number of bassinets: Not more than six in each premature nursery.

Work room: Each premature nursery to have own work areas.

Suspect nursery:

Area required: 40 square feet per bassinet.
Number of bassinets: Approximately 20% of full term bassinets. Not more than 3 bassinets in each suspect nursery.

Work room: One work room for each two suspect nurseries.

Formula room: Location in nursery area or near kitchen optional.

Surgical Department

(Shall be located to prevent traffic through it to any other part of the hospital)

Operating rooms:

Major: One for each 50 beds up to and including 200 beds. Above 200 beds the number of operating rooms will be based on the expected average of daily operations.

Minor: One in each hospital over 50 beds.
Cystoscopy: One in each hospital over 100 beds. Shall have an adjoining toilet room.

Fracture room: One in each hospital over 100 beds. Shall have an adjoining splint room.

Auxiliary rooms:

Sub-sterilizing room: One between each two operating rooms in hospitals of 50 beds and over.

Scrub-up room: One between each two operating rooms.

Nurses' locker room with toilet and shower.
Janitors' closet.

Instrument room beginning at 100 beds.

Clean-up room.

Anesthesia equipment storage.

Surgical Supervisor station.

Doctors' locker room with toilet and shower.

Storage closet.

Stretcher alcove.

Storage room for sterile supplies beginning at 100 beds.

Dark room beginning at 100 beds.

Central sterilizing and supply room:

Divided into work space, sterilizing space and sterile storage space.

Adjacent room for storage of unsterile supplies.

Obstetrics Department

(Shall be located to prevent traffic through it to any other part of the hospital. Shall be completely separated from Surgical Department)

Delivery rooms: one for each 20 maternity beds.

Labor beds: One for each 10 maternity beds.

Auxiliary rooms:

Sub-sterilizing room: One between each two delivery rooms.

Scrub-up room: One between each two delivery rooms.

Clean-up room or utility room.¹

Supervisors' station.

Nurses' locker room with toilet and shower starting at 50 beds.

Sterile storage closet.

Stretcher alcove.

Janitors' closet.

Doctors' locker room with toilet and shower starting at 50 beds.

Emergency Department

Accident room:

With separate ambulance entrance.

Should be completely separated from operating suite and obstetrical suite.

Additional facilities will depend on amount of accident work expected.

Service Department

Dietary facilities:

Main kitchen and bakery.

Dietitians office.

Dishwashing room.

Adequate refrigeration.

Garbage refrigerator.

Can washing facilities.

Day storage room.

Personnel dining space.

Provide 12 square feet per person; may be designed for 2 sittings.

Cafeteria or table service optional.

Housekeeping facilities:

Laundry; unless commercial or other laundry facilities are available, each hospital shall have a laundry of sufficient capacity to process full 7 days laundry in work week and contain the following areas:

Sorting area.

Processing area.

Clean linen and sewing room separate from laundry.

Sewing room may be included in clean linen room in hospitals up to and including 100 beds.

Housekeeper's office.

Mechanical facilities:

Boiler and pump room.

Maintenance shops.

Shower and locker facilities.

Engineers' office.

In hospitals up to and including 100 beds at least one room shall be provided. In larger hospitals separation of carpentry, painting and plumbing should be provided.

For minimum requirements for mechanical and electrical work see the respective sections.

Employees' facilities:

Nurses' locker room without nurses' home:
Locker room with one locker for each two hospital beds.

Rest room.

Toilet and shower room.

Nurses' locker room with nurses' home adjacent:

Rest room.

Lockers as required.

Toilet room.

Female help lockers:

Locker room.

Rest room.

Toilet and shower room.

Male help lockers:

Locker room.

Toilet and shower room.

Ratio of male and female help will vary and size of locker rooms must be adjusted accordingly.

Storage:

Inactive record storage.
General storage: 20 feet per bed and to be concentrated in one area in so far as possible. Mechanical maintenance storage may be in a separate area.

Out-Patient Department

(If survey indicated that the out-patient department is unnecessary it may be omitted)

General:

Out-patient department should be located on the most easily accessible floor. It should have convenient access to radiology, pharmacy, laboratory and physical therapy.

The size will vary in different locations and is not necessarily proportional to the size of the hospital. The patient load must be estimated to determine the number of rooms required.

An out-patient department may be combined with the public health center clinics if the health center is a part of the hospital.

Administrative:

Waiting room with public toilets.
Appointment and cashiers' office.
Social service office.

Clinical:

History or screening room.
Examination and treatment rooms including eye, ear, nose, and throat room.
Two chair dental unit.
Utility room.

Contagious Disease Nursing Unit¹

Patient rooms:

A maximum of 2 beds in each room separated by a glazed partition.
Patient rooms shall have a view window from corridor.

Each patient room shall have a separate toilet and a lavatory in the room.

Each nursing unit shall contain:

Nurses' station.
Utility room.
Nurses' work room.
Treatment room.
Scrub sinks strategically located in the corridor.
Kitchen with separated dishwashing room adjacent.
Doctors' locker and gown room.
Nurses' locker and gown room.
Janitors' closet.
Storage closet.
Stretcher alcove.

Pediatric Nursing Unit¹

General:

Each bed in a multi-bedroom shall be in a clear glazed crucible.
Each room shall have a lavatory.
Patients rooms wherever possible should have clear glazing between them and in the corridor partitions.

Minimum area:

80 square feet per bed in two-bed rooms and over.
100 square feet in single rooms.
40 square feet per bassinet in nurseries.

Each nursing unit shall contain:

Nursery.
Isolation suite.
Treatment room.
Nurses' station; with adjoining toilet room.
Utility room.
Floor pantry.
Play room or solarium.
Bath and toilet room: with raised free-standing tub and 50% children's fixtures.
Bed pan facilities.
Wheelchair and stretcher alcove.
Janitors' closet.
Storage closet.

¹ Desirable but not mandatory.

Psychiatric Nursing Unit in the General Hospital¹

General: Layout and design of details to be such that the patient will be under close observation and will not be afforded opportunity for escape, suicide, hiding, etc. Care must be taken to avoid sharp projections of corners of structure, exposed pipes, heating elements, fixtures, etc., to prevent injury by accident.

Minimum room areas:

80 square feet per bed in 4-bed rooms.
125 square feet in single rooms.
40 to 50 square feet per patient in day rooms.

Each nursing unit shall contain:

Doctors' office.
Examination room.
Nurses' station.
Day room.
Utility room.
Bedpan facility.
Pantry.
Dining room.
Toilet room.
Shower and bathroom.
Continuous tub room (for disturbed patients).
Patients' laundry.
Patients' locker room.
Storage closet (for recreational and occupational therapy).
Stretcher closet.
Linen closet.
Supply closet.
Janitors' closet.

(B-2). Tuberculosis Hospital.

Administration Department

From 50 up to and including 200 beds:

Business office with information counter.
Medical social service office.²
Medical director's office.
Secretary's office.
Director of nurses' office.
Physicians' offices: one for each 50 patients (including the medical director's office).
Medical record and film filing room.
Viewing room, library and conference room. Singly or in combination.
Lobby and waiting room.
Retiring room.
Toilets for public and personnel.

Over 200 and up to 500 beds:

Business office and information counter.
Business manager's office.
Secretary.
Admitting office.
Two medical social service offices.
Medical director's office.
Secretary.
Assistant medical director's office.
Director of nurses' office.
Secretary.
Assistant director of nurses' office.
Physicians' offices: one for each 50 patients (including the medical director and assistant medical directors' offices).
Medical record room.
Library and conference room.
Staff lounge and locker room.
Lobby and waiting room.
Retiring room.
Public toilets.
Personnel toilets.

Adjunct Diagnostic and Treatment Facilities

Laboratory:

From 50 up to and including 200 beds:² two rooms.
Over 200 and up to 500 beds; four rooms.
Basal metabolism and electrocardiography:
One room near the laboratory and convenient to Out-Patient Dept.

² These facilities need not be provided if the Tuberculosis Hospital is in connection with a general hospital in which such facilities exist.

Morgue and autopsy:

From 50 up to and including 200 beds:² combination morgue and autopsy room with mortuary refrigerator.
Over 200 and up to 500 beds:
Morgue with mortuary refrigerator.
Autopsy room.
Shower and toilet room.
Separate exit.

Radiology:

From 50 up to and including 200 beds:²
Radiographic room.
Dark room.
Dressing booths.
Must be convenient to out-patient department as well as in-patients.
Over 200 and up to 500 beds:
Radiographic room.
Dark room.
Dressing booths.
Viewing room.
Roentgenologist's office.
Film file room.
Must be convenient to out-patient department as well as in-patients.

Pharmacy:

From 50 up to and including 200 beds:
Drug room with minimum facilities for mixing. Must be convenient to out-patient department.
Over 200 and up to 500 beds: Complete pharmacy and may include space for manufacturing and solution preparation depending on policy of hospital. Must be convenient to out-patient department.

Dental and eye, ear, nose, and throat:

From 50 up to and including 200 beds:
One dental room.
One eye, ear, nose, and throat room.
Over 200 and up to 500 beds:
Two dental chairs.
Eye, ear, nose, and throat room.
Waiting room.

Occupational therapy:

Library.
Barber shop.
Canteen.
Patient auditorium (1 seat for each bed up to 250 beds).
Flexible space for learning and working in crafts and class room for patient instruction shall be provided.

Nursing Department

General: At least 30 percent of the hospital beds shall be in single rooms. No room shall have more than four beds. Each room shall have a lavatory.
Size of nursing unit: No nursing unit shall be larger than 50 beds.

Minimum room areas:

80 square feet per bed in two- and four-bed rooms.
125 square feet in one-bed rooms.
Service rooms in each nursing unit:
Nurses' station.
Utility room.
Floor pantry (one per floor).
Toilet and washroom:
Water closets—1 to each 5 patients.
Lavatories—1 to each 5 patients.
Dental basins—1 to each 5 patients.
Storage closet for supplies.
Bath and shower room:
Bath tubs—1 to each 14 patients.
Shower—1 to each 7 patients.

Gown room.
Bed pan facilities.
Linen closet.
Janitors' closet.
Space for wheel chairs and stretchers.
Storage closet for equipment.
Doctors' office (including adjacent treatment room): One for each nursing unit.
Solarium: One for each nursing unit.
Sputum technique room: One for each nursing floor.
Nurses' toilet room: One for each nursing floor.
Nurses' cloak room: One for each nursing floor.

Surgical Department

(Shall be located to prevent traffic through it to any other part of the hospital)

- From 50 up to and including 200 beds: *
- Major operating room.
 - Sterilizing room.
 - Central supply and work room.
 - Scrub-up room.
 - Clean-up room.
 - Storage closet.
 - Janitors' closet.
 - Doctors' locker room with toilet and showers.
 - Nurses' locker room with toilet and showers.
- Over 200 and up to 500 beds:
- Major operating room: One for each 200 beds or major fraction thereof.
 - Minor operating and fracture room.
 - Substerilizing room: One between each two operating rooms.
 - Clean-up room.
 - Scrub-up room: One between each two operating rooms.
 - Janitors' closet.
 - Storage room for sterile supplies.
 - Anesthesia storage.
 - Surgical supervisor office.
 - Doctors' locker room with toilet and shower.
 - Nurses' locker room with toilet and shower.
 - Storage closet.
 - Stretcher alcove.
 - Central sterilizing and supply room divided into work space, sterilizing space, and sterile storage space.
 - Adjacent room for storage of unsterile supplies.
- Pneumothorax suite:
- Pneumothorax room with dressing booths.
 - Fluoroscopy room.
 - Waiting space.
- From 50 up to and including 200 beds:
- One pneumothorax suite for 100 beds or major fraction thereof.
- Over 200 and up to 500 beds: One pneumothorax suite for 100 beds or major fraction thereof.

Service Department

- Dietary facilities:
- Main kitchen and bakery.²
 - Dietitian's office and special diets kitchen.
 - Patients' dishwashing room.
 - Staff and help dishwashing room.
 - Adequate refrigeration.
 - Garbage refrigerator.
 - Can washing room.
 - Day storage room.
 - Help dining room.
 - Staff dining room.
 - Patients' dining space—to serve 40 percent of the patients.
 - Provide 12 square feet per person in dining rooms. May be designed for two seatings. Cafeteria or table service optional.
- Housekeeping facilities:
- Laundry:²
 - Sorting area.
 - Processing area.
 - Clean linen room.
 - Sewing room.
 - Laundry capacity shall be adequate to process full 7 days laundry in work week.
 - Housekeeper's office.
 - Incinerator.
- Mechanical facilities:²
- Boiler and pump room.
 - Engineer's office.
 - Shower and locker facilities.
 - Maintenance shops:
 - Carpentry.
 - Painting.
 - Plumbing.

² These facilities need not be provided if the Tuberculosis Hospital is in connection with a general hospital in which such facilities exist.

For minimum requirements for mechanical and electrical work, see the respective sections.

Employees' facilities:

- Nurses' locker room without nurses' home:
 - Locker room with lockers as required.
 - Rest room.
 - Toilet and shower room.
- Where nurses' home is adjacent provide only rest room and toilet.
- Female help locker room:
 - Locker room.
 - Rest room.
 - Toilet and shower room.
- Male help locker room:
 - Locker room.
 - Rest room.
 - Toilet and shower room.

Storage:

- General storage.
- Record storage. Provide 20 square feet per bed to be concentrated in one area.

Out-patient department:²

Out-patient department should be located on most easily accessible floor. Must be convenient to radiology, pharmacy, and laboratory departments.

Size will vary in different locations and with the availability of other examination and diagnostic facilities, and is not necessarily proportionate to the size of the hospital. The estimated patient load will determine the number, size, and scope of individual facilities in out-patient department.

Facilities required:

- Administrative:
 - Waiting room with public toilets.
 - Information, appointment and records office.
 - Medical social service office.
 - Janitors' closet.
- Clinical:
 - History or screening room.
 - Examination rooms.
 - Dressing booths.
 - Pneumothorax rooms.
 - Fluoroscopy room.
 - Utility room.
 - Storage room.

(B-3). *Mental Hospital—General.* A mental hospital should be on a large acreage with ample space around all buildings for recreation, attractive landscaping and the proper segregation of the various patient classification groups and building functions; and should be readily accessible to the community which it is to serve.

The mental hospital presents a special problem of patient classification, treatment and supervisory function. In the following minimum requirements an over-all organization is designated with certain supervisory or organizational functions mentioned in their most desirable, but not mandatory, locations and these may, therefore, be changed to other locations.

Patients have been classified and grouped according to behavior, and requirements vary somewhat for each classification. Minimum room area requirements are grouped into the following main categories, as follows:

A. Medical and surgical, and chronic disease classification: 80 square feet per bed in four-bed rooms; 125 square feet in single rooms.

B. Tuberculosis classification: 80 square feet per bed in four-bed rooms; 125 square feet in single rooms.

C. Reception, convalescent, chronic disturbed, industrial classifications, 70 square feet per bed in four or more bed rooms; 80 square feet in single rooms.

D. Infirm and inactive: 60 square feet per bed in four or more bed rooms; 80 square feet in single rooms.

Administration. This area shall include only the administrative, business and public contact functions of the institution.

Location: Near main entrance to institution and close to reception area.

General:

- Entrance lobby.
- Public toilets (male and female).
- Information and telephones (main switch-board).
- Post office.
- Personnel toilets (male and female).
- Mechanical room.

Offices:

- Director.
- Assistant director.
- Conference room.
- Business administrator.
- Business.
- Public relations and services.
- Secretaries.
- Janitors' closet

Medical:

- Central records office.
- Central records room.
- Inactive records storage.

Reception. This area includes the reception and treatment of new patients, most of whom will be entering a mental hospital for the first time. Since they are new patients, and in need of very careful treatment, it is necessary to separate and prohibit contact between patients in the following classifications of behavior:

- Quiet.
- Depressed.
- Disturbed.

In addition, each of the above classifications should be separated by sexes, and each classification should have its own complete Nursing Units with all nursing facilities available, and each should be readily accessible to an outdoor area. All safety and security measures should be observed in this group. Intensive care and treatment will be given these new patients in an effort to cure them in the first few weeks of treatment. Should the patient fail to recover in this comparatively short period of time he will be sent to other Nursing Areas for continued treatment. These other Nursing Areas will be classified according to the behavior of the patients which they are to house.

The Reception Area should be set well apart from the other areas of the hospital, and should contain sufficient diagnostic, treatment, recreational and occupational facilities, to furnish complete treatment in order that these new patients may recover without having been transferred to the other areas of the Mental Hospital.

The number of beds required in this Reception Area must be determined by study of the total Receiving and Intensive Treatment Facilities in the community which is served. The total number of beds in this and the convalescent area should be in accord with the admissions within a three to six month period.

Location: Near administration area.

General:

- Lobby.
- Visitors toilet (male and female).
- Main visitors room with alcoves.
- Janitors' closets.
- Mechanical room.

Administration:

- Medical records office.
- Information.
- Chief psychiatrist's office and conference room.
- Secretaries' offices.
- Clinical psychologist's office.
- Chief of nursing service and staff.
- Chief of social service and offices.
- Personnel toilets (male and female).

Staff facilities:

- Doctors' toilet room.
- Nurses lounge and toilet room.

Admission:

- Ambulance entrance.
- Patients' bath and toilet.
- Utility room.
- Examination and consultation rooms.

Adjunct diagnostic and treatment facilities:

- Minor surgery.
- Portable X-ray storage room.
- Dark room.
- Small laboratory.
- Patients' toilet and shower.
- Small treatment room (for shock therapy, etc.).

Patients' exercise room (directly accessible to outdoor exercise yard).

Occupational therapy:

- Occupational therapy room (to be located near quiet patient units).
- Storage closets.
- Occupational therapists' office.
- Barber shop.
- Beauty shop.

Nursing units: The following classifications of nursing units of 15 to 25 beds will be required:

- Quiet nursing units (male and female).
- Depressed nursing units (male and female).
- Disturbed nursing units (male and female).

Suggested bed distribution of nursing units:

Each disturbed nursing unit:	Patients
Two 4-bed wards.....	8
Three 2-bed or 3-bed wards.....	6 or 9
Four or six 1-bed rooms.....	4 or 6
Two 1-bed rooms (isolation unit) ¹	2
Total	20 to 25

Each depressed nursing unit:	Patients
Two 4-bed wards.....	8
Two 3-bed alcoves.....	6
Four 1-bed rooms.....	4
(Isolation unit) ¹	2
Total	20

Quiet unit: Same bed distribution as disturbed nursing units.

Facilities in each nursing unit:

- Doctors' consultation room (for each two units).
- Examination room.
- Nurses' station.
- Utility room.
- Bed pan facilities.
- Small dining room and pantry:
 - Essential for disturbed.
 - Convenient for depressed.
 - Unnecessary for quiet.
- Patients' locker room.
- Linen closet.
- Patients' shower and bath room.
- Patients' dressing room.
- Patients' toilets.
- Patients' wash room.
- Continuous tub room (for disturbed units).
- Day room (40 to 50 square feet per patient and preferably divided into one small and one large room).
- Occupational therapy storage closet.
- Janitors' closet.

Dietary:

- Patients' dining room cafeteria service: this dining room will be used by patients from convalescent houses as well as from Reception area (two seatings may be used).
- Janitors' closet.
- Coat room and toilets (male and female).¹
- Kitchen (serving).
- Dishwashing room (enclosed).
- Employees' toilet.
- Patients' toilet (male and female).
- Refrigerated garbage storage.
- Can washing room.

¹ Desirable but not mandatory.

Convalescent. This area is considered a part of the reception area and will house new patients who have been sent from the reception building, and who are expected to recover within six months to a year. Most of these patients will have the same classification as those in the reception area. Small complete nursing units, separate for each sex, should be provided. Special treatment, such as mechanical fever, electric shock, special electro and hydro therapy, and insulin, etc., can be given in the reception building.

These patients will also use the dining room facilities of the reception area.

In general, while most of these patients are continuing to receive intensive treatment, they are well enough and manageable enough to go freely or be escorted to their activities.

The same security and safety measures are required as those for the reception area.

Location: Grouped by sexes on either side of and near reception area.

General:

- Entrance lobby.
- Visitors' room with alcoves.
- Visitors' toilet (male and female).
- Attendants' locker and toilet room.
- Mechanical room.
- Nursing units (to contain from 25 to 50 beds).

Suggested bed distribution of each nursing unit:

	Patients
One 8-bed ward.....	8
Four 4-bed wards.....	16
Eleven 1-bed wards.....	11
Total	35

Facilities in each nursing unit:

- Doctors' consultation room (for each two units).
- Examination room.
- Nurses' station.
- Utility room.
- Bed pan facilities.
- Pantry (one for each two nursing units).
- Patients' locker.
- Patients' toilet room.
- Patients' shower or bath room.
- Day room (40 to 50 square feet per patient—preferably divided into one large and one small room).
- Storage closet (occupational and recreational therapy equipment).
- Linen closet.
- Janitors' closet.
- Patients' wash room.
- One-third of the nursing units, for both men and women should have one continuous tub room.¹

Chronic disturbed. This area should be separate from the main group of mental hospital facilities and set apart from the Nursing Arcas of other patient classifications because of possible noise or other disturbance. It will be used to treat restless, noisy, assaultive or suicidal patients and must be designed to provide the greatest security and observation. Since these patients are very active it is necessary to have an outdoor area or exercise yard, and due to the amount of equipment and care these patients require, and the resulting necessary space for treatment, not less than two Nursing Units to a building are recommended.

Location: These buildings to be located away from the other Nursing buildings.

General:

- Entrance lobby.
- Visitors' room.
- Visitors' toilets (male and female).
- Beauty shop (female buildings).
- Barber shop (male building).
- Attendants' locker and toilet room.
- Pantry (for two nursing units).
- Mechanical room.
- Enclosed exercise yard (100 square feet per patient).

Treatment facilities:

- Hydrotherapist's office and toilet.
- Continuous tub room.
- Linen closet.
- Patients' dressing room.
- Janitors' closet.
- Exercise room (near outdoor exercise yard).
- Storage closet (for small gymnasium equipment).

Nursing units (to contain 20 to 30 beds):

Suggested bed distribution of each unit:

	Patients
One 8-bed ward.....	8
Two 4-bed wards.....	8
Ten 1-bed rooms.....	10
Total	26

Facilities in each nursing unit:

- Doctors' office with toilet (for each two units).
- Examination room.
- Nurses' station.
- Utility room.
- Patients' locker room.
- Patients' toilet room.
- Patients' wash room.
- Patients' shower and dressing room.
- Day room (40 to 50 square feet per patient). Preferably divided into (1) small room and (1) large room.
- Storage closet (recreational equipment).
- Occupational therapy room (one for each two units).
- Linen closet.
- Janitors' closet.

Dietary:

- Dining room—cafeteria service.
- Serving kitchen.
- Dishwashing room.
- Employees' toilet.
- Janitors' closet.

Infirm. This area will house patients who are in need of considerable medical care and who may be infirm. The very sick will be transferred to the medical and surgical building, but these patients will need constant and careful nursing. Minimum security and all safety measures will be required, and the nursing units should be complete with all facilities available and readily accessible to an out-door yard or area.

Location: Close to medical and surgical building.

General:

- Entrance lobby.
- Visitors' room.
- Visitors' toilets (male & female).
- Barber shop (male buildings).¹
- Beauty shop (female buildings).¹
- Attendants' locker and toilet room (male and female).
- Mechanical room.
- Enclosed yard (40 square feet per patient).¹
- Nursing units (to contain 30 to 60 beds) suggested bed distribution for each unit:

	Patients
Two 10-bed wards.....	20
Four 4-bed wards.....	16
Four 1-bed rooms.....	4
Total	40

Facilities in each nursing unit:

- Doctors' office (for each 3 units).
- Examination room.
- Nurses' station.
- Utility room.
- Bed pan facilities.
- Pantry and dining room (one for each two units).
- Patients' locker room.
- Patients' wash room.
- Patients' toilet room.
- Patients' dressing room.
- Patients' shower or bath room.
- Day room (30 square feet per patient).
- Storage closet (for recreational and occupational therapy equipment).

Linen closet.
Wheel chair and stretcher closet.
Janitors' closet.
Dietary:
Serving kitchen.
Dishwashing room.
Employees' toilet.
Janitors' closet.

Inactive. This area will house patients who are lethargic. They need a considerable amount of attention, most of which will be furnished by the physical therapist and occupational therapist. They will be urged into activities furnished in the occupational and recreational therapy buildings, but some of the lighter occupational and physical therapy should be provided in this area. All security and safety measures will be required.

Location: In main group of nursing buildings and near gymnasium and recreation buildings.

General:

Entrance lobby.
Visitors' room.
Visitors' toilets (male and female).
Occupational therapy room (one to each two nursing units).
Attendants' locker and toilet room.
Mechanical room.
Enclosed yard (100 square feet per patient).¹

Nursing units (to contain 30 to 50 beds) suggested bed distribution (of each unit):

	<i>Patients</i>
Three 10-bed wards.....	30
Two 4-bed wards.....	8
Four 1-bed rooms.....	4
Total.....	42

Facilities in each nursing unit:

Doctors' office (for each 3 units).
Examination room.
Nurses' station.
Utility room.
Bedpan facilities.
Pantry (for each 2 units).
Patients' locker room.
Patients' wash room.
Patients' toilet room.
Patients' shower or bath room.
Patients' dressing room.
Day room (40 to 50 square feet per patient and preferably divided into one small and one large room).
Storage closet (for recreational and occupational therapy equipment).
Linen closet.
Janitors' closet.
Dietary:
Dining room.
Serving kitchen.
Dishwashing room.
Employees' toilet.
Janitors' closet.

Industrial. This area will house patients who are well enough to be occupied on the grounds, farm, industrial buildings, shops, kitchens, laundry, etc. Less supervision and care is necessary than in the other groups, and these patients can go to the out-patient department of the medical and surgical building for examination and treatment.

Location: In main group of nursing buildings near service buildings.

General:

Entrance lobby.
Visitors' room.
Visitors' toilets (male and female).
Attendants' locker and toilet room.
Mechanical room.

¹ Desirable but not mandatory.

Nursing units (to contain 40 to 60 beds) suggested bed distribution:

	<i>Patients</i>
Two 16-bed wards.....	32
Two 8-bed wards.....	16
Four 1-bed rooms.....	4
Total.....	52

Facilities in each nursing unit:

Doctors' office and examination room—one for each 3 units.
Nurses' station.
Patients' toilet.
Patients' dressing room.
Patients' shower room.
Patients' locker room.
Patients' wash room.
Day room (40 to 50 square feet per patient preferably divided into one small and one large room).
Storage closet (for recreation equipment).
Linen closet.
Janitors' closet.

Medical and surgical. This area will house patients who have been hospitalized from Nursing Units of other classifications for short periods of illnesses, and should be housed in a modern general hospital complete with all facilities to serve the entire mental hospital community. Nursing Units should be arranged for easy segregation of patients and the Adjunct Diagnostic and Treatment facilities are recommended to be on the first or ground floor for easy access to the out-patient department. All security and safety measures should be incorporated in this building. The number of beds shall be approximately 4 percent of the total patients which this building serves.

Location: Between main group of nursing area and reception area.

General:

Entrance lobby.
Information counter.
Visitors' toilets (male and female).
Mechanical room.

Administration:

Chief physician's office.
Medical record room.
Head nurse's office.
Secretaries' offices.
Personnel toilets (male and female).

Staff facilities:

Doctors' locker and shower rooms.
Nurses' locker and shower room.

Adjunct diagnostic and treatment facilities:

Laboratory: Separate spaces for office, clinical, pathology, bacteriology and serology, washing, and sterilizing.

Basal metabolism and electrocardiography: Near laboratory and convenient to out-patient department.

Morgue and autopsy room: ¹ Combination morgue and autopsy with mortuary refrigerator.

Radiology:

Radiographic room with an adjoining dark room and office.
X-ray therapy suite.¹

Physical therapy: Suite for electro-therapy, stimulative hydro-therapy, and exercise room with adjoining office.

Pharmacy: Drug room with minimum facilities for mixing. (May be in service area).

Nursing units (to contain from 15 to 30 beds) suggested bed distributions:

	<i>Patients</i>
Two 4-bed wards.....	8
Three 2-bed rooms.....	6
Nine 1-bed rooms.....	9
Isolation suite ¹	2
Total.....	25

¹ Desirable but not mandatory.

Surgical wards (25 beds each) same as medical wards.

Employees' wards: ¹ Maximum size, 25 to 30 beds.

NOTE: Where isolation suite or contagious disease nursing unit is available the small units in each nursing unit are not required.

Facilities in each nursing unit:

Doctors' examination room (one for each two nursing units).
Nurses' station.
Utility room.
Bed pan facilities.
Pantry (one for each two nursing units).
Patients' bath and shower room.
Supply closet.
Patients' toilet room (male and female).
Day room (approximately 25 square feet per patient). Omit for employees' wards.
Storage closet (recreational and occupational therapy equipment).
Stretcher and wheel chair closet.
Linen closet.
Janitors' closet.

Surgical department: Should be located to prevent traffic through it to any other part of hospital.

Operating rooms:

Major: One for each 50 beds up to and including 200 beds. Above 200 beds the number of operating rooms will be based on the expected average of daily operations.

Minor: One in each hospital over 50 beds.
Cystoscopy: ¹ One in each hospital over 100 beds. Shall have an adjoining toilet room.

Fraiture room: One in each hospital over 100 beds. Shall have an adjoining splint room.

Auxiliary rooms:

Substerilizing room: One between each two operating rooms in hospitals of 50 beds and over.

Scrub-up room: One between each two operating rooms.

Nurses' locker room with toilet and shower.
Instrument room beginning at 100 beds.

Clean-up room.

Anesthesia equipment station.

Surgical supervisor station.

Doctors' locker room with toilet and shower.

Storage closet.

Stretcher closet.

Storage room for sterile supplies beginning at 100 beds.

Janitors' closet.

Dark room beginning at 100 beds.

Central sterilizing and supply room:

Divided into work space, sterilizing space and sterile storage space.

Adjacent room for storage of unsterile supplies.

Emergency department:

Ambulance entrance.

Receiving bath and toilet.

Utility room.

Supply and stretcher storage.

Emergency operating room, near out-patient department.

Service department:

Kitchen (serving).

Dishwashing room.

Refrigerated garbage room.

Can washing room.

Dining rooms (for 1/3 of patients).

Storage.

General storage (20 square feet per bed).

Housekeepers' office.

Linen storage room.

Sewing room.

Linen sorting room.

Personnel facilities.

Locker and toilet room (male and female).

Attendants' locker and toilet room (male and female).

Out-patient department:

- Waiting room.
- Examination and-treatment room (including eye, ear, nose and throat rooms and gynecology room).¹
- Record room.
- Dental suite (2 chairs).
- Electroencephalographic unit.

NOTE: Out-patient department should be convenient to radiology, laboratory, therapy, emergency, etc.

Chronic disease. This area will house patients who have chronic illness, or who are in need of intensive treatment and nursing care or those who, because of infectious diseases, need to be isolated.

Nursing Units of this classification should be attached to the Medical and Surgical building for easy access to the Diagnostic and Treatment facilities.

Not all of these Nursing Units need have maximum safety and security measures.

The number of beds shall be approximately 2 percent of the total number of patients which these buildings serve.

Location: Attached to Medical and Surgical building.

General: Corridors to service department and adjunct facilities.

Nursing units (to contain from 15 to 30 beds) suggested bed distribution (of each nursing unit)

	Patients
Two 4-bed wards.....	8
Three 2-bed wards.....	6
Eight 1-bed rooms.....	8
Total	22

Facilities in each nursing unit:

- Doctors' office (for each 2 units).
- Examination room.
- Nurses' station.
- Utility room.
- Bed pan facilities.
- Pantry (for each 2 nursing units).
- Dining room (for 1/2 of patients in nursing unit).
- Patients' locker room.
- Patients' wash room.
- Patients' toilet.
- Patients' dressing room.
- Patients' shower or bath room.
- Day room (30 square feet per patient).
- Closet (recreational and occupational therapy equipment).
- Stretcher and wheel chair closet.
- Linen closet.
- Janitors' closet.

Tuberculosis. For patients of this classification, it is recommended to use the requirements of the tuberculosis hospital. In addition, patients will be grouped according to behavior as Quiet or Disturbed. Security and safety measures comparable to those of the Reception Area are required.

The number of beds shall be determined as approximately 5 percent of the total patients which this building serves.

Gymnasium, Theater, Recreation, Library and Chapel

(Combination or separate buildings acceptable)

Location: Adjacent to main group of nursing and reception areas.

General:

- Entrance lobby.
- Coat rooms and toilets (male and female).
- Personnel lockers (male and female).
- Mechanical room.

Theater facilities:

- Office.
- Hall (seating capacity based on 7 square feet per person with 40 percent attendance of patients and personnel).

¹ Desirable but not mandatory.

Projection booth.

- Stage.
- Dressing rooms with lockers (two for each sex).
- Work shop.

Chapel facilities:

- Three offices for ecclesiastics.
- Toilets.
- Three small prayer rooms.
- Portable altars (where chapel is not separate).
- Storage rooms.

Gymnasium facilities:

- Recreational therapists' office.
- Personnel locker and toilet room (male and female).
- Patients' locker and toilet rooms (male and female).
- Basketball court (standard college size plus space for collapsible seating).
- Small gymnasium (for exercise equipment).
- Storage rooms.

Recreation facilities:

- Chief recreational therapist's office.
- Bowling alleys (with space for spectators).
- Billiard room.
- Ping pong room.
- Patients' barber shop.
- Patients' beauty shop.
- Canteen (for light lunch, drinks, etc.).
- Office and table areas.
- Cooking and fountain areas.
- Dishwashing and sterilizing.
- Storage.
- Garbage refrigeration.
- Can washing.
- Sales rooms.
- Storage room.

Library:

- Librarians' office.
- Reading room (current and request matter).
- Stock room.
- Work room and storage space.

Music rooms:

- Music therapists' office.
- Music room (approximately 500 square feet with portable stage).
- Store rooms.
- Music rooms (approximately 250 square feet).

Occupational Therapy

Location: Adjacent to main group of nursing areas and reception area.

General:

- Entrance lobby.
- Patient coat room and lockers (male and female).
- Personnel coat room and lockers (male and female).
- Mechanical room.

Administration: Office for occupational therapist.

Facilities:

- Open floor space (for occupational equipment).
- One or more special purpose rooms.
- Storage rooms (for materials and equipment).
- Industrial therapy occupations should be located near the service group of buildings.

Central Kitchen and Dining Rooms

Location: In main group of Nursing buildings.

General: load on dining rooms, kitchens and preparation will vary; see requirements of each.

- Men patients' coat room and toilet.¹
- Women's patients' coat room and toilet.¹
- Men attendants' coat room and toilet.
- Women attendants' coat room and toilet.
- Dining rooms: patients' and personnel (capacity 15 square feet per person).

Kitchen:

- Dietitians' office and toilet.
- Diet kitchen.
- Complete cooking and baking facilities.
- Dishwashing room.
- Preparation (meat and vegetables).
- Refrigerated storage.
- Day storage.
- Garbage refrigeration and can washing room.
- Janitors' closet.
- Personnel lockers and lockers.

Storage Buildings

Location: In service groups of buildings.
General: Area (20 square feet per patient).

Laundry

Adequate to process seven full days of laundry per work week.

Location: In service group of buildings.

Facilities:

- Manager's office and toilet.
- Receiving room.
- Sorting area.
- Contaminated receiving room.
- Sterilizing room.
- Clean linen storage.
- Sewing room.
- Personnel locker and toilet room.

Heating plant

Location: In service group of buildings.

General:

- Heating plant (to be determined by engineering studies).
- Emergency generating facility.
- Office.
- Personnel lockers.
- General repair shop.
- Carpenter shop.
- Electrical shop.
- Plumbing shop.
- Paint shop.

Incinerator

Location: Removed from building areas.

General: For trash, kitchen refuse, etc. (size to be determined by engineering study).

(B-4). **Psychiatric hospital—General.** The principles of psychiatric safety shall be followed throughout. Materials and details of construction shall be such that patients will not be afforded opportunity for escape, suicide, etc. Care must be taken to avoid sharp projections of corners of structure, exposed piping, heating elements, fixtures, hardware, etc.

For requirements of sizes of doors, widths of corridors, sizes of elevators, provisions for ventilation, fire protection, etc., see section on Details, Finishes, etc.

Administration Department

Up to and including 100 beds:

- Business office with information counter.
- Chief psychiatrist's office.
- Chief psychologist's office (if there is no out-patient department).
- Record office.
- Director of nurses' office.¹
- Social service offices (if there is no out-patient department to be near receiving).
- Staff lounge.
- Lobby.
- Public lockers.

From 100 to 500 beds:

- Business office.
- Chief psychiatrist's office.
- Chief psychologist's office (if there is no out-patient department).
- Social service offices (if there is no out-patient department).
- Director of nursing.
- Record room.
- Staff lounge.
- Library and conference room.
- Lobby.
- Public lockers.
- Toilets for administrative personnel.

*Receiving Department***Facilities for male and female receiving:**

Entrance hall.
Dressing room.
Bath and toilet room.
Medical examination room.
Waiting room.
Stretcher closet.
Clerks' offices.
Doctors' office.

*Adjunct Diagnostic and Treatment Facilities***Laboratory:**

Up to and including 100 beds:
Office.
Laboratory.

Over 100 beds: **Separate spaces for office, clinical pathology, bacteriology, washing and sterilizing.**

Basal metabolism and electrocardiography:

Up to and including 100 beds: No special provision necessary.

Over 100 beds: Room near laboratory and convenient to out-patient department.

Morgue and autopsy: Combination morgue and autopsy with mortuary refrigerator.

(Is not required in hospital of less than 100 beds if similar facilities are available nearby.)

Two chair dental suite.**Eye, ear, nose and throat suite.****Electro-encephalographic suite.****Radiology:**

Up to and including 100 beds: One radiographic room and dark room and convenient to out-patient department.

Over 100 beds: At least one additional radiographic room.

Physical therapy.

Electro-therapy.
Hydro-therapy with exercise space.
Continuous tub and pack room.
Small gymnasium, convenient to outdoor area, and to disturbed patients.

Pharmacy: One room with minimum facilities for compounding.**Occupational therapy:**

Space for small woodworking tools and benches for carpentry, metal work, leatherwork, printing, weaving, rug making, etc.

Office.**Storage room.***Surgical Department***Operating rooms.**

Major: One.

Minor: One, with adjoining splint room.

Auxiliary rooms:

Sub-sterilizing room (one between two operating rooms).

Scrub-up room (one between two operating rooms).

Clean-up room.

Anesthesia room.¹

Anesthesia storage.

Doctors' locker room with toilet.

Nurses' locker room with toilet.

Storage closet.

Stretcher closet.

Janitors' closet.

Storage room for sterile supplies and instruments.

Surgical department to be located to prevent traffic through it from other parts of the hospital.

Central sterilizing and supply room—divided into work space, sterilizing space, and sterile storage—adjacent room for storage of unsterile supplies.

*Nursing Department***General: The layout and the design of details**

to be such that the patient will be under close observation and will not be afforded opportunity for escape, suicide,

hiding, etc. Provision shall be made for the following classifications:

hiding, etc. Provision shall be made for the following classifications:

New admissions (male).

New admissions (female).

Quiet ambulant (male).

Quiet ambulant (female).

Medical and surgical.

Disturbed (male).

Disturbed (female).

Alcoholic (male).

Alcoholic (female).

Criminalistic (male).

Criminalistic (female).

Children.

Minimum room areas:

80 square feet per bed in four-bed rooms.

125 square feet in single rooms.

40 to 50 square feet per patient in day rooms and preferably divided into one large and one small room.

Facilities for each nursing unit:

Doctors' office and examination room.

Nurses' station and toilet.

Day rooms.

Utility room.

Pantry.

Dining room.

Wash room and toilets.

Patients' locker.

Shower and bath room.

Storage closet (for recreational and occupational therapy).

Supply closet.

Linen closet.

Janitors' closet.

Stretcher closet.²

Bed pan facilities.²

Isolation suite: In medical and surgical unit.

*Service Department***Dietary facilities:**

Main kitchen and bakery.

Special diet kitchen.

Dietitians' office.

Dishwashing room.

Adequate refrigerators.

Garbage refrigerator.

Can washing room.

Day storage room.

Staff dining room (12 square feet per person).

Housekeeping facilities:

Laundry (if provided): Capacity shall be adequate to process full 7 days laundry in work week.

Sorting area.

Processing room.

Clean linen and sewing room separate from laundry.

Housekeeper's office: Near linen storage.

Mechanical facilities:

Boiler room and pump room (if provided).

Engineers' office.

Shower and locker room.

Maintenance shops—carpentry, painting, mechanical repair rooms.

Employees' facilities:

Nurses' locker rooms. If no nurses home:

Locker room.

Rest room.

Toilet and shower room.

Attendants' locker rooms. If no attendants home (male and female):

Locker room.

Toilet and shower rooms.

Other female help lockers:

Locker room.

Rest room.

Toilet and shower room.

Other male help lockers:

Locker room.

Toilet and shower room.

Storage:

Record space.

General storage: 20 square feet per bed and to be concentrated in one area.

*Out-Patient Department (if provided)***General:**

Located on the ground floor with entrance separate from main entrance of hospital.

It must be convenient to radiology, laboratory and physical therapy.

The patient load must be estimated in order to determine the number of consultation and examining rooms.

Facilities required:**Administrative:**

Waiting room with public toilets.

Cashiers' and appointment office.

Social service offices.

Psychological examination rooms.

Medical examination rooms.

Utility rooms.

Children's rooms.

(B-5). Chronic Disease Hospital—Intensive Nursing Section.**Administration (for infirmary and home):**

Business office with information counter, telephone switchboard, and cashiers' window.

Administrator's office.

Medical director's office.

Medical record room.

Medical social service office.

Combination conference room and doctors' lounge.

Lobby and waiting room.

Public toilets.

Personnel toilets.

*Adjunct Diagnostic and Treatment Facilities***Laboratory:**

Two rooms for analyses.

Sterilizing and glasswashing room.

Pathologist's office.

Basal metabolism and electrocardiography:

One room convenient to Out-Patient Department and laboratory.

Morgue and autopsy: Combination morgue and autopsy with mortuary refrigerator.**Radiology:**

Each hospital to have at least one radiographic room with toilet, adjoining dark room and film filing space.

The radiology department must be convenient to in- and out-patients and shall have lead protection as required.

Physical therapy: Space should be provided for electrotherapy, massage, hydrotherapy, and exercise.**Pharmacy: Drug room with minimum facilities for compounding. Complete pharmacy may include space for manufacturing and solution preparation depending on policy of hospital. Must be convenient to Out-Patient Department.****Service rooms required:**

Patients' waiting room.

Toilets.

Nurses' office.

Eye, ear, nose and throat room,¹

2 chair dental unit.

Utility room.

Doctors' office.

Treatment room also used as emergency operating room.

Record room.

Nurses' and staff locker space.

Examination cubicles.

Out-Patient Department:¹

If Out-Patient Department is added, in addition to above-named service rooms the following space will be required:

Out-patient waiting room with toilets.

Admission office.

Medical social service office.

Information and cashier space.

Out-Patient Department should be located on the most easily accessible floor with an entrance separate from the main entrance to the hospital. It must be convenient to radiology, pharmacy, laboratory, and physical therapy.

The size will vary in different locations and is not necessarily proportional to the size of the hospital. The patient load must be estimated to determine the number of rooms required.

¹ Desirable but not mandatory.

² Medical and surgical unit.

Nursing Department

General: No room shall have more than 6 beds and not more than 3 beds deep from outside wall. Each room shall have a lavatory. Each nursing unit shall have a quiet room.

Size of nursing unit: 40 to 50 beds.

Minimum room areas:

125 square feet in single rooms.

96 square feet per person in larger rooms.

Service rooms in each nursing unit:

Nurses' station.

Utility room.

Floor pantry.

Toilet room for each sex.

Bed pan facilities.

Day room.

Wheel chair parking area.

Treatment room, one for each 2 nursing units a floor.

One bath room.

Stretcher alcove.

Linen closet.

Supply closet.

Janitors' closet.

Solarium: One for each nursing floor.

Nurses' toilet: One for each nursing floor.

Service Department

Dietary facilities:

Main kitchen and bakery.

Special diet kitchen.

Dietitians' office.

Dishwashing room (enclosed).

Adequate refrigeration.

Garbage refrigerator.

Can washing facilities.

Day storage room.

Personnel dining space: Provide 12 square feet per person. May be designed for 2 sittings, cafeteria, or table service optional.

Housekeeping facilities:

Laundry:

Sorting area.

Processing area.

Clean linen and sewing room separate from laundry.

Provision of laundry facilities in hospital will depend upon hospital policy and availability of commercial laundry.

If laundry is provided, capacities shall be adequate to process full 7 days' laundry in work week.

Housekeeper's office: Located adjacent to laundry, or if no laundry is provided near central linen supply.

Mechanical facilities:

Boiler and pump room.

Engineers' office.

Maintenance shops.

Shower and locker facilities.

In hospitals up to and including 100 beds at least one room shall be provided. In larger hospitals separation of carpentry, painting and plumbing should be provided.

For minimum requirements for mechanical and electrical work see the respective sections.

Employees' facilities:

Nurses' locker room without Nurses' home: Locker room with locker for each 4 hospital beds.

Rest room.

Toilet and shower room.

Female help lockers:

Locker room.

Rest room.

Toilet and shower room.

Male help lockers:

Locker room.

Toilet and shower room.

Ratio of male and female help will vary and size of locker rooms must be adjusted accordingly.

Storage:

Inactive record storage.

Patients' clothes storage room.

General storage: 20 square feet per bed and to be concentrated in one area.

Ambulant Patient Section

General: Centrally located facilities connected to Intensive Nursing Section, capable of operating jointly, or each of them, detached, providing the best possible flexibility and future extension.

Dining hall: Provide minimum of 16 square feet per person. May be designed for two sittings. Table service, with food prepared in main kitchen of intensive nursing section.

Canteen.

Auditorium:

Seating capacity capable of seating entire ambulant population of institution.

Ample space for wheel chairs.

Arrangement for religious services.

Wash rooms and toilets.

Projection facilities.

Beauty parlor and barber shop.

Occupational therapy:

Office space for the occupational therapist.

One exhibition space.

Space 50-60 feet long divided for diversified occupational therapy work.

Recreational therapy:

Office space for the recreational therapist.

Class room or rooms.

Social room or rooms to be at the disposal and use of patients.

Patients' library facilities.

Bedroom unit:

Room:

Size 300 square feet (for 2 patients).

Closet for each person.

Lavatory in each room.

Common facilities:

Toilet and washroom:

Water closets—1 to each 5 patients.

Lavatories—1 to each 5 patients.

Dental Basins—1 to each 8 patients.

Bath tub or shower—1 to each 8 patients.

Janitors' closet each unit.

Linen closet each unit.

Supervisors' room each unit.

Living room and visitors' lounge.

Solarium.

Telephone booths.

Nurses' call system.

General facilities:

Employees' toilet and locker room.

Storage—reserve equipment.

Storage for patients' personal belongings.

(B-6). Nurses' home.

Rooms:

One nurse per room.¹

120 square feet in single rooms.

150 square feet in double rooms.

Lavatory in each room.

Closet for each nurse.

Common floor facilities:

Lounge with kitchenette to serve approximately each 30 students.

Laundry room with two trays and two ironing boards to serve approximately each 30 students.

Bath room: One shower or tub for each 6 beds.

Toilet room: One water closet for each 6 beds and one lavatory for each 12 beds.

Linen closet.

Janitors' closet.

Telephone facilities.¹

General facilities:

Lobby.

Office.

Main lounge with alcoves.

Men's toilet (off lobby).

Storage room for trunks.

General storage room.

Laundry distribution room.

Employees' toilet room.

Boiler room (if facilities not available elsewhere).

¹ Desirable but not mandatory.

(B-7). School of Nursing.

Teaching facilities:

One science laboratory room.

One dietetics laboratory room.

One nursing arts laboratory with adequate facilities (laboratories to provide facilities for not more than 20 and not less than 12 students).

One classroom to accommodate approximately twice the number of students as a laboratory.

One lecture room to accommodate total student body.

One library.

Offices: Offices for instructors.

General:

Storage room convenient to classrooms.

Toilet room.

Janitors' closet.

(B-8). Public Health Centers.

Administration:

Where health department administration personnel has no offices in health center:

Waiting room.

Public toilets.

Office for public health nurses.

Staff toilets.

Assembly space: Waiting room may be used for this purpose where health centers serve under 30,000 population.

Where health department administration offices are provided in health centers add:

Health officer's office.

Office for sanitary engineers.

Health education office.

Staff room and library: In health center for over 30,000 population.

Clinical: The clinical services, and extent of such services, provided in the health center will depend on the program contemplated by the health department to take care adequately of the particular needs of the population served by the health center.

For populations up to 30,000:

Two examination rooms for maternal and child health, V. D. and TB clinics.

Consultation room.

Utility room.

Dental room.

For population over 30,000, if the following services are provided, they shall include areas noted as follows:

Maternal and child health:

Demonstration room.

Examining room.

Toilet.

Tuberculosis and X-ray:

X-ray room with dressing booths.

Dark room.

Consultation and viewing room.

Veneral disease:

Examination room.

Treatment room.

Consultation room.

Toilet.

Dental:

2 Dental chairs.

Small dental laboratory.

Pharmacy: Dispensing room.

Laboratory:

The volume and type of laboratory tests in the health center will vary with local conditions and will determine the size of the laboratory. Such factors as density of population, area to be served, type of center (municipal, county, or rural), its use as a branch of the State Laboratory and availability of other laboratory facilities must be considered.

One room is required for urinalysis, hematology, and dark field examinations for syphilis and storage of biologicals furnished by the State Health Department.

Where food control, sanitation and communicable disease work is contemplated another room shall be furnished for this purpose.

Service:

General storage areas:
 Bulk office and janitors' supplies.
 Bulk clinical supplies.
 Educational material.

Storage closets:
 Office supplies.
 Medical supplies.
 Educational material.

Janitors' closet: Centrally located.
 Heating plant.

(B-9). *State Public Health Laboratory.*

Administration department:
 Director's office.
 Secretary's office.
 Assistant Director's office.
 Information desk and switchboard.
 Clerical office.
 Office supply room.
 Library.
 Staff meeting room.
 Records and filing room.
 Mailing and receiving room for incoming specimens, distribution of containers and of biologicals.
 Specimen and emergency treatment room.

Bacteriology department:
 Office.
 Water, food and milk laboratory.
 Enteric disease and agglutination laboratory.
 Tuberculosis laboratory.
 Diagnostic laboratory.
 Incubator room.
 Sterile room.
 Rabies room.
 Adequate refrigeration.

Syphilis serology department:
 Office.
 Laboratory: Section of room separated by partitions for centrifuges and preparation of specimens.

Chemistry department:
 Office.
 Laboratory: Facilities for water, food, drug, toxicology, and/or industrial hygiene analyses.
 Instrument room: Facilities for darkening.

Research and investigation:
 Laboratory: Complete laboratory facilities within unit.

Biologicals department:
 Adequate refrigeration.
 Deep freeze unit.
 Room temperature storage.

Central services:
 Culture media and reagent preparation room.
 Glassware cleaning room: Separate sterilizing facilities for contaminated materials.
 Acid cleaning unit.
 Sterilizing room for culture media and clean glassware only.
 Supply room for storage and issue of sterile supplies, general supplies, chemicals, and glassware. Adjacent to sterilizing and glassware cleaning room.
 Bulk storage room.
 Janitor service room.
Maintenance and utilities unit: Provisions for metal and woodwork, and glassblowing.
 Incinerator (animal).
Animal quarters:
 Animal rooms.
 Room for cleaning and sterilizing cages.
 Preparation room for food and bedding.
 Operating and animal inoculation room.

Facilities for personnel:
 Men's locker room with washroom and shower.
 Women's locker room with washroom and shower.
 Rest room.
 Lunch room.
 Staff toilets.

State public health laboratory. If the following activities are included, minimum requirements will be as follows:

Consultation and evaluation service to local laboratories:

Office.
 Laboratory.
Manufacture of biologicals:
 Office.
 Laboratory: Cubicles for isolation work.
 Culture media room.
 Sterile room.
 Sterilizing room.
 Glasswashing room.
 Adequate refrigeration.
 Deep freeze unit.
 Storage room, controlled temperature.
 Packaging room.

Blood and blood products:
 Laboratory: Space and equipment for processing.
 Sterile room.
 Office (may be shared with biologicals department).
 Adequate refrigeration (may be shared with biologicals department).
 Storage room (may be shared with biologicals department).

Pathology department: Laboratory.
Clinical laboratory department: Laboratory.
Virology department: This department shall be efficiently isolated from other laboratories including a separate mechanical ventilating system:
 Office.
 Laboratory: Cubicles for isolation work.
 Sterile room.
 Sterilizing room.
 Inoculation and operating room.

Animal quarters:
 Facilities for storage of food and bedding.
 Cleaning and sterilizing of cages.
 Locker room with washroom and shower.

(B-10). *Details, finishes, etc.* The following general requirements and finishes apply to all hospitals. Conditions in special hospitals, not covered in the general requirements, are specifically noted.

General Requirements for Hospitals

Door widths:
 3 feet 10 inches at all:
 Bed rooms.
 Treatment rooms.
 Operating rooms.
 X-ray therapy rooms.
 Delivery rooms.
 Solariums.
 X-ray rooms.
 Physical therapy rooms.
 Labor rooms.
 5 feet at all: Fracture rooms.
 No doors shall swing into the corridor except closet doors.⁴

Corridor widths: 7 feet, 6 inches, (8 feet preferred). A greater width shall be provided at elevator entrances.

Stair widths: Clear width between rails—3 feet, 8 inches.

Elevators: Platform size—5 feet 4 inches x 8 feet. Door opening—3 feet 10 inches. See also mechanical section.

Laundry chutes: Use optional. Where used 2' 0" minimum diameter.

Incinerators: Use optional. See also mechanical section.

Nurses' call system: Call station between each two beds in two-bed rooms and four-bed rooms and one in each one-bed room:
 Corridor dome light over each nursing room.
 Dome light and buzzer at nurses' station, utility room and floor pantry.

⁴ Does not apply to: mental hospitals, psychiatric hospitals or mental units in general hospitals.

Fire protection: Exits, exit lights, fire-towers, construction equipment, etc., shall conform to local and State Codes and the National Board of Fire Underwriters.
Mechanical ventilation: See mechanical section for details.

Chronic-Disease Hospitals

Space allowances should be more generous than in other types of hospitals to allow for wheelchair traffic in such areas as dining rooms, recreation rooms, porches and toilets.
 Corridors shall be 10 feet wide with handrails on both sides.
 Allow wheelchair storage area in infirmaries at the rate of one wheelchair for each two patients.
 Water closet enclosures to have handrails on both sides.
 Urinals to have vertical bars on each side.
 Lavatories to be supported on brackets to allow wheelchairs to slide under.
 Raised thresholds at doorways shall be omitted.

Mental Hospitals, Psychiatric Hospitals and Mental Units in General Hospitals

The principles of psychiatric security and safety shall be followed throughout. Materials and details of construction shall be such that patients will not be tempted to escape, suicide, hiding, etc. Care must be taken to avoid projecting sharp corners, exposed piping, heating elements, fixtures, hardware, etc.

Public Health Centers

Width of corridors shall be not less than 5' 0". Greater width preferred.
 Windows of examination and treatment rooms shall be glazed with obscure glass to insure privacy.

State Public Health Laboratories

Provide separate airconditioning or ventilation system for bacteriological and virus laboratories with ample supply and exhaust to function properly with closed windows.
 Emergency showers shall be provided in chemical laboratories.
 Each chemical laboratory room shall have a minimum of two exits.
 All windows must be screened.

(B-11). Finishes.**Floors:**

The floors of the following areas shall have smooth, waterproof, surfaces which are wear resistant:
 Toilets.
 Baths.
 Bedpan rooms.
 Floor pantries.
 Utility rooms.
 Treatment rooms.
 Sterilizing rooms.
 Janitors' closets.

The floors of the following areas shall be smooth, easily cleaned and acid resistant:
 Pharmacies.
 Laboratories.

The floors of the following areas shall be waterproof, greaseproof, smooth and resistant to heavy wear:
 Kitchens.
 Butcher shops.
 Food preparation.
 Formula rooms.

The floors of the following areas shall have conductive flooring as approved by the National Board of Fire Underwriters:
 Operating rooms.
 Delivery rooms.
 Anesthesia rooms.
 Adjoining spaces.

The floors of the following areas shall have a smooth resilient surface which is easily cleaned:
 Patient rooms.

Walls:

The walls of the following areas shall have a smooth surface with painted or equal washable finish in light color. They shall be without cracks and, in conjunction with floors, shall be waterproof and free from cracks and spaces which may harbor ants and roaches: All rooms where food and drink are prepared, served or stored.

The walls of the following areas shall have waterproof painted, glazed or similar finishes to a point above the splash or spray line:

- Kitchens.
- Sculleries.
- Utility rooms.
- Baths.
- Showers.
- Dishwashing rooms.
- Janitors' closets.
- Sterilizing rooms.
- Spaces with sinks.

The walls of the following areas shall have waterproof glazed, painted or similar surface which will withstand washing to a distance of not less than 5' 0":

- Operating rooms.
- Delivery rooms.

Ceilings:

The ceilings of the following areas shall be painted with waterproof paint:

- Operating rooms.
- Delivery rooms.
- All sculleries, kitchens and other rooms where food and drink are prepared.

The ceilings of the following areas shall be acoustically treated:

- Corridors in patient areas.
- Nurses' stations.
- Labor rooms.
- Utility rooms.
- Floor pantries.

State Public Health Laboratory

Floors:

Resilient, smooth and stain resistant: All laboratories other than chemistry laboratories.

Resilient, smooth and acid resistant: Chemistry laboratories.

Smooth, waterproof, grease-proof, easily cleaned, non-slip, resistant to heavy traffic:

- Culture media rooms.
- Glasswashing rooms.
- Sterilization rooms.
- Acid cleaning rooms.
- Animal rooms.

Walls:

Waterproof, painted, glazed or similar finishes to a point above the splash or spray line. They shall be without cracks, and in conjunction with floors, shall be waterproof and free of cracks and spaces which may harbor ants and roaches:

- Laboratories.
- Incubator rooms.
- Sterilizing rooms.
- Culture media rooms.
- Glasswashing rooms.
- Acid cleaning rooms.
- Inoculation and operating rooms.
- Animal rooms.

Same as above, but finish to reach to ceiling: Sterile rooms.

Ceilings: Waterproof painted: Sterile rooms. Shelves and cabinets: Shelves and cabinets which are used for the storage of food, dishes, and cooking utensils shall be so constructed and mounted that there shall be no openings or spaces which cannot be cleaned and which might harbor vermin or insects. Cabinets which are used for the storage of open food containers and dishes shall be dust tight.

III-C. Structural—A. Codes. All construction shall be in accordance with the applicable local and State building codes and regulations. In areas which are not

subject to local or State building codes, the recommendations of the following nationally recognized technical and engineering authorities shall be adopted insofar as such recommendations are not in conflict with the minimum general standards as set forth herein.

1. American Concrete Institute. (a) For good engineering practice in the design, erection, allowable working stresses, and for the mixing and placing of concrete on structures built of reinforced concrete.

(b) For standard specifications for cast stone.

2. American Standards Association. (a) For standard practice in masonry construction.

(b) For the design and erection of structural steel for buildings (the American Institute of Steel Construction Code).

(c) For good practice in gypsum plastering, including requirements for lathing and furring.

(d) For good practice in the design and erection of reinforced gypsum concrete.

(e) For safe practice in the design and construction of elevators and dumbwaiters.

3. American Society of Testing Materials. (a) For the specifications on, and the methods of testing, for metals and the materials of masonry construction.

(b) For the methods of standard fire tests of building construction and materials and for the methods of fire tests of door assemblies.

4. National Lumber Manufacturers' Association. (a) For good practice in the use of wood in types of construction of which it is a part, and for the working stresses of stress-grade lumber and its fastenings.

5. National Board of Fire Underwriters. (a) For estimated and tested fire-resistance ratings of materials and constructions.

(b) For safe practice in the design and construction of chimneys and metal smoke stacks.

6. National Bureau of Standards. (a) Publication BMS 92 and other data for tested fire-resistive ratings of materials and constructions.

B. Design data—General. The buildings and all parts thereof shall be of sufficient strength to support all dead, live, and lateral loads without exceeding the working stresses permitted for the materials of their construction in generally accepted good engineering practice.

Special. Special provisions shall be made for machines or apparatus loads which would cause a greater load than the specified minimum live load.

Consideration shall be given to structural members and connections of structures which may be subject to hurricanes or tornadoes. Floor areas where partition locations are subject to change shall be designed to support, in addition to all other loads, a uniformly distributed load of 25 p. s. f.

Live loads. The following unit live loads shall be taken as the minimum distributed live loads for the occupancies listed:

- Hospital wards and bedrooms, 40 p. s. f.
- Corridors above second floor, solariums and miscellaneous service rooms, 60 p. s. f.
- Offices, treatment rooms, operating rooms, conference rooms, toilet and locker rooms, laboratories, kitchens, 80 p. s. f.
- Corridors on first and second floors, library, assembly, lounges and recreation, waiting room, dining, laundry, 100 p. s. f.
- Records file room, storage, supply, 125 p. s. f.
- Mechanical equipment room, 150 p. s. f.
- Roofs (except use increased value where snow and ice may occur), 20 p. s. f.
- Wind, (as required by local conditions, but) not less than 15 p. s. f.

Earthquake—for structures located within an area subject to earthquake shocks, refer to "Uniform Building Code" of the Pacific Coast Building Officials Conference.

C. Construction. Foundations shall rest on natural solid ground and shall be carried to a depth of not less than one foot below the estimated frost line or shall rest on leveled rock or load-bearing piles when solid ground is not encountered. Footings, piers, and foundation walls shall be adequately protected against deterioration from the action of ground water. Reasonable care shall be taken to establish proper soil-bearing values for the soil at the building site. If the bearing capacity of a soil is not definitely known or is in question, a recognized load test may be used to determine the safe bearing value.

One-story buildings shall be constructed of not less than one-hour fire-resistive construction throughout except that boiler rooms, heating rooms, and combustible storage rooms shall be of three-hour fire-resistive construction.

Buildings more than one story in height shall be constructed of incombustible materials using a structural framework of reinforced concrete or structural steel except that masonry walls and piers may be utilized for buildings up to three stories in height not accounting for penthouses. The various elements of such buildings shall meet the following fire-resistive requirements:

Walls:	Hours
Party and firewalls.....	4
Exterior bearing walls.....	3
Exterior panel and curtain walls.....	3
Inner court walls.....	3
Bearing partitions.....	3
Non-load bearing partitions.....	1
Enclosures for stairs, elevators and other vertical openings.....	2
Columns, girders, beams, trusses.....	3
Floor panels (including beams and joists in same).....	2
Roof panels (including beams and joists in same).....	2

Stairs and platforms shall be reinforced concrete or structural steel with hard incombustible materials for the finish of risers and treads.

Rooms, housing furnaces, boilers, combustible storage or other facilities which may provide fire hazards shall be constructed of 3-hour fire-resistive construction.

III-D. Mechanical—1. Heating; steam piping and ventilation—Codes. The heating system, steam piping, boilers and ventilation shall be furnished and installed to meet all requirements of the local and State codes and regulations, and the regulations of the National Board of Fire Underwriters and the minimum general standards as set forth herein. Where there is no local or State boiler code, the recommendations of the A. S. M. E. shall apply. Gas fired equipment shall comply with the regulations of the American Gas Association.

Boilers. Boilers shall have the necessary capacity when operating at normal rating to supply the heating system, hot water, and steam operated equipment, such as sterilizers, laundry and kitchen equipment. Spare boiler capacity shall also be provided in a separate unit to replace any boiler which might break down. Boilers which supply high pressure steam to sterilizers, kitchens, laundry, etc., shall meet the requirements of the city and State boiler codes for 125 pounds working pressure. Boilers for laundries shall be operated at not less than 125 pounds pressure while boilers for sterilizers and kitchen may operate at 50 pounds pressure.

Heating system. The building shall be heated by a hot water, steam, or equal type heating system.

Steam systems. A system of Steam and Return Mains and Connections shall be provided to supply all equipment which requires steam heat.

Boiler accessories. Boiler feed pumps, return pumps and circulating pumps shall be furnished in duplicate, with feeder water

heater, each of which has a capacity to carry the full load. Blow off valves, relief valves, non-return valves and fittings shall be provided to meet the requirements of the City and State Codes.

Radiation. The necessary radiation shall be furnished in each room and occupied space to maintain a temperature of 70° F. except in operating, delivery, and nurseries where a temperature of 75° F. shall be maintained. Each radiator shall be provided with hand control valve.

Piping. Steam and hot water heating piping shall be installed with standard weight steel or iron pipe and cast iron fittings. Pipe used in heating and steam systems shall not be smaller sizes than prescribed by the latest edition of the Heating, Ventilating and Air Conditioning Guide. The ends of all steam mains and low points in steam mains shall be dripped.

Valves. Steam, return and heating risers, steam returns, and heating mains shall be controlled separately by a valve. Each steam and return main shall be valved. Each piece of equipment supplied with steam shall be valved on the supply and return ends.

Thermostatic control. The heating system shall be thermostatically controlled in one or more zones.

Auxiliary heat. Auxiliary radiators shall be provided in operating rooms, delivery rooms, and nurseries to supply heat when the main heating system is not in operation.

Coverings. Boilers and smoke breeching shall be insulated with covering not less than 1" Magnesia blocks and 1/2" plastic asbestos finish. All high pressure steam and high pressure return piping shall be insulated with covering not less than the equivalent of 1" four ply asbestos covering. Heating mains in the boiler room, in excavated spaces, unexcavated spaces, and where concealed, shall be insulated with covering not less than 1" asbestos air cell.

Ventilation. Rooms which do not have outside windows and which are used by hospital personnel, such as Utility rooms, Toilets, Bed pan rooms, and Baths, and Sterilizer rooms, shall be provided with forced or suitable ventilation to change the air at least once every six minutes.

Kitchens, morgues and laundries which are located inside the hospital building shall be ventilated by exhaust systems which will discharge the air above the main roof or 50' 0" from any window. The ventilation of these spaces shall comply with the State or Local Codes but if no code governs, the air in the work spaces shall be exhausted at least once every six minutes with the greater part of the air being taken from the flat work ironer and ranges. Rooms used for the storage of inflammable material shall be ventilated to the outside air with intake and discharge ducts.

The operating and delivery rooms shall be provided with a supply ventilating system with heaters and humidifiers which will change the air at least eight times per hour by supplying fresh filtered air humidified to prevent static. No recirculation will be permitted. The air shall be removed from these rooms by forced system of exhaust. The sterilizing rooms adjoining these rooms shall be furnished with separate exhaust ventilating systems.

Incinerator. If coal fired boilers are not used incinerators shall be provided. If provided, the incinerator shall be of a design that will completely burn 50% wet garbage without objectionable smoke or odor. It shall be designed with drying hearth, grates and combustion chamber lined with 9" fire brick. The gases shall be carried to a point above the roof of the hospital.

Tests. The systems shall be tested to demonstrate to the satisfaction of the State agencies having jurisdiction that: The boilers will carry the full load with one boiler

in reserve, that the steam supply to all steam heated equipment is ample, that the ventilating equipment meets the minimum requirements and that all systems circulated satisfactorily without leaks or noise.

Health centers, nurses homes and laboratories. High pressure steam and a spare boiler, will not be required for a Health Center, Nurses Homes, and Laboratory building. Incinerators are not mandatory but are recommended in Health Centers, Laboratories and Nurses Homes.

Separate special ventilation or air-conditioning systems are required for the bacteriological and virus laboratories.

Mental hospitals. Radiators, grilles, pipes, valves and equipment shall be so located that they are not accessible to patients. Hot air heating may be used for spaces occupied by mental cases.

2. Plumbing and drainage. All parts of the plumbing systems shall comply with all applicable local and State codes and the requirements of the State Department of Health and the minimum general standards as set forth herein. Where no State or local codes are in force or where such codes do not cover special hospital equipment, appliances, and water piping, the National Bureau of Standards Plumbing Manual BMS 66 shall apply.

Water service. The water supply available for the hospital shall be tested and approved by the State Department of Health.

The water service shall be brought into the building to comply with the requirements of the local water department and shall be free of cross connections.

Hot water heaters and tanks. The hot water heating and storage equipment shall have sufficient capacity to supply 5 gallons of water at 150° F. per hour per bed for hospital fixtures, and 8 gallons at 180° F. per hour per bed for the laundry and kitchen.

The hot water storage tank or tanks shall have a capacity equal to 80% of the heater capacity.

Where direct fired hot water heaters are used they shall be of an approved high pressure cast iron type. Submerged steam heating coils shall be of copper. Storage tanks shall be of non-corrosive metal or be lined with non-corrosive material to comply with the A. S. M. E. Code for pressure vessels. Tanks and heaters shall be fitted with vacuum and relief valves, and where the water is heated by coal or gas they shall have thermostatic relief valves. Heaters shall be thermostatically controlled.

Water supply systems. From the cold water service and hot water tanks, cold water and hot water mains and branches shall be run to supply all plumbing fixtures and equipment which require hot or cold water or both for their operation. Pipes shall be sized to supply water to all fixtures with a minimum pressure of 15 pounds at the top floor fixtures during maximum demand periods. All plumbing fixtures except water closets, bed pan washers and drinking fountains shall have both hot and cold water supplies. Every supply outlet or connection to a fixture or appliance shall be protected against back flow in accordance with the provisions of standards for air gaps and back-flow preventors as provided by plumbing Standards ASA-40.4 and 40.6. Wherever the usage of fixture or appliance will permit, water supplied to all fixtures, open tanks and equipment, shall be introduced through a suitable air gap between the water supply and the flood level of the fixture. No connections shall be made which will permit back-flow.

Hot water circulating mains and risers shall be run from the hot water storage tank to a point directly below the highest fixture at the end of each branch main. Where the building is higher than 3 stories, each riser shall be circulated. Water pipe sizes shall be equal to those prescribed by the

National Bureau of Standards Report BMS 66.

Drainage system. All fixtures and equipment shall be connected through traps to soil and waste piping and to the sewer. Indirect waste pipes shall be installed in waste connections as required by BMS 66. All drainage and vent systems shall be designed and installed in accordance with the City and State Codes and the Plumbing Manual BMS 66 of the National Bureau of Standards where a city or State code is not in force.

Rain water drains. Leaders shall be provided to drain the water from roof areas to a point from which it cannot flow into the basement or areas around the building. Courts, yards, and drives which do not have natural drainage from the building shall have catch basins and drains to low ground, storm water system, or dry wells. Where dry wells are used they shall be located at least 20' 0" from the building.

Gas piping. Gas appliances shall be approved by the American Gas Association and shall be connected in accordance with the requirements of the company furnishing the gas.

Oxygen piping, outlets and manifolds where used shall be installed in accordance with the requirements of the company which will furnish the gas.

Pipe. The building drain, to a point 5' 0" from the building, shall be of cast iron. Soil stacks, drains, vents, waste lines, and leaders shall be of cast iron or steel except drain lines in back-fill or soil shall be of cast iron. Oxygen lines shall be of copper tubing not lighter than type "L" or I. P. S. red brass with fittings of brass or copper. Drains from sinks which use chemicals shall be of approved acid resistant metal. Gas piping shall be of black iron with malleable fittings or copper tubing.

Valves. Each main, branch main, riser and branch to a group of fixtures of the water systems shall be valved.

Insulation. Tanks and heaters shall be insulated with covering equal to 1" 4-ply air cell.

Hot water and circulating pipes shall be insulated with covering equal to canvas-jacketed 3-ply asbestos air cell.

Cold water mains in occupied spaces and in store rooms shall be insulated with canvas-jacketed felt covering to prevent condensation. All pipes in outside walls shall also be insulated to prevent freezing.

Stand pipe system. The stand pipe system shall be installed as required by the local and State departments having jurisdiction and the National Board of Fire Underwriters.

Plumbing fixtures. The material used for plumbing fixtures shall be of an approved non-absorptive acid resisting material.

Water closets in and adjoining patients' areas shall be of a quiet operating types.

Flush valves shall have non-return stops and an acceptable back-flow preventer. Flush valves in rooms adjoining patients' rooms shall be designed for quiet operation with quiet acting stops.

Faucet spouts shall have the discharge openings above the rim of the fixture. Goose neck spouts shall be used for patients' lavatories, nurses' lavatories and sinks which may be used for filling pitchers. Knee or elbow action faucets shall be used for doctors' wash-up, utility and clinic sinks and in treatment rooms. Elbow or wrist action spade handles control shall be used on other lavatories and sinks used by doctors or nurses. Drinking fountains, where used, shall comply with the A. S. A. Std. A4.2-1942.

Tests. All soil, waste, vents and drain lines shall be tested by water or air test before they are built in.

A smoke or chemical test shall be applied after fixtures have been set. Water pipe shall be hydraulically tested to a pressure equal to twice the working pressure. The tests shall demonstrate to the satisfaction

of the State Health Department that there are no leaks, that hot water mains and risers are circulating, that all traps are properly vented; that there is ample supply of hot and cold water to all fixtures, that no fixture or equipment can be back siphoned and that there are no back-flow connections.

Sterilizers. Sterilizers and autoclaves shall be provided of the required types and necessary capacity to adequately sterilize instruments, utensils, dressings, water, operating room material, such as gloves, sutures, etc., and as required for laboratories. The sterilizers shall be of recognized hospital types with approved controls and safety features.

Mental and T. B. hospitals. Plumbing fixtures which require hot water and which are accessible to mental patients shall be supplied with water which is thermostatically controlled to provide a maximum water temperature of 110° F. at the fixture.

Special consideration shall be given to piping, controls and fittings of plumbing fixtures as required by the types of mental patient and the doctor in charge of planning. No pipes or traps shall be exposed and fixtures shall be substantially bolted through walls. Generally, for disturbed patients prison type water closets without seats shall be used and shower and bath controls shall not be accessible to patients.

The hot water heat and tank capacities for laundries in T. B. and mental hospitals may be reduced to 40% of that required for general hospitals.

Laboratories, nurses home and health centers. Emergency quick acting cold water showers are required at convenient points in chemical laboratories.

Only one system of hot water will be required in laboratories, nurses homes and health centers and the elbow or knee action lavatory and sink faucet handles will be required only in clinical rooms of health centers.

3. Electrical installations—Codes and regulations. The installation of electrical work and equipment shall comply with all local and State codes and laws applicable to electrical installations and the minimum general standards as set forth herein. Where such codes and laws are not in effect or where they do not cover special installations the National Electrical Code shall apply. The regulations of the local utility company shall govern service connections. All materials shall be new and shall equal standards established by the Underwriters Laboratories, Inc. Certificates of approval shall be issued by these departments having jurisdiction before the work will be approved for final payment.

Service. Connections from the service mains, with meter connections and service switches shall be installed as required by the Public Service Company.

Feeders and circuits. Separate power and light feeders shall be run from the service to a main switchboard and from there sub-feeders shall be provided to the motors and power and light distributing panels. From the power panels feeders shall be provided for large motors, and circuits from the light panels shall be run to the lighting outlets. Large heating elements shall be supplied by separate feeders from the Power or Light Service as directed by the local Public Service Company. Independent feeders shall be furnished for X-ray equipment.

Switchboard and power panels. Circuit breakers or dead front type fused switches shall be installed to protect all feeders and sub-feeders. Motors shall be connected with breakers or fused switches.

Light panels. Light panels shall be provided on each floor for the lighting circuits on that floor. Light panels shall be located near the load centers not more than 100' 0" from the farthest outlet. Receptacles for

special equipment shall be of a heavy duty type on separate circuits.

Lighting outlets, receptacles and switches. All occupied areas shall be adequately lighted as required by duties performed in the space. Patients' bedrooms shall have as a minimum general illumination, a bracket or receptacle for each bed, a duplex receptacle for each two beds for doctor's examination, and a night light. The outlets for general illumination and night lights shall be switched at the door. Switches in patients' rooms shall be of an approved mercury or equal, quiet operating type, or shall be placed in the corridor. Operating and delivery rooms shall be provided with special lights for the tables each on an independent circuit and for general illumination. Not less than three 3-point grounded explosion proof receptacles shall be provided in each room. Each operating room shall have a film-viewing box of an explosion-proof type. Grounding shall be provided for floors in the operating, anesthesia, and delivery sections.

Emergency lighting. Emergency lighting shall be provided for exits, stairs, and patient corridors which shall be supplied by an emergency service, an automatic emergency generator or battery with automatic switch. Operating and delivery room lights shall be connected with an automatic transfer switch which will throw the circuits to the emergency service in case of current failure. Should an emergency service from the street be used it shall be from a generating plant independent of that used for the main electric service.

Nurses' call. Each patient shall be furnished with a nurses' call station which will register a call from the patient; at the corridor door, at the nurses' station, and in each pantry and utility room of the nursing unit. A duplex unit may be used for 2 patients. Indicating lights shall be provided at each station where there are more than two beds in a room. Wiring for nurses' call systems shall be installed in conduit.

Lighting fixtures. Lighting fixtures shall be furnished for all lighting outlets. They shall be of a type suitable for the space. Should ceiling lights be used in patients' rooms, they shall be of a type which does not shine in the patients' eyes.

Tests. Lighting fixtures, all wiring and equipment shall be tested to show that it is free from grounds, shorts or open circuits.

Health centers, nurses' homes and laboratories. Emergency lighting and call systems will not be required in health centers, nurses' homes and laboratories except as provided for by local and State codes.

Mental hospitals. No lighting fixtures, switches, receptacles or electrical equipment shall be accessible to mental patients.

Nurses' call systems will not be required in areas occupied by mental patients.

4. Elevators and dumbwaiters—Codes. The elevator installations shall comply with all local and State Codes, American Standard Safety Code for Elevators, the National Board of Fire Underwriters, the National Electric Codes, and the minimum general standards as set forth herein.

Number of cars. Any hospital with patients on one or more floors above the first or where the operating or delivery rooms are above the first floor shall have at least one electric motor driven elevator. Hospitals with a bed capacity of 60 to 200 shall have not less than two elevators. Hospitals with a bed capacity of from 150 to 350 above the first floor shall have not less than 3 elevators, two passenger and one service. A larger number may be required by the hospital plan, a large visitors' traffic and food distribution.

Elevators with a rise of more than 6 stories require special consideration.

Cab. Cabs shall be constructed with fire-proof material. Passenger cab platforms shall be not less than 5' 4" x 8' 0" with a capacity of 3,500 pounds. Service elevators shall be of

sufficient size to receive a stretcher with patient.

Cab and shaft doors shall be not less than 3' 10" clear opening.

Controls. Elevators, for which operators will not be employed, shall have automatic push button control, signal control or dual control for use with or without operator. Where two push button elevators are located together and where one such elevator serves more than three floors and basement, they shall have collective or signal control. Where the car has a speed of more than 100' 0" per minute or has a rise of four or more floors, the elevator shall be equipped with automatic self-leveling control which will automatically bring the car platform level with the landing with no load or full load. Multivoltage or variable voltage machines shall be used where speeds are greater than 150' 0" per minute. For speeds above 350' 0" per minute, the elevators shall be of the gearless type.

Dumbwaiters. Dumbwaiter cabs shall be not less than 24" x 24" x 36" of steel with one shelf to operate at speed of 50 to 100' per minute when carrying a load of 100 pounds. Dumbwaiters serving basement and four floors shall have a minimum speed of 100' 0".

Tests. Elevator machines shall be tested for speed and load with and without loads in both directions and shall be given over-speed tests as covered by the "Safety Code for Elevators."

5. Refrigeration—Codes. The refrigerators and refrigerating systems shall be furnished and installed to meet all requirements of the local and State Codes and regulations, the National Board of Fire Underwriters, and the minimum general standards as set forth herein.

This section shall include portable refrigerators, built-in refrigerators, garbage refrigeration, ice-making and refrigerator equipment, morgue boxes.

Box construction. Boxes shall be insulated with waterproof, nonabsorbent, verminproof insulation. For the portable boxes, the insulation in the doors and walls shall be equal to 2" cork. Outer walls and doors of the walk-in boxes shall have insulation equal to 4" cork. Boxes shall be lined with nonabsorbent sanitary material which will withstand the heavy use to which it will be subjected and constructed so as to be easily cleaned.

Refrigerators of adequate capacity shall be provided in all kitchens and other preparation centers, where perishable foods will be stored.

In the main kitchen, a minimum of two separate sections or boxes shall be provided, one for meats and dairy products, and one for general storage.

Refrigerator machines. Toxic, "irritant", or inflammable refrigerants shall not be used in refrigerator machines located in buildings occupied by patients.

The compressors and evaporators shall have sufficient capacity to maintain temperatures of 35° F. in the meat and dairy boxes, and 40° F. in the general storage boxes when the boxes are being used normally. Compressors shall be automatically controlled.

Tests. Compressors, piping, and evaporators shall be tested for leaks and capacity.

6. Kitchen equipment—Codes. The kitchen equipment shall be so constructed and installed as to comply with the applicable local and State laws, codes, regulations and requirements, and with the applicable sanitation standards of Public Health Bulletin No. 280, entitled "Ordinance and Code Regulating Eating and Drinking Establishments, recommended by the U. S. Public Health Service," and with the minimum general standards set forth herein.

Equipment. The equipment shall be adequate and so arranged as to enable the storage, preparation, cooking, and serving of food and drink to patients, staff and employees to be done in an efficient and sanitary

manner. The equipment shall be selected and arranged in accordance with the types of food service adopted for the hospital.

Adequate cabinets or other facilities shall be provided for the storage or display of food, drink, and utensils, and shall be designed as to protect them from contamination by insects, rodents, other vermin, splash, dust, and overhead leakage.

Adequate facilities shall be provided for the washing and bactericidal treatment of utensils used for eating, drinking, and food preparation. Where utensils are to be washed by hand, there shall be provided an adequate sink equipped with heating facilities to maintain a water temperature of at least 170° F. in the bactericidal treatment compartment throughout the dishwashing period. Where utensils are to be washed by machine, there shall be provided facilities for supplying to the dishwashing machine an adequate supply of rinse water at 170° F., measured at the rinse sprays, throughout the dishwashing period. All tables, shelves, counters, display cases, stoves, hoods, and similar equipment shall be so constructed as to be easily cleaned and shall be free of inaccessible spaces providing harborage for vermin. Where there is not sufficient space between equipment and the walls or floor to permit easy cleaning, the equipment shall be set tight against the walls or floor and the joint properly sealed. All utensils and equipment surfaces with which food or drink comes in contact shall be of smooth, not readily corrodible material free of breaks, corrosion, open seams or cracks, chipped places, and V-type threads. All surfaces with which food or drink comes in contact shall be easily accessible for inspection and cleaning and shall be self-draining, and shall not contain or be plated with cadmium or lead. All water supply and waste line connections to kitchen equipment shall be installed in compliance with the plumbing requirements of these standards.

7. Laundry—Codes. The laundry equipment shall be designed and installed to comply with all local and State codes and laws, and the requirements of the State Department of Health and the minimum general standards as set forth herein.

Where laundries are provided they shall be complete with washers, extractors, tumblers, ironer and presses which shall be provided with all safety appliances and sanitary requirements.

Washers. There shall be at least two washers which shall have a combined rated capacity of not less than 12 pounds of dry laundry per day per patient bed, when operating not more than 40 hours per week.

Ironer. Provide one flat work ironer with a capacity equal to 70% of the washer capacity when operating 40 hours per week.

Extractor. There shall be not less than one extractor with a daily capacity equal to that given above for the washers and for hospitals with more than 100 beds there shall be two extractors.

Tumbler. Provide a minimum of one tumbler with a rated capacity equal to 25% of the washers, when operating 40 hours per week.

Presses. For finished work provide not less than 1 nurses uniform unit consisting of 3 presses or one utility unit with 2 presses which shall be increased for the larger hospitals.

Wash tubs. Provide 2 wash tubs.
Mental and T. B. hospitals. The capacity per bed of laundry equipment for T. B. and Mental hospitals shall be 40% of that required for general hospitals.

III (E). Preparation of plans, specifications & estimates. The requirements contained herein have been established for the guidance of the Applicant and the Architect to provide a standard method of preparation of drawings, specifications and estimates.

It is expected that the applicant will find it advantageous to submit the material through the State Agency in three stages for its recommendation and approval. However, the applicant may, if he so elects, combine the first two stages.

If the data required under stage 3 is available, it may be submitted without the drawings required under stages one and two.

Copies of the final working drawings and specifications previously submitted under stage three will be submitted for approval with the formal application for the project. The requirements for the material submitted at each of the three stages are as follows.

Drawings and specifications—1. (First stage) program and schematic plans—(a) Program. List in outline form the rooms or spaces to be included in each department, explaining the functions or services to be provided in each, indicating the approximate size, the number of personnel and the kind of equipment or furniture it will contain. Note any special or unusual services or equipment to be included in the facility.

If a hospital project, submit a schedule showing the total number of beds, their distribution in room and in the services, such as medicine, surgery, obstetrics, etc.

(b) Schematic plans. Single line drawings of each floor showing the relationship of the various departments or services to each other and the room arrangement in each department. The name of each room should be noted. The proposed roads and walks, service and entrance courts, parking and orientation may be shown on either a small plot plan or the 1st floor plan. Simple vertical space diagram should be submitted at this stage.

(c) Construction outline. A brief description of the type of construction.

(d) Description of site. If a survey has been made, a plat shall be submitted at this time, if not it should be submitted with the Preliminary Plans. (Second Stage.) In lieu of a plat of the survey, a description of the site may be submitted at this time. This shall note the general characteristics of the site, easement, availability of electricity, water and sewer lines, main roadway approaches, direction of prevailing breezes, orientation, etc. A map indicating location of the hospital in its geographic area with particular reference to recommendation given under Site III A, should be submitted.

(e) Preliminary cost estimates.
2. (Second stage) preliminary plans, elevations, and outline specifications. (A) Development of the preliminary sketch plans indicating in more detail the assignment of all spaces, size of areas and rooms, indicating in outline, the fixed and movable equipment and furniture.

The plans shall be drawn a scale sufficiently large to clearly present the proposed design.

The total floor area shall be computed and shown on the drawings.

The drawings shall include (1) a plan of each floor including the basement or ground floor, (2) roof plan, (3) approach plan showing roads, parking areas, sidewalks, etc., (4) elevations of all facades, (5) sections through the building.

A print of the "Site Survey and Soil Information" which is described under another section of this manual shall be included unless it has already been submitted in Stage I.

(B) Outline specifications shall provide a general description of the construction including interior finishes; acoustical material, its extent and type; extent of the conductive floor covering; heating and ventilating systems; and the type of elevators.

(C) Revised cost estimates.

3. (Third stage) working drawings and specifications. (A) All working drawings shall be well prepared so that clear and distinct prints may be obtained; accurately dimensioned and include all necessary ex-

planatory notes, schedules and legends. Working drawings shall be complete and adequate for contract purposes. Separate drawings shall be prepared for each of the following branches of work; Architectural, Structural, Mechanical, Electrical. They shall include or contain the following:

1. Architectural drawings. (a) Approach plan showing all new topography, newly established levels and grades, existing structures on the site (if any), new buildings and structures, roadways, walks, and the extent of the areas to be seeded. All structures and improvements which are to be removed under the construction contract shall be shown. A print of the survey shall be included with the working drawings for the information of bidders only. The survey shall not be made a contract drawing.

(b) Plan of each floor and roof.
(c) Elevations of each facade.
(d) Sections through building.
(e) Scale and full size details as necessary; scale details at one and one-half (1½) inches to the foot may be necessary to properly indicate portions of the work. Full size details may be prepared after award of construction contract.

(f) Schedule of finishes.
2. Equipment drawings. (a) Large scale drawings of typical and special rooms indicating all fixed equipment and major items of furniture and movable equipment. The furniture and movable equipment will not be included in the construction contract but should be indicated by dotted lines.

3. Structural drawings. (a) Plans of foundations, floors, roofs and all intermediate levels shall show a complete design with sizes, sections, and the relative location of the various members. Schedule of beams, girders and columns.

(b) Floor levels, column centers, and offsets shall be dimensioned.

(c) Special openings and pipe sleeves shall be dimensioned or otherwise noted for easy reference.

(d) Details of all special connections assemblies and expansion joints shall be given.

(e) Notes on design data shall include the name of the governing building code, values of allowable unit stresses, assumed live loads, winds loads, earthquake load, and soil-bearing pressures.

(f) For special structures, a stress sheet shall be incorporated in the drawings showing:

(1) Outline of the structure.
(2) All load assumptions used.
(3) Stresses and bending moments separately for each kind of loading.
(4) Maximum stress and/or bending moment for which each member is designed, when not readily apparent from (3).
(5) Horizontal and vertical reactions at column bases.

4. Mechanical drawings. These drawings with specifications shall show the complete heating, steam piping and ventilation systems; plumbing, drainage and stand pipe systems; and laundry.

(a) Heating, steam piping and ventilation.

(1) Radiators and steam heated equipment, such as sterilizers, warmers and steam tables.
(2) Heating and steam mains and branches with pipe sizes.

(3) Diagram of heating and steam risers with pipe sizes.

(4) Sizes, types and heating surfaces of boilers, furnaces, with stokers and oil burners, if any.

(5) Pumps, tanks, boiler breeching and piping and boiler room accessories.

(6) Air conditioning systems with refrigerators, water and refrigerant piping, and ducts.

(7) Exhaust and supply ventilating systems with steam connections and piping.

(b) Plumbing, drainage and stand pipe systems. (1) Size and elevation of: Street sewer, house sewer, house drains, street water main and water service into the building.

(2) Location and size of soil, waste, and vent stacks with connections to house drains, fixtures and equipment.

(3) Size and location of hot, cold and circulating mains, branches and risers from the service entrance and tanks.

(4) Riser diagram to show all plumbing, stacks with vents, water risers and fixture connections.

(5) Gas, oxygen and special connections.

(6) Standpipe system.

(7) Plumbing fixtures and fixtures which require water and drain connections.

(c) *Elevators and dumbwaiters.* Shaft details and dimensions, size car platform and doors; travel, pit and machine room.

(d) *Kitchens, Laundry Refrigeration and Laboratories* shall be detailed at a satisfactory scale to show the location, size and connection of all fixed and movable equipment.

5. *Electrical drawings.* Drawings shall show all electrical wiring, outlets, and equipment which require electrical connections.

(a) Electrical service entrance with service switches, service feeders to the public service feeders and characteristics of the light and power current. Transformers and their connections if located in the building, shall be shown.

(b) Plan and diagram showing main switchboard, power panels, light panels and equipment. Feeder and conduit sizes shall be shown with schedule of feeder breakers or switches.

(c) Light outlets, receptacles, switches, power outlets and circuits.

(d) Telephone layout showing service entrance, telephone switchboard, strip boxes, telephone outlets and branch conduits as approved by the Telephone Co. Where public telephones are used for inter-communication, provide separate room and conduits for racks and automatic switching equipment as required by the Telephone Company.

(e) Nurses' call systems with outlets for beds, duty stations, door signal lights, annunciators and wiring diagrams.

(f) Doctors' call and doctors' in-and-out systems with all equipment wiring, if provided.

(g) Fire alarm system with stations, gongs, control board and wiring diagrams.

(h) Emergency lighting system with outlets, transfer switch, source of supply, feeders and circuits.

6. *Additions to existing projects.* (a) Procedures and requirements for working drawings and specifications to be followed and in addition the following information shall be submitted:

(1) Type of activities within the existing building and distribution of existing beds, etc.

(2) Type of construction of existing building and number of stories high.

(3) Plans and details showing attachment of new construction to the existing structure and mechanical systems.

(B) Specifications shall supplement the drawings and shall comply with the following:

1. The specifications shall fully describe, except where fully indicated and described on the drawings; the materials; workmanship; the kind sizes, capacities, finish and other characteristics of all materials, products, articles and devices.

2. The specifications shall include:

(a) Cover or title sheet.

(b) Index.

(c) Invitation for bids.

(d) General conditions.

(e) Wage rates.

(f) General requirements.

(g) Sections describing material and workmanship in detail for each class of work.

(h) Form of bid bond.

(i) Bid form.

(j) Form of agreement.

(k) Performance and payment bond forms.

3. In order to obtain a standard procedure Standard Specification Forms will be furnished to the State Agency for use of the Architect. They will include all items enumerated under Paragraph 2 above, except item (g). The General Conditions, item (d), may be supplemented by the Architect to cover local or special conditions. (Sample Standard Specification Forms are available upon request.)

(C) Estimates shall show in convenient form and detail the probable total cost of the work to be performed under the contract for construction of new buildings, expansion, remodeling and alteration of existing buildings including provision of fixed equipment contemplated by plans and specifications.

IV. *Equipment—General.* Equipment necessary for the functioning of the facility as planned shall be provided in the kind and to the extent required to perform the desired service. The necessary equipment shall be included in the cost of the project and is considered an essential part of the project.

Definition of equipment. The term "equipment" as used herein means all items necessary for the functioning of all services of the facility including such services as accounting and records, maintenance of buildings and grounds, laundry service, public waiting rooms, public health, and related services. The term "equipment" does not include items of current operating expense such as food, fuel, drugs, dressings, paper, printed forms, soap, and the like.

Classification of equipment. All equipment shall be classified in three groups as indicated below; the basis of classification being the usual methods of purchasing the equipment and suggested accounting practices in regard to depreciation:

Group I. Built-in equipment included in construction contracts. 1. Hospital cabinets and counters, laboratory and pharmacy cabinets, X-Ray and darkroom equipment, cubicle curtain equipment, shades and venetian blinds and any other built-in equipment, including items which have been included previously under Sections II and III of the General Standards such as: Kitchen equipment, laundry chutes, elevators, dumbwaiters, boilers, incinerators, refrigerating equipment, sterilizing equipment, surgical lighting and the like.

Group II. Depreciable equipment of five years' life or more normally purchased through other than construction contracts.

1. Large items of furniture and equipment having a reasonably fixed location in the building but capable of being moved.

2. Example: Furniture, surgical apparatus, diagnostic and therapeutic equipment, office machines, dental equipment, laboratory and pharmacy equipment (except cabinets) wheeled equipment and the like.

Group III. Non-depreciable equipment of less than five years' life normally purchased through other than construction contract.

1. Small items of low unit cost and suited to storeroom control.

2. Examples. Chinaware, silverware, kitchen utensils, bedside lamps, waste baskets, bed pans, dressing jars, catheters, surgical instruments, linens, sheets, blankets, mattresses and the like.

It shall be the responsibility of the applicant to select and purchase all necessary equipment for the complete functioning of all services included in the project in accordance with these standards and any further standards prescribed by the State Agency.

It is essential that the equipment shall be properly apportioned and budgeted to the various services of the facility so that unduly expensive or elaborate equipment is not provided for some services of the project, necessitating the use of cheap and inadequate equipment for other services.

As soon as possible after the award of the construction contract, the applicant shall

submit to the Surgeon General through the State Agency for approval a complete list in triplicate of all proposed Groups II and III equipment, including itemized estimate of cost.

APPENDIX B—MERIT SYSTEM POLICIES OF THE PUBLIC HEALTH SERVICE

Introduction. The United States Public Health Service is in accord with other Federal agencies and leaders in the field of public administration who recognize the principle that a system of personnel administration on a merit basis is the most effective method of securing and retaining qualified personnel. The employment of qualified personnel is considered a prerequisite of efficient administration, without which the purposes of sections 314 and 623, of the Public Health Service Act as amended may not effectively be achieved.

Accordingly, the regulations of the United States Public Health Service contain provisions relative to the establishment of merit system of personnel administration in State and local health departments and other State agencies administering programs assisted by grants-in-aid from the United States Public Health Service. Under these regulations the United States Public Health Service reviews merit systems to determine their conformity with accepted standards of personnel administration.

The application of these policies is required as evidence that minimum standards of efficient personnel administration have been met. They are herewith adopted by the United States Public Health Service as standards for evaluating compliance with § 51.12 and § 53.73 of the regulations governing the administration of the Hospital Survey and Construction program.

MERIT SYSTEM POLICIES

SECTION I. *Jurisdiction of the merit system.* (1) The following standards are applicable to personnel employed in State programs, the budgets for which provide for the expenditure of Federal funds or of State funds for matching purposes, and to persons having administrative responsibility for such programs unless specifically exempted in accordance with these policies.

(2) Upon completion of extension of merit system to local programs, these standards shall also apply to personnel employed in local programs, the budgets for which provide for the expenditure of Federal funds or of State funds for matching purposes, and to persons having administrative responsibility for such programs unless specifically exempted in accordance with these policies.

(3) At the option of the State agency, the following positions may be exempted from application of these standards; the executive head of the State agency administering a program under the jurisdiction of the merit system; one confidential secretary to the executive head, provided the confidential secretary has no administrative or managerial responsibility for State plans; members of State and local boards or commissions and members of advisory councils or committees or similar boards paid only for attendance at meetings; State and local officials serving ex officio and performing incidental administrative duties; part-time professional personnel who are paid for any form of medical, nursing, or other professional service and who are not engaged in the performance of administrative duties.

(4) Upon request of the proper State authority, exemption of hospital and sanatoria personnel from application of these

¹ As used in these policies, "State agency", refers to those agencies administering programs assisted by grants-in-aid from funds made available by the United States Public Health Service in accordance with the provisions of the Public Health Service Act.

standards will be considered on the basis of current State and local administration. However, the requirement of a merit system of personnel administration does not apply to personnel operating hospitals aided under the Federal Hospital Survey and Construction program solely by reason of their benefit under the Act.

SEC. II. Merit system organization. (1) The merit system organization for State agencies shall be either a State civil service, that is, a merit system established by statute or other legislative enactment; or a joint merit system, that is, a merit system established by agreement among two or more State agencies. A single agency system, that is, a merit system maintained by and for a single State agency, may be approved on a temporary basis when the Public Health Service is convinced by presentation of facts that either a State civil service or a joint agency plan may be immediately impracticable. Temporary approval will be continued for only such period as required to make the necessary adjustments for the establishment of or participation in a State civil service or joint agency system.

(2) If merit system costs are charged to the State agencies no more than an equitable share of the costs shall be borne by funds made available through these grants.² The share so borne shall be based on the planned predetermined ratio of such State agency costs to the total merit system costs as set forth in the Fiscal Manual for Joint Merit System Administration prepared by the Social Security Board of the Federal Security Agency, September 1943.

(3) The merit system shall provide for an advisory council whose members shall be selected from outside the agency served, in order to establish public confidence in the impartiality of merit system administration.

SEC. III. Merit system supervisor. (1) The merit system shall provide for a merit system supervisor qualified by training and experience for the responsibilities of the position, and shall be of known sympathy with the merit principle of personnel administration in the public service.

(2) The merit system shall provide that examinations will be conducted under the direction of the merit system supervisor.

SEC. IV. Personnel officer. The executive head of the State agency shall employ a personnel officer, or designate a staff employee to serve in this capacity until a personnel officer can be included in the State plan. The personnel officer shall be responsible for the agency's internal personnel administration. It shall be his responsibility to administer the classification and compensation plans; to provide for adequate personnel records of all persons included in the State plan and all personnel actions taken; to request certification of eligibles by the merit system supervisor; to report periodically to the executive head of the State agency on selection, promotion, salary advancements, demotions, transfers, separations, resignations and other types of personnel actions; to report on and recommend action concerning probationary appointees; to make provision for and supervise service ratings for all employees; to be responsible for the preparation and maintenance of written procedural instructions covering personnel actions as set forth in section XVII of these policies.

² Except that no Federal funds will be available under section 623 of the Public Health Service Act as amended by the Hospital Survey and Construction Act for payment of any merit system costs incurred in the administration of the hospital construction program. Such funds may be used to meet a share of the costs if a merit system is applied in the administration of a State hospital survey and planning program.

SEC. V. Classification plan. A classification plan including class specifications for all classes of positions included in the approved State plan shall be established and maintained for the State agency in accordance with the provisions of the merit system rules. The classification plan shall be based on an investigation and analysis of the duties and responsibilities of each position. Each class specification shall include a descriptive title, examples of duties and responsibilities of the class and minimum requirements of education, experience and other qualifications necessary for the performance of the duties of the position.

SEC. VI. Compensation plan. A compensation plan shall be established and maintained for all classes of positions included in the classification plan. The plan shall be formulated within the provisions of existing laws related to salary rates, and of rules and regulations uniformly applicable to comparable departments of the State government. In the development of salary schedules consideration shall be given to the difficulty and responsibility of the duties involved and of the preparation required. Salary ranges shall consist of minimum and maximum rates of pay with intermediate steps for salary advancement within the range.

SEC. VII. Political activity and religious affiliation. (1) The merit system rules shall prohibit employees from participating in any type of political activity or from taking part in city, county, State or national elections, except that any employee has the right as an individual citizen to express his views and cast his vote.

(2) No employee shall be permitted to solicit or receive any money or contribution for political purposes, nor shall any employee be separated, transferred, demoted or subjected to any coercive action for refusing to make any contribution for political purposes.

(3) The merit system regulations shall provide against discrimination because of political or religious opinions or affiliations.

SEC. VIII. Recruitment and appointment of personnel. (1) An employee who has acquired permanent status under a State civil service or merit system with standards substantially comparable to those adopted by the State agency need not be required to take an examination to retain his position at the time a merit system is established.

(2) All positions in the State agency, except those specifically exempted, shall be filled by personnel selected in accordance with the rules and regulations of the merit system.

(3) The merit system shall include the following provisions governing the administration of examinations for entrance into the service:

A. Examinations shall be conducted on an open competitive basis.

B. Applicants admitted to examinations shall meet the requirements set forth in the class specifications.

C. Examination shall be constructed to reveal the capabilities of applicants for positions for which they are competing, the general background and related knowledge. Examinations may include an objective rating of training and experience, consideration of written material offered as evidence of candidates' past achievements, a performance test for positions involving the operation of office machines or other equipment, and an oral examination for positions requiring frequent contact with the public or involving important administrative or supervisory duties. Examinations shall be rated objectively.

1. Assembled examinations, including a written test, and when appropriate a performance test, shall be given to applicants for non-professional positions, and when-

ever practicable to applicants for professional positions.

2. Unassembled examinations, which may include an oral interview for the evaluation of personal qualifications, may be given in accordance with the provisions of the merit system rules and regulations. Use of unassembled examinations should be limited to supervisory or consultative professional positions for which a specified minimum number of years of responsible experience in a special field is required for admission to the examination, and to non-supervisory professional positions for which a period of experience in the special field is required which is long enough, preferably not less than two years, to serve as a satisfactory basis for judgment of competence.

3. When an examination consists of several parts, such as an evaluation of training and experience, a written test and an oral interview, the relative weight of each part shall depend on its importance in determining ability to perform the duties of the position.

SEC. IX. Eligible registers. (1) The merit system agency shall prepare and establish registers of eligibles in the order of their final examination ratings; maintain current registers; abolish or retire registers as they become inactive, obsolete or depleted; make certification of eligibility; and be responsible for all examination records.

(2) Except for emergency and provisional appointments to positions in classes for which no list of eligibles is available, the selection of personnel shall be from a limited number of the highest available eligibles certified by the merit system supervisor.

SEC. X. Probationary period and permanent appointment. Personnel selected from registers to fill permanent positions shall serve a probationary period of specified length. Permanent appointment shall be based on a written evaluation of the performance of the employee during the probationary period. Provision shall be made to prevent probationary appointments becoming permanent appointments through default, that is, through failure of a rating officer to declare to the proper merit system authority that the probationary appointee has been satisfactory or unsatisfactory.

SEC. XI. Provisional appointment. In the absence of an appropriate eligible register, provisional appointment to permanent or temporary positions may be made pending competitive examinations, provided each provisional appointee is certified by the merit system supervisor as meeting the minimum qualifications established for the class to which the position is allocated. No provisional appointment shall be continued for more than thirty days after an appropriate register has been established. Successive provisional appointments of the same person may not be made, nor may a position be filled by repeated provisional appointments.

SEC. XII. Promotion—(1) Promotion shall be based on ability, quality and length of service.

(2) Eligibility for promotion shall be determined on recommendation of the State agency and certification by the merit system supervisor that the employee meets the minimum qualifications. Candidates for promotion shall be required to qualify by promotional competitive or non-competitive examination administered by the merit system agency.

SEC. XIII. Pay roll certification. The State agency shall provide for review of all pay rolls to insure that payments are authorized only for persons appointed in conformity with the merit system rules. Pay roll exceptions shall be reported to the executive head of the State agency and will be subject to audit by authorized representatives of the Public Health Service.

Sec. XIV. Leave and separations.—(1) Regulations shall be established by the State agencies governing vacation and sick leave, military, educational and other types of leave.

(2) Employees who have completed the required probationary period and have acquired permanent status shall not be subject to removal except for cause, unless separation is due to curtailment of work or lack of funds. In the event of removal, permanent employees shall have the right of appeal to an impartial body through an established procedure provided in the merit system rules.

Sec. XV. Service ratings. A system of periodic service ratings for the evaluation of performance shall be maintained, and such ratings shall be considered in promotions, salary increases, and separations.

Sec. XVI. Personnel records. The State agency and the merit system agency shall maintain adequate personnel records to provide current information regarding each employee, including status and rate of pay.

Sec. XVII. Agency rules and regulations. State agencies should have written regulations for the following types of personnel actions: (1) attendance requirements and leave regulations; (2) salary adjustments and advancements; (3) periodic service ratings; (4) employment procedures for promotion, demotion, transfer and separation; (5) staff training.

PART 54—GRANTS FOR NURSE TRAINING

SUBPART A—GENERAL PROVISIONS

Sec.

- 54.1 Definitions.
- 54.2 Requirements for participation in student nurse (basic) training program.
- 54.3 Requirements for participation in refresher program.
- 54.4 Requirements for participation in postgraduate program.
- 54.5 Approval of plans and determination of allotments.
- 54.6 Methods of payment for refresher courses.
- 54.7 Methods of payment for student nurse training programs and postgraduate programs.
- 54.8 Cancellation of allotment.
- 54.9 Accounting for funds.

SUBPART B—SPECIAL PROVISIONS APPLYING TO LIQUIDATION OF PROGRAM

- 54.10 Payments for period beginning July 1, 1947.
- 54.11 Disposition of uniforms and textbooks.
- 54.12 Adjustments in payments.

AUTHORITY: §§ 54.1 to 54.12, inclusive, issued under 57 Stat. 153, 58 Stat. 112; 50 U. S. C. App., Sup., 1451-1462.

DERIVATION: §§ 54.1 to 54.9, inclusive, contained in Regulations, Surgeon General, July 5, 1943, approved by Federal Security Administrator, July 7, 1943, 8 F. R. 9423, as amended by Regulations, Surgeon General, approved by Federal Security Administrator, June 26, 1944, Aug. 9, 1944, June 22, 1945, 9 F. R. 7085, 9791, 10 F. R. 7728.

§§ 54.10 to 54.12, inclusive, contained in Regulations, Surgeon General, June 11, 1947, approved by Federal Security Administrator, June 11, 1947, 12 F. R. 3918.

NOTE: The Act of June 15, 1943, as amended, (57 Stat. 153, 58 Stat. 112; 50 U. S. C. App. Sup. 1451-1462) under which the regulations of this part were adopted, ceased to be in effect on the date of the termination of hostilities as proclaimed by the President (Proc. 2714, December 31, 1946, 3 CFR, 1946 Supp.) except for purposes of (a) making computations, payments, and adjustments in payments, with respect to recruitment, training,

and courses prior to such date, and (b) making computations, payments, and adjustments in payments so as to permit continuance, after such date, of training and courses by graduate and student nurses who were receiving training or courses 90 days prior to such date.

SUBPART A—GENERAL PROVISIONS

§ 54.1 Definitions.—(a) *Student nurse training program.* This term refers to a basic program for student nurses which qualifies graduates for licensure or for certification to practice as registered nurses in the State in which the particular nursing school is located. All students enrolled in such student nurse training programs under the provisions of Public Law 74, 78th Congress (57 Stat. 153; 50 U. S. C. App., Sup., 1451-1460), shall be members of the United States Cadet Nurse Corps.

(b) *Refresher program.* This term refers to courses designed to prepare inactive graduate nurses for the active practice of nursing.

(c) *Postgraduate program.* This term refers to a program designed to prepare graduate nurses in special fields, such as teaching, administration in nursing schools and nursing services, public health nursing, industrial nursing, clinical nursing specialties, anesthesia, and midwifery.

(d) *Institution.* This term refers to an agency operating nurse education facilities such as a school of nursing, a hospital, a public health agency, university, or a college.

(e) *Pre-cadet nurse.* This term refers to the student nurse during the first nine months of the training period.

(f) *Junior cadet nurse.* This term refers to the student nurse who has completed satisfactorily the first nine months of the training period. The student remains in this grade 15-21 months until the required period of combined study and practice is completed.

(g) *Senior cadet nurse.* This term refers to the student nurse who has completed the required period of combined study and practice but has not fulfilled the remaining time requirement for graduation.

(h) *Training period.* This term refers to the combined pre-cadet period, junior cadet period, and senior cadet period. With reference to a basic nursing curriculum for which a degree is given, this training period may not exceed thirty-six months in length.

(i) *Tuition.* This term refers to an established fee, determined by the Surgeon General to be reasonable, which is charged to the student by the school for instructional costs and may include tuition costs of affiliations.

(j) *Fees.* This term refers to all charges other than tuition made by the school for such items as registration, matriculation, indoor uniforms, health and laboratory fees, textbooks, affiliation fees, and in the case of those schools which have reduced to 24 months the combined pre-cadet and junior cadet periods, this term may refer to an acceleration fee.

§ 54.2 Requirements for participation in student nurse (basic) training program. To be eligible for participa-

tion in the student nurse training program, a school of nursing must meet the following requirements:

(a) The school must be accredited by the appropriate accrediting agency for schools of nursing of the State, Territory, District of Columbia, or Puerto Rico.

(b) An institution offering a degree in nursing must be accredited by the appropriate accrediting agency for universities and colleges.

(c) The school must be connected with a hospital which is approved by the American College of Surgeons, or which maintains standards of nursing equivalent to those required by the American College of Surgeons. In a central school of nursing, the major hospital clinical unit must meet these same standards.

(d) The school of nursing must require for admission not less than graduation from an accredited high school.

(e) The school must maintain an educational staff adequate to provide satisfactory instruction and supervision.

(f) The curriculum of the school must include all those units of instruction necessary to conform with accepted present practices in basic nursing education. It must be arranged so that the required program of combined study and practice will be completed in from 24 to 30 months. In the case of students admitted prior to January 1, 1942, this period may extend to 32 months.

(g) The school must provide adequate clinical experience in the four basic services—medicine, surgery, pediatrics, and obstetrics—for the number of students proposed to be enrolled while the plan is in operation.

(h) The school must provide well-balanced weekly schedules of organized instruction, experience, and study.

(i) The school must provide adequate and well-equipped classrooms, laboratories, library and other necessary facilities for carrying out the educational program.

(j) The school must provide satisfactory living facilities and adequate student health service which must continue throughout the entire period of training.

(k) The school must provide maintenance, and a stipend of not less than \$30 per month, for all senior cadet nurses, or where the senior cadet nurse is transferred to some other institution for training, it must require the latter institution to provide such maintenance and stipend, and also to provide supervised experience which will be credited toward graduation. The school will be responsible for making the necessary agreements with Federal or other hospitals or other agencies for this experience. When a student nurse desires transfer to a Federal hospital and the Federal hospital has requested such transfer the school must make such transfer.

(l) In evaluating the adequacy of the facilities of the school to meet the various requirements specified in the foregoing paragraphs, the standards of the National League of Nursing Education will be used as a guide.

(m) The school must certify (1) that all students enrolled in the student nurse (basic) training program will, in the judgment of the director of the

school, be available upon graduation for military or other Federal governmental or essential civilian services for the duration of the present war, and must require from each student a statement to that effect, (2) that they are physically fit for the responsibilities of nursing, and (3) that they will not be retained in the school unless they continue to meet the scholastic and other standards of the school.

§ 54.3 *Requirements for participation in refresher program.* To be eligible for participation in the refresher program an institution must:

(a) Be approved by the American College of Surgeons or maintain standards of nursing equivalent to those required by the American College of Surgeons.

(b) Provide facilities for an educational experience in needed clinical fields.

(c) Provide a qualified nurse instructor to be responsible for the program.

(d) Provide a course of not less than six weeks' nor more than three months' duration, consisting of an acceptable program of theory and practice.

(e) Certify that all students enrolled in refresher courses will, in the judgment of the head of the institution, be available upon completion of the course for military or other Federal governmental or essential civilian services for the duration of the present war, and must require from each such student a statement to that effect.

§ 54.4 *Requirements for participation in postgraduate program.* To be eligible for participation in the postgraduate program, an institution must meet the following requirements:

(a) An institution offering a postgraduate program such as those in supervision, teaching, administration in nursing schools and nursing services, public health nursing and clinical nursing specialties, must have well established programs in nursing education for graduate nurses which meet standards equal to those of the Association of Collegiate Schools of Nursing and the National League of Nursing Education or the National Organization for Public Health Nursing relating to matters such as educational staff, curriculum and educational facilities.

(b) Institutions offering programs for graduate nurses in fields related to nursing, such as anesthesia and midwifery, must provide adequate clinical and other facilities in the specialty and a sufficient number of qualified instructors and supervisors.

(c) An institution offering essential concentrated nursing courses contributing to the preparation of administrative, supervisory, or instructional nurse personnel immediately essential to the war effort, which courses are not a part of a well established program of studies in nurse education, must give evidence of need for the course, must have the sponsorship of appropriate national, State or local nursing organizations, including State nurse examination boards, and must provide adequate facilities in relation to such matters as qualified educa-

tional staff, course content, and educational facilities.

(d) The institution must certify that all students enrolled in a postgraduate program will in the judgment of the head of the institution be available, upon completion of the program, for military or other Federal governmental or essential civilian services for the duration of the present war, and must require from each such student a statement to that effect.

§ 54.5 *Approval of plans and determination of allotments.* An institution desiring to receive an allotment under this act must submit to the Surgeon General, on forms provided by the Public Health Service, a proposed plan for participation in any of the programs defined above, including supporting budgets for the current Federal fiscal year. Students in the school may enroll in the Corps only when the plan goes into effect or on the first day of any succeeding month.

Plans for new programs or revised budgets for existing programs may be submitted for approval at any time during the Federal fiscal year. Consideration and approval of such plans or budgets will be contingent upon availability of funds for allotment.

A plan for training of nurses may be limited to basic student nurse training, or to postgraduate or refresher-nursing programs, or may include any or all of these. A plan submitted by any institution will be approved only if it conforms to the requirements of Public Law 74, 78th Congress, and to the requirements for participation set forth in §§ 54.2, 54.3, and 54.4. A plan may be approved by the Surgeon General for a period of three months, six months, or one year. Not less than thirty days before the end of such period the institution must submit a plan for the continuation of the program for approval by the Surgeon General. The Surgeon General may disapprove the plan for continued participation by the institution. In such event no further allotments will be made. If a plan is approved Federal funds will be allotted by the Surgeon General within the limits of available appropriations.

Allotments will be limited to the following:

(a) *Student nurse (basic) training program.* (1) Reasonable tuition and fees for pre-cadet and junior cadet nurses, and reasonable fees for senior cadet nurses.

(2) Maintenance in amount of \$315 for students admitted on and after July 1, 1945, for first nine months in the training period: *Provided*, That such maintenance will not be paid for any student during such first nine months if the hours of student practice in the hospital exceed an average of twenty-four per week and the hours of combined practice and class exceed forty-eight hours in any one week: *Provided further*, That the Surgeon General may in the case of schools in which combined pre-cadet and junior cadet periods are less than thirty months waive this limitation.

(3) Stipends of \$15 per month for pre-cadet nurses and \$20 per month for junior cadet nurses, which shall be paid

by the school to the student at the end of each month or semi-monthly, depending upon the fiscal policies of the school. These allotments will not include stipends to senior cadet nurses. These must be paid by the institution to which an allotment was made or to which the senior cadet nurse was transferred for training.

(4) An amount covering the cost of outdoor uniforms and insignia not to exceed a reasonable amount to be determined by the Surgeon General; such allowances for uniforms and insignia may be expended only if such uniforms and insignia conform to the requirements as outlined in "Regulations for uniforms for U. S. Cadet Nurse Corps" as prescribed by the Surgeon General.

(b) *Refresher program.* Reasonable instructional costs and fees.

(c) *Postgraduate program.* Reasonable tuition, fees, and maintenance.

§ 54.6 *Methods of payment for refresher courses.* Payments from an allotment for refresher courses will be made on a reimbursement basis at the completion of the course in accordance with a certified statement from the authorized administrative officer of the institution as to the number of inactive graduate nurses who have completed the course as outlined in the approved plan and as to any other matters specified by the Surgeon General.

§ 54.7 *Methods of payment for student nurse training programs and for postgraduate programs.* (a) Payments from an allotment may be made on a six months prepayment basis for the first half of the Federal fiscal year and quarterly thereafter for estimated expenditures for plans approved except that institutions as defined in § 54.4 (c) participating under an approved plan may be paid on a reimbursement basis upon completion of the nursing courses. The first payment will be made as near as possible to the beginning of the Federal fiscal year. On or before thirty days after the close of each Federal fiscal quarter the school must submit a certified statement giving the names of all students admitted under the plan during the preceding quarter and full information concerning the present status of all students for whom prepayments were made, and an accounting of all Federal funds received. The first quarterly expenditure report shall include expenditures for the first quarter and budget estimates for the third quarter. The expenditure report of the second quarter shall include expenditures for the second quarter and budget estimates for the fourth quarter. This account will be audited upon receipt, and payment for the next quarter will be adjusted on the basis of the total unobligated balance of funds from preceding quarter or quarters, the number of remaining students for whom prepayments are to be made, and the number of students scheduled to enroll during the ensuing quarter. Within thirty days after the close of the Federal fiscal year the institution shall furnish a statement of receipts and disbursements for the period covered by its budget within the fiscal year.

The term "unobligated balance of funds" includes but is not limited to such items as (1) the full amount of tuition, fees, maintenance, and stipends budgeted for those students who failed to enter the plan, (2) that portion of tuition and fees customarily refundable for those students who have withdrawn during the quarter, (3) maintenance for each such student from the date when he or she withdrew from the plan to the end of the quarter, (4) stipends not earned by and not paid to those students who have withdrawn during the quarter. In computing earned stipends, and maintenance for periods of less than a full month, daily rates amounting to one-thirtieth the monthly rate should be used. (Secs. 3, 6, and 9, 57 Stat. 154, 155; 50 U. S. C. App., Sup., 1453, 1456, 1459)

§ 54.8 *Cancellation of allotment.* If the Federal Security Administrator, after reasonable notice and opportunity for hearing, finds that in the submission or administration of any plan there has been a failure to comply substantially with the provisions of Public Law 74—78th Congress (57 Stat. 153; 50 U. S. C. App., Sup., 1451—1460) or with these regulations, he shall notify the institution involved that further payments will not be made to it until a plan has been submitted in accordance with said act and regulations and that there is no longer any such failure to comply. Until the Federal Security Administrator is satisfied that these conditions have been fulfilled, no further payments to the institution will be certified.

§ 54.9 *Accounting for funds.* The fiscal officer authorized by the grantee institution shall keep an account of funds paid under this Act separate and distinct from those of any other funds, local or Federal. To such account shall be credited receipts from the U. S. Government and refunds against disbursements made hereunder; and to such account shall be charged authorized cash disbursements for stipends and uniforms and/or amounts earned and payable for tuition, fees, and maintenance. Such accounts and all records pertaining thereto shall be available at all times for examination by representatives of the Surgeon General.

SUBPART B—SPECIAL PROVISIONS APPLYING TO LIQUIDATION OF PROGRAM

§ 54.10 *Payments for period beginning July 1, 1947.* (a) Payments for continuing training of students after June 30, 1947, will be made only to institutions which had approved plans prior to July 1, 1946, and only for students who were enrolled under approved plans on or before October 15, 1945.

(b) Payments will be made at the beginning of each quarter: *Provided*, That in the discretion of the Surgeon General, a single payment may be made for the last six months of the fiscal year 1948.

(c) The amounts of such payments will be reduced or increased, as the case may be, by any sum by which the Surgeon General finds that unadjusted payments with respect to any prior period were greater or less than the amount

which should have been paid such institutions.

§ 54.11 *Disposition of uniforms and textbooks.* Uniforms and textbooks furnished directly or indirectly by the United States, or paid for with funds received for nurse training from the United States upon certification of the Surgeon General, which are in the hands of the institution and are not to be turned over to students enrolled under the training program, shall be held for such disposition as the Surgeon General may approve or direct. Any amounts realized by an institution from the sale of such uniforms or textbooks shall be credited to the account provided for in § 54.9.

§ 54.12 *Adjustments in payments.* (a) Except as the Surgeon General may otherwise determine on the basis of equitable considerations in the individual case, adjustments in payments shall be made on the basis of the regulations in effect at the time the expenditure was made or at the time the service rendered by the institution became chargeable.

(b) After termination of an institution's approved training program, the amount of any excess of moneys received over authorized disbursements and charges, as determined by the Surgeon General, shall be refunded to the Surgeon General, Public Health Service, for deposit in the Treasury of the United States. Any amounts determined by the Surgeon General to be due the institution shall be adjusted by a final payment.

(c) The account provided in § 54.9, and all records pertaining thereto shall be kept until such time as the institution is notified of the final adjustment of payments and approval of accounts by the Surgeon General.

Subchapter E—Fellowships, Internships, Training

PART 61—FELLOWSHIPS

- Sec. 61.1 Applicability.
- 61.2 Purpose of fellowships.
- 61.3 Establishment.
- 61.4 Types of fellowships.
- 61.5 Qualifications.
- 61.6 Applications for fellowships.
- 61.7 Review of applications for fellowships.
- 61.8 Appointments.
- 61.9 Benefits.
- 61.10 Tuition and other fees.
- 61.11 Allowances for special equipment.
- 61.12 Duration of fellowships.

AUTHORITY: §§ 61.1 to 61.12, inclusive, issued under secs. 208 (d), 301 (c), 402 (d), 58 Stat. 686, 692, 707; 42 U. S. C., Sup. 209 (d), 241 (c), 282 (d).

DERIVATION: §§ 61.1 to 61.12, inclusive, contained in Regulations, Surgeon General, approved, Acting Federal Security Administrator, June 23, 1947, 12 F. R. 4183.

§ 61.1 *Applicability.* The regulations in this part apply to the establishment and award of all fellowships in the Public Health Service, except those financed under programs of the Department of State.¹

§ 62.2 *Purpose of fellowships.* Fellowships in the Public Health Service are for the purpose of encouraging and promoting studies or investigations relating to the physical and mental diseases and

impairments of man. Fellowships may be established (a) to provide assistance to individuals for advanced training in research, or for carrying out independent research, or (b) to obtain the assistance and services of individuals for research work of the Public Health Service where the nature of the work or the character of the individual's services render customary employment relationships impracticable or less effective.

§ 61.3 *Establishment.* All fellowships in the Public Health Service shall be established by the Surgeon General. In establishing a fellowship or series of fellowships, the Surgeon General shall in writing prescribe the conditions, in addition to those provided in the regulations in this part, under which the fellowships shall be awarded and held.

§ 61.4 *Types of fellowships.* Fellowships shall be of two general types: (a) Fellowships, hereafter referred to in this part as "regular fellowships", which do not require the performance of services for the Public Health Service and (b) fellowships, hereafter referred to in this part as "service fellowships", which require the performance of services, either full or part time, for the Public Health Service. At the time a fellowship, or series of fellowships, is established, the Surgeon General shall specify whether the fellowship requires the performance of services.

§ 61.5 *Qualifications.* Scholastic and other qualifications shall be prescribed by the Surgeon General for each fellowship, or series of fellowships. Each individual selected for appointment to a fellowship shall (a) possess the qualifications prescribed therefor; (b) be free from any disease or disability that would interfere with his carrying out the purposes of the fellowship; and (c) present satisfactory evidence of general suitability including professional and personal fitness.

§ 61.6 *Applications for fellowships.* Candidates for fellowships shall make application therefor on forms prescribed by the Surgeon General for such purpose. In addition to the information supplied by a candidate in his application, such additional information may be required as may be necessary to determine his qualifications and fitness.

§ 61.7 *Review of applications for fellowships.* The Surgeon General shall appoint one or more Fellowship Boards to examine the qualifications of applicants for fellowships. A Fellowship Board shall report to the Surgeon General each candidate who it finds meets required qualifications, and shall include in such report its recommendations concerning his appointment.

§ 61.8 *Appointments.* Appointments to fellowships shall be made by the Surgeon General. Individuals designated to receive service fellowships shall be appointed as, and shall have the status of, employees of the Public Health Service.

§ 61.9 *Benefits.* Individuals awarded fellowships shall be entitled to:

(a) A stipend as fixed by the Surgeon General for the fellowship.

¹ 22 CFR, 1944 Supp., §§ 28.1—28.12.

(b) Vacation and other leave as follows:

(1) Individuals appointed to service fellowships shall be entitled to leave as provided by law and regulations for other civilian employees of the Public Health Service.

(2) Individuals appointed to regular fellowships may be granted customary vacations as authorized by the school or other institution to which they are assigned, or, if they are located at a laboratory or other facility of the Federal Government, as authorized by the Surgeon General or by such other officers as the Surgeon General may designate.

(c) Traveling expenses as follows:

(1) Individuals appointed to service fellowships shall be entitled to transportation and subsistence expenses while traveling on official business on the same basis as other civilian employees of the Public Health Service.

(2) Individuals appointed to regular fellowships shall be entitled to transportation and subsistence expenses, not exceeding those authorized by the Standardized Government Travel Regulations, for travel required in carrying out the purposes of the fellowship when authorized by the Public Health Service.

§ 61.10 *Tuition and other fees.* Separate allowances will not be made for tuition fees, laboratory fees, textbook costs and similar fees or costs.

§ 61.11 *Allowances for special equipment.* Allowances may be made in individual cases for special equipment necessary in carrying out the purposes of a fellowship as recommended by a Fellowship Board and approved by the Surgeon General.

§ 61.12 *Duration of fellowships.* Appointments to fellowships shall be for varying periods, such as for a school year, but shall not exceed twelve months. Upon the recommendations of a Fellowship Board, the Surgeon General (a) may extend or renew an appointment; and (b) may terminate an appointment before its expiration date because of unsatisfactory performance or unfitness in carrying out the purposes of the fellowship.

PART 62—FILIPINO TRAINEES

Sec.

62.1 Definitions.

62.2 Allowances.

62.3 Additional provisions.

AUTHORITY: §§ 62.1 to 62.3, inclusive, issued under secs. 305, 311 (c) and (d), 60 Stat. 136, 139; 50 U. S. C., App. Sup. 1785, 1791.

DERIVATION: §§ 62.1 to 62.3, inclusive, contained in Regulations, Surgeon General, approved, Federal Security Administrator, Feb. 18, 1947, 12 F. R. 1191.

§ 62.1 *Definitions.* As used in this part, terms shall have the following meanings:

(a) *Program.* The program carried on by and under the supervision of the Surgeon General of the Public Health Service (hereinafter referred to as the Service) for the training of Filipinos in public health methods and administration pursuant to the provisions of sections 305 and 311 (c) and (d) of the Philippine Rehabilitation Act of 1946.

(b) *Trainee.* A person receiving training or instruction under the program.

(c) *Baggage.* Public property, or private property to be used exclusively for official business, and wearing apparel needed by a trainee while engaged in travel or in receiving training, together with the necessary containers.

(d) *Excess baggage.* Baggage in excess of the weight or of a size greater than that carried free by persons engaged in transportation.

§ 62.2 *Allowances.* A trainee shall receive allowances with respect to the following:

(a) *Transportation.* First-class accommodations on steamship, airplane, railway, or other means of conveyance, from his home in the Philippines to the first place at which he is to study or receive training, and from such place, or other place to which he has been authorized to go, to his home; and reimbursement for necessary taxi fares.

(b) *Per diem in lieu of subsistence.* (1) Per diem of \$7.00, in lieu of subsistence and all incidental expenses, including gratuitous fees, et cetera, while traveling to and from the United States (except for the period spent on sea-going vessels); while on authorized or emergency stop-overs; and while in a travel status within the United States, which status shall terminate on the day a trainee arrives at the first place where he is to study or receive training and shall recommence on the day he leaves that place, or other place to which he has been authorized to go, to return to his home.

(2) Per diem of \$3.50, unless another rate not to exceed \$7.00 is authorized, in lieu of subsistence and all incidental expenses including gratuitous fees, and the cost of steamer chairs, rugs and cushions, et cetera, while traveling on sea-going vessels outside the continental limits of the United States.

(c) *Baggage charges.* Reimbursement, upon presentation of receipts, or shipping charges for baggage, as follows:

(1) If travel is performed by air, for excess baggage not to exceed 50 pounds in weight, when shipped as excess baggage or by air express.

(2) If travel is performed by means other than air, for a total of 250 pounds in weight, including all baggage carried free.

(d) *Additional allowance.* An allowance of \$25 for the first month or fraction thereof while engaged in traveling from his home to the United States, commencing on the day of departure, in addition to all other allowances.

(e) *Books and equipment.* Not to exceed \$100 for books, equipment and related incidental expenses.

(f) *Tuition.* Actual tuition costs and related fees. Payment of such costs and fees shall be made by the Service directly to the institution or facility concerned upon presentation of an itemized voucher countersigned by the trainee.

(g) *Clothing.* Not to exceed \$200 for winter clothing not normally worn by a trainee but necessary to enable him to participate in the program, upon prior individual authorization.

(h) *Travel.* For travel from one place of study or training to another, or for travel in furtherance of study or training, lowest first-class transportation available on a common carrier; or reimbursement for expenses not exceeding the minimum cost of such transportation; and, in either event, reimbursement for necessary taxi fares.

(i) *Maintenance.* An amount to be fixed individually for each trainee, but not to exceed \$180 per month, beginning with the day upon which a trainee arrives at his first place of study or training, and not to exceed twelve months of study or training. The allowance authorized by this paragraph shall be payable in semimonthly installments.

§ 62.3 *Additional provisions.* The foregoing provisions shall be subject to the following:

(a) *Computation of fractional days.* In computing per diem, allowances, and other payments which may become payable to a trainee, fractional days shall be counted as full days, the status at the end of the calendar day determining the status for the whole day.

(b) *Emergency or additional authorization.* Any emergency or additional payment deemed necessary under the program, if allowable under existing law, may be authorized whether or not specifically provided for in this part.

(c) *Cancellation.* If, in the judgment of the Surgeon General or his authorized representative, a trainee has not maintained a satisfactory record of performance, or has otherwise become unfit to receive training or instruction, his training or instruction shall be terminated and he shall not thereafter receive any further allowances under paragraphs (e), (f), (g), (h), or (i) of § 62.2.

Subchapter F—Quarantine, Inspection, Licensing

PART 71—FOREIGN QUARANTINE

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AUTHORITY: §§ 71.1 to 71.157, inclusive, issued under secs. 215, 361-369, inclusive, 58 Stat. 690, 703-706, 42 U. S. C., Supp. IV, 216, 261-272, inclusive.

§§ 71.501 to 71.516, inclusive, issued under R. S. 161, 251, sec. 644, 46 Stat. 761, sec. 7, 44 Stat. 572, secs. 367, 602, 58 Stat. 706, 712, sec. 23, 39 Stat. 892, sec. 24, 43 Stat. 166; 5 U. S. C. 22, 19 U. S. C. 66, 1644, 49 U. S. C. 177, 42 U. S. C. Supp., 201 note, 270, 8 U. S. C. 102, 222. Sec. 1, President's Reorganization Plan No. V; 3 CFR, Cum. Supp., Ch. IV. Sec. 102, Reorganization Plan No. 3 of 1946; 3 CFR, 1946 Supp., Ch. IV.

DERIVATION: §§ 71.1 to 71.157, inclusive, contained in Regulations, Surgeon General, approved, Acting Federal Security Administrator, May 27, 1946, effective, July 1, 1946, 11 F. R. 5827, except that §§ 71.3, 71.46, 71.66, 71.82, 71.87, 71.139, 71.152, 71.153, 71.154, and 71.155 are as amended by Regulations, Acting Surgeon General, approved, Acting Federal Security Administrator, Aug. 25, 1947, effective Sept. 29, 1947, 12 F. R. 5313.

§§ 71.501 to 71.516, inclusive, contained in Regulations (adopted as indicated in § 71.501), 42 CFR, Cum. Supp. 11.501 to 11.516, as amended July 27, 1945, Oct. 23, 1945, July 12, 1946, July 27, 1946, Dec. 23, 1946, Apr. 26, 1947, May 15, 1947, and Aug. 20, 1947; 10 F. R. 9338, 13130, 11 F. R. 7663, 8122, 13792, 12 F. R. 2748, 3174, 5996.

NOTE: It should be observed that generally the following regulations are made applicable both to vessels and aircraft (including persons and things thereon). Wherever regulations apply solely to vessels that intention is expressly indicated. Regulations applicable solely to aircraft appear in Subpart K (§§ 71.501-71.516, inclusive.)

SUBPART A—DEFINITIONS

§ 71.1 *Definitions.* As used in this part, terms shall have the following meaning:

(a) *Communicable disease.* Any disease, the etiologic agent of which may pass or be carried directly or indirectly from one person to another.

NOTE: By E. O. 9708, March 26, 1946, 3 CFR, 1946 Supp., the President has specified the following communicable diseases for purposes of regulations providing for the apprehension, detention, or conditional release of individuals in order to prevent the introduction, transmission, or spread of such communicable diseases from foreign countries into the States or possessions or from one State or possession into any other State or possession: anthrax, chancre, cholera, dengue, diphtheria, favus, gonorrhoea, granuloma inguinale, infectious encephalitis, leprosy, lymphogranuloma venereum, meningococcus meningitis, plague, poliomyelitis, psittacosis, ringworm of the scalp, scarlet fever, smallpox, streptococcal sore throat, syphilis, trachoma, tuberculosis, typhoid fever, typhus, yellow fever.

(b) *Contact.* Any person known to have been in such association with an infected person, animal or vector as to have been presumably exposed to infection.

(c) *Contamination.* The presence in an article, or matter of undesirable substance or material which may contain pathogenic micro-organisms.

(d) *Disinfection.* The act of rendering anything free from the casual agents of disease.

(e) *Disinfestation.* The act of destroying the vectors of a communicable disease.

(f) *Fumigation.* The process by which the destruction of vermin and rodents is

accomplished by the employment of gaseous agents.

(g) *Immunity.* The condition of being protected against a particular disease either as a result of artificial immunization or through a previous attack of the disease in question.

(h) *Incubation period.* The period between the implanting of disease organisms in a susceptible person and the appearance of clinical manifestations of the disease.

(i) *Infected vessel or aircraft.* A vessel or aircraft upon which a case of quarantinable disease exists or develops among persons or rodents aboard or upon which infected vectors of a quarantinable disease are found after embarkation.

(j) *Infestation.* The condition of harboring insects or rodents capable of transmitting disease.

(k) *Isolation.* The separation of human beings or animals from other human beings, animals, or vectors of disease in such manner as to prevent the transmission of the disease.

(l) *Medical officer in charge.* The medical officer of the Public Health Service in charge of a quarantine station.

(m) *Observation.* The detention under medical supervision of a person in such place and for such period of time as may be specified in the regulations in this part.

(n) *Port under the control of the United States.* Any seaport or airport in the continental United States, its territories, or possessions, other than the Canal Zone.

(o) *Pratique.* A certificate issued by a quarantine officer releasing or provisionally releasing a vessel or aircraft from quarantine.

(p) *Quarantine.* The detention of a person, vessel, aircraft or other conveyance, animal, or thing, in such place and for such period of time as may be specified in the regulations in this part.

(q) *Quarantine officer.* A medical officer or other specially trained employee assigned to quarantine duty by the Surgeon General.

(r) *Quarantinable diseases.* The specific communicable diseases: cholera, plague, smallpox, louse-borne typhus and yellow fever.

(s) *Rodents.* Gnawing mammals concerned in the transmission of quarantinable diseases.

(t) *Sanitary log.* A record of events and conditions of sanitary significance to the vessel.

(u) *Surveillance.* The temporary supervision of a person who has been released from quarantine upon the condition that he will submit himself to further medical examination or inquiry.

(v) *Suspected vessel or aircraft.* A vessel or aircraft arriving from a port infected or suspected of being infected with a quarantinable disease.

(w) *Typhus.* Louse-borne typhus.

(x) *Vector.* An insect, animal, plant, or thing which conveys pathogenic organisms from a person or animal to another person or animal.

(y) *Vermin.* A species of insect capable of being a vector in the transmission of disease.

§ 71.2 *Incubation period.* For the purpose of this part the incubation period of the quarantinable diseases shall be:

Cholera: five days.
 Plague: six days.
 Smallpox: fourteen days.
 Typhus: twelve days.
 Yellow fever: six days.

§ 71.3 *Period of immunity.* The following shall be the period of immunity following successful immunization with a vaccine approved by the national health department of the country in which the vaccine is administered, except that in the case of yellow fever, the vaccine must be approved by the approving authority designated by treaty.¹

Cholera: from 6 days through 6 months following inoculation.
 Plague: 6 months.
 Smallpox: 3 years.
 Typhus: 1 year.
 Yellow Fever: from 10 days through 4 years following inoculation.

SUBPART B—MEASURES AT FOREIGN PORTS

§ 71.11 *Bills of health.* A vessel or aircraft at any foreign port clearing or departing for any port under the control of the United States shall not be required to obtain or deliver a bill of health.²

§ 71.12 *Applicability of subpart.* The measures prescribed in this subpart must be taken at foreign ports with respect to vessels or aircraft departing for ports under the control of the United States.

§ 71.13 *Cholera: Vessels or aircraft; things.* At ports infected or suspected of being infected with cholera, special care shall be taken to provide a safe water and food supply for the vessel or aircraft. No foods, other than the food supply of the vessel or aircraft or food accepted for shipment, shall be permitted to be taken aboard. Food products which may be consumed in an uncooked state coming from localities infected or suspected of being infected with cholera shall not be accepted for shipment.

§ 71.14 *Cholera: Vessels or aircraft; persons.* A person who (a) comes from a cholera infected area, or (b) desires to embark at an infected port, shall not be permitted to board a vessel or aircraft unless such person:

(1) Has been detained five days in an environment known to be free from a source of infection and is without evidence of infection; or

¹ The yellow fever vaccine and the method of inoculation employed must be approved by the Interim Commission of the World Health Organization. See Article 40 (and the International Form of Certificate of Inoculation annexed thereto) of the International Sanitary Convention of 1926, as amended by the International Sanitary Convention of 1944; and Article 2 (f) of the Arrangement concluded by the Governments (including that of the United States) represented at the International Health Conference. The Arrangement was signed July 22, 1946, and the transfer of functions here involved became effective December 1, 1946.

² Vessels departing from ports under the control of the United States may obtain a port sanitary statement from a medical officer of the U. S. Public Health Service.

(2) Presents satisfactory evidence of immunity.

§ 71.15 *Plague: Vessels or aircraft.* At ports infected or suspected of being infected with human or rodent plague, special care shall be taken to prevent rodents, fleas and infected persons from boarding the vessel or aircraft and shall include the following measures:

(a) Immediately upon docking and during the entire time a vessel lies at a wharf, it shall be fended off at least six feet; all connecting lines shall be properly fitted with rat guards; gangways, and other means of access to the vessel shall be well lighted or separated from the shore at night.

(b) The vessel or aircraft shall load only cargo which has been found free from rats or has been treated to destroy rats and fleas.

(c) Prior to departure the vessel or aircraft shall be inspected for rodents and fleas. If rodents or fleas are present, measures shall be taken for their destruction.

§ 71.16 *Smallpox: Vessels or aircraft.* A person from an area where smallpox is present who does not present satisfactory evidence of immunity shall not be permitted to embark until successfully vaccinated.

§ 71.17 *Typhus: Vessels or aircraft; things.* An article intended to be transported (including personal effects), if infested with lice, shall not be permitted to be taken aboard the vessel or aircraft at a port infected or suspected of being infected with typhus until such article has been disinfested.

§ 71.18 *Typhus: Vessels or aircraft; persons.* A person who (a) comes from an area where typhus prevails, or (b) desires to board at a port infected or suspected of being infected with typhus, shall not be permitted to board a vessel or aircraft until louse free.

§ 71.19 *Yellow fever: Vessels or aircraft; persons.* A person who has been exposed to a case of yellow fever shall not be permitted to embark on a vessel or aircraft until six days after exposure unless he presents satisfactory evidence of immunity.

§ 71.20 *General requirement.* The master of a vessel shall enter in the sanitary log, or other official record, a statement of all measures taken to effect compliance with the provisions of this subpart.

SUBPART C—MEASURES IN TRANSIT

§ 71.31 *Applicability.* The measures prescribed in this subpart must be taken at sea with respect to vessels destined for ports under the control of the United States.

§ 71.32 *Sanitary inspection; corrective measures.* The master or a designated officer shall make a daily sanitary inspection of all compartments of the vessel normally accessible to passengers or crew. Immediate corrective measures shall be taken if evidence of vermin, rodents or insanitary conditions is found.

§ 71.33 *Entries in sanitary log.* A record of the conditions found and the cor-

rective measures taken shall be entered in the sanitary log or other official record.

§ 71.34 *Radio report of disease aboard.* The master of the vessel shall report promptly by radio, to the medical officer in charge at the port of entry, the occurrence or suspected occurrence on board of any of the communicable diseases listed below: Anthrax, chancroid, chickenpox, cholera, dengue, diphtheria, favus, gonorrhoea, granuloma inguinale, impetigo contagiosa, infectious encephalitis, leprosy, lymphogranuloma venereum, measles, meningococcus meningitis, plague, poliomyelitis, psittacosis, ringworm of the scalp, scarlet fever, smallpox, streptococcal sore throat, syphilis, trachoma, tuberculosis, typhoid fever, typhus, yellow fever, or other diseases characterized by fever or skin rash.

SUBPART D—VESSELS OR AIRCRAFT SUBJECT TO QUARANTINE INSPECTION

§ 71.46 *General provision.* A vessel or aircraft arriving at a port under the control of the United States, which falls within paragraphs (a) or (b) of this section shall undergo quarantine inspection prior to entry.

(a) A vessel or aircraft arriving from a port not under the control of the United States, except:

(1) A vessel or aircraft which in the current voyage has not touched at any port other than ports under the control of the United States or ports in Canada, Newfoundland, the Islands of St. Pierre and Miquelon, Iceland, Greenland, the West Coast of Lower California, Cuba, the Bahama Islands, the Canal Zone, or the Bermuda Islands.

(2) A vessel which having received pratique at a Canadian port located in the international waters of (i) the Straits of Juan de Fuca, Haro, Georgia, Rosario and the Puget Sound and tributaries and connected waters on the West Coast, or (ii) the Saint Lawrence River and the Great Lakes, and their tributaries and connected waters on the East Coast, travels on the same international waters to a United States port and presents a duplicate copy of the Canadian pratique to the quarantine officer.³

(b) A vessel or aircraft arriving from any port whether or not under the control of the United States, which:

(1) Has aboard a person infected or suspected of being infected with anthrax, chickenpox, cholera, dengue, diphtheria, infectious encephalitis, measles, meningococcus meningitis, plague, poliomyelitis, psittacosis, scarlet fever, smallpox, streptococcal sore throat, typhoid fever, typhus, or yellow fever, or

(2) Arrives from a port where at the time of departure there was present or suspected of being present cholera, plague, or yellow fever, or where there was significant increase in prevalence of smallpox or typhus at the time the vessel or aircraft touched there.

§ 71.47 *Vessels of armed services.* Vessels belonging to or operated by the armed services of the United States or

³ See Subpart H regarding issuance of duplicate pratique by United States quarantine officers for presentation to quarantine authorities of Canada.

any foreign nation may, in the discretion of the medical officer in charge, be exempted from quarantine inspection if a commissioned medical officer of such service certifies that:

(a) Any person on board who is infected or suspected of being infected with a communicable disease will be isolated until it is determined whether or not he is infected with a quarantinable disease, and that

(b) The vessel is from a port where at the time of departure there was not present or suspected of being present cholera, plague, or yellow fever, or where there was not a significant increase in the prevalence of smallpox or typhus, at the time the vessel touched there.

When it is determined that any person on board such vessel is infected with a quarantinable disease, the vessel and its entire personnel shall be subject to the provisions of Subpart F below.

§ 71.48 *Exempt vessels subject to sanitation regulations.* A vessel which has been exempted from quarantine inspection under §§ 71.46 or 71.47 shall nevertheless be subject to the provisions of Subpart G below.

SUBPART E—GENERAL REQUIREMENT UPON ARRIVAL AT PORTS UNDER CONTROL OF UNITED STATES

§ 71.61 *Applicability.* The measures prescribed in this subpart shall be taken with respect to vessels or aircraft which are subject to quarantine inspection pursuant to Subpart D, and with respect to persons and things arriving on such vessels or aircraft.

§ 71.62 *General provision; vessels only.* A vessel shall fly a yellow flag; anchor in the quarantine anchorage; and await inspection.

§ 71.63 *Quarantine inspection described.* Quarantine inspection of a vessel or aircraft shall include:

(a) Inspection of the vessel or aircraft, its cargo, manifests and other papers, including the sanitary log of the vessel, to ascertain the sanitary history and condition of the vessel or aircraft.

(b) Examination of the persons aboard the vessel or aircraft, their personal effects and records.

(c) The determination of the measures necessary to prevent the introduction of a quarantinable disease.

§ 71.64 *Persons; restrictions on boarding vessels.* Only the quarantine officer, quarantine employees, or pilots, shall be permitted to board any vessel subject to quarantine inspection until after it has been inspected by the quarantine officer and granted pratique, except with the permission of the quarantine officer. A person boarding such vessel shall be subject to the same restrictions as those imposed on the persons on the vessel. (Regarding aircraft, see §§ 71.503 and 71.513)

§ 71.65 *Persons; examination.* All persons on board shall be examined, except, that on an approved regular line vessel or aircraft which carries a ship or flight surgeon, such examination may be limited to persons designated by the medical officer in charge.

§ 71.66 *Persons; Observation.* Persons held under observation pursuant to the provisions of Subpart F of this part may be so held on vessels in quarantine or at facilities of the Public Health Service. Such persons shall not have contact with other persons except by permission of the medical officer in charge.

§ 71.67 *Persons under observation; segregation.* Contact between different groups of persons held under observation is prohibited. Members of groups shall observe such further segregation, to prevent the spread of disease, as the medical officer in charge may determine to be necessary.

§ 71.68 *Persons; release under surveillance.* Persons may be released from quarantine under surveillance pursuant to the provisions of Subpart F below. Such persons shall report to the health authority at the place of destination at such time as prescribed by the medical officer in charge.

§ 71.69 *Restriction on movement of articles.* Articles from a vessel or aircraft shall not be carried into the place of detention except by permission of the medical officer in charge.

§ 71.70 *Furnishing of fresh crew; vessels only.* After a vessel has been rendered free from infection, it may be furnished with a fresh crew and released from quarantine, while all or part of the original personnel are detained.

§ 71.71 *Disinfection of imports.* When the freight manifest of a vessel or aircraft lists articles which may require disinfection, the medical officer in charge shall disinfect them on board or request the Collector of Customs to keep the articles separated from the other freight pending appropriate disposition.

SUBPART F—PARTICULAR REQUIREMENTS UPON ARRIVAL AT PORTS UNDER CONTROL OF UNITED STATES

§ 71.81 *Applicability.* In addition to the requirements of Subpart E, the particular requirements prescribed in this subpart (affecting persons, vessels or aircraft, animals, and other imports) shall be observed with respect to vessels or aircraft which are subject to quarantine inspection under Subpart D.

§ 71.82 *Cholera: Vessels or aircraft; things.* (a) A cholera infected vessel or aircraft shall be detained in quarantine until disinfected.

(b) The dejecta of all persons held under observation for cholera shall be disinfected before final disposition.

(c) Personal effects contaminated by dejecta from cholera cases or carriers shall be disinfected. Material capable of conveying infection shall not be removed from the vessel or aircraft until it has been disinfected.

(d) All unsealed food on a cholera infected vessel or aircraft shall be destroyed or cooked, and such other special precautions shall be taken as may be necessary to prevent contamination of food or water supplies of the vessel or aircraft.

(e) The water supply of a cholera infected vessel or aircraft shall be disinfected.

§ 71.83 *Cholera: Vessels or aircraft; persons.* (a) All persons aboard a vessel or aircraft which is cholera infected or suspected of being so infected or which arrives within five days from a port infected or suspected of being infected with cholera, shall be subjected to such examination as may be necessary to determine their freedom from cholera vibrios or shall be held under observation for five days from last contact.

(b) Persons ill from cholera and all known contacts shall be removed and isolated.

(c) An immune person may be released under surveillance for five days from last contact.

(d) A person determined to be free from cholera vibrios shall be released.

(e) Cholera carriers or recovered cases shall not be released from observation until bacteriological tests are negative for cholera vibrios.

§ 71.84 *Plague: Vessels or aircraft; things.* (a) A plague suspected vessel or aircraft shall be detained in quarantine and subjected to measures to determine the presence or absence of plague infection.

(b) A plague infected vessel or aircraft shall be detained in quarantine and immediate measures undertaken for the destruction of rodents and vermin aboard.

(c) A rodent or flea infested vessel from a port infected or suspected of being infected with plague shall be fumigated or otherwise treated as determined by the medical officer in charge.

§ 71.85 *Plague: Vessels or aircraft; persons.* (a) Persons ill from plague shall be removed and isolated until no longer infectious.

(b) Persons disembarking may be placed under surveillance for six days from the date of landing.

(c) In the case of pneumonic plague, in addition to the foregoing measures, all contacts shall be isolated for six days from last contact, and the quarters and personal effects of the sick shall be appropriately treated.

§ 71.86 *Smallpox: Vessels or aircraft; things.* A vessel or aircraft on which smallpox has occurred en route shall be detained in quarantine until the personal effects of the sick and the compartments occupied by them shall have been disinfected.

§ 71.87 *Smallpox: Vessels or aircraft; persons.* (a) Persons ill from smallpox shall be removed and isolated until no longer infectious.

(b) All persons not presenting evidence satisfactory to the quarantine officer of successful vaccination within three years prior to arrival or of a previous attack of smallpox shall be vaccinated, or, upon failure or refusal to be vaccinated, held under observation for not more than 14 days, but, to the extent determined by the Surgeon General, persons arriving from countries specified by him shall not be so vaccinated or held.

§ 71.88 *Typhus: Vessels or aircraft; things.* (a) A vessel or aircraft on which typhus has occurred en route shall

be detained in quarantine until vermin destruction has been completed.

(b) A vessel or aircraft infected or suspected of being infected with typhus, or a louse-infested vessel or aircraft from a port infected or suspected of being infected with typhus, shall be disinfested.

(c) The personal effects and baggage of louse infested persons from incoming vessels or aircraft shall be disinfested prior to release.

§ 71.89 *Typhus: Vessels or aircraft; persons.* (a) Persons ill from typhus shall be removed and isolated until no longer infectious.

(b) Non-immune contacts shall be held under observation for 12 days from the last contact.

(c) Immune contacts may be placed under surveillance for 12 days from the last contact.

(d) Vermin free non-contacts may be released without detention and without delousing or disinfestation of baggage or personal effects.

(e) Vermin infested persons shall be immediately disinfested.

§ 71.90 *Yellow fever: Vessels only.* (Regarding aircraft, see § 71.513.) (a) In areas where aedes aegypti mosquitoes exist, an infected or suspected vessel shall be moored not less than 400 meters from the inhabited shore until disinfection has been completed.

(b) An infected or suspected vessel shall be disinfested prior to discharge of cargo.

§ 71.91 *Yellow fever: Vessels or aircraft; persons.* (a) Persons from an infected vessel or aircraft who are ill with yellow fever shall be removed and isolated until no longer infectious.

(b) All non-immune persons aboard shall be detained under observation for six days from the last exposure.

(c) Immune persons shall be released.

SUBPART G—SANITARY INSPECTION; RODENT AND VERMIN CONTROL

§ 71.101 *General provision.* Vessels or aircraft arriving at a port under the control of the United States from a foreign port shall be subject to sanitary inspection to ascertain whether there exists rodent, vermin or insect infestation or other insanitary condition requiring measures for the prevention of the introduction, transmission or spread of communicable disease.

§ 71.102 *Fumigation and disinfection.* Such vessels or aircraft, or compartments thereof, shall undergo such fumigation and disinfection as the medical officer in charge determines to be necessary.

§ 71.103 *Periodic fumigation: Vessels only.* Such vessels (a) shall be fumigated at least once each six months and shall thereupon be issued a deratization certificate valid for six months, or (b) if inspection reveals that rodents are kept under control, they shall thereupon be issued a deratization exemption certificate valid for six months. A month in addition to the six months' period, may be allowed in the case of a vessel proceeding to its home port.

§ 71.104 *Vessels in intercoastal and interstate traffic.* Vessels or aircraft engaged in trade between ports under the control of the United States shall be subject to sanitary inspection as described in § 71.101, above, when arriving from a port infected or suspected of being infected with a quarantinable disease or when illness on board indicates unsatisfactory sanitary conditions.

SUBPART H—PRATIQUE: VESSELS ONLY¹

§ 71.121 *General requirement.* Vessels from a foreign port or place shall not enter a port under the control of the United States to discharge cargo or land passengers unless a certificate of free pratique or provisional pratique has been issued to the master. When it is desired not to comply with the requirements for a certificate of free or provisional pratique, the vessel is at liberty to return to sea if bound for a foreign port.

§ 71.122 *Free pratique.* A certificate of free pratique shall signify that the vessel and its master may enter, discharge cargo, and land passengers.²

§ 71.123 *Provisional pratique.* (a) A certificate of provisional pratique shall signify that the vessel may enter, but that additional measures, as specified in such certificate must be taken in connection with the discharge of cargo, or the landing of passengers, or the sanitary condition of the vessel. A certificate of free pratique shall be issued after such additional measures have been completed.

(b) The medical officer in charge may remand the vessel to the next port for such additional measures as may be necessary. Vessels arriving at quarantine stations at succeeding ports of call under provisional pratique may, in the discretion of the medical officer in charge at such stations, be directed to proceed under provisional pratique to the next succeeding port for completion of quarantine measures.

(c) Failure to comply with additional measures specified in a certificate of provisional pratique shall constitute a violation of these regulations in this part, and the vessel shall become subject to all measures applicable to vessels first arriving at a port under the control of the United States from a foreign port.

§ 71.124 *Radio pratique.* The medical officer in charge may grant pratique by radio to a vessel upon the basis of information regarding the vessel, its cargo and persons aboard, received prior to arrival of the vessel, when in his judgment, and in accordance with instructions by the Surgeon General, the entry of the vessel will not result in the introduction, transmission or spread of communicable diseases.

§ 71.125 *Presentation of pratique.* Vessels which have undergone quaran-

¹ Regarding release of aircraft, see Subpart K (§§ 71.501-71.516, inclusive).

² A vessel which has received free pratique at a port in the United States located on the international waters described in § 71.46 (a) (2), and which is destined for a Canadian port on the same waters, shall be furnished with a duplicate of such pratique for presentation to Canadian quarantine authorities.

antine inspection shall present to the Collector of Customs at the port of entry the certificate of pratique, or evidence of radio pratique, issued pursuant to the provisions of this subpart.

SUBPART I—BORDER QUARANTINE

§ 71.136 *Applicability.* The special provisions of this subpart apply to the entry of persons and things (including conveyances) into the United States by land transit. The Surgeon General may exempt certain areas from these provisions.¹

§ 71.137 *Ports of entry: Inspection.* A person shall not enter except at established ports of entry, and after such inspection by a quarantine officer as the officer deems necessary to carry out the provisions of the regulations in this part.

§ 71.138 *General rule.* A person who has, or is suspected of having a quarantinable disease shall either be denied entry or be placed under observation for the period of incubation of such disease.

§ 71.139 *Particular diseases.* (a) A person coming from a locality where cholera is prevalent shall not enter until (1) it is determined that he is free from cholera vibrios, or (2) he has been under observation for five days since last exposure and is free from the disease.

(b) A person from an endemic yellow fever area who does not present satisfactory evidence of immunity shall be placed under observation or surveillance for six days from last exposure.

(c) All persons not presenting evidence satisfactory to the quarantine officer of successful vaccination within three years prior to arrival or of a previous attack of small pox shall be vaccinated, or, upon failure or refusal to be vaccinated, held under observation for not more than 14 days.

(d) A person from a locality where typhus prevails shall not be allowed to enter until free from vermin. Persons, wearing apparel, baggage and personal effects shall be disinfested when deemed necessary by the quarantine officer.

§ 71.140 *Disinfestation of things.* Common carriers, privately owned conveyances, merchandise, and baggage or other effects infested or suspected of being infested with vectors of any of the quarantinable diseases shall be disinfested prior to entry into the United States.

SUBPART J—IMPORTATION OF CERTAIN THINGS

§ 71.151 *Lather brushes.* (a) Lather brushes made from animal hair or bristles shall not be permitted entry into any port or place under the control of the United States unless (1) such brushes are permanently marked with the name of the manufacturer or other identifying mark, registered with the Surgeon General, (2) and have been determined by the medical officer in charge, in accordance with the following quarantine procedures, to be free from anthrax spores.

(b) The medical officer in charge shall select samples from each shipment of

¹ The provisions of Subpart J apply at all ports of entry, including border ports.

lather brushes and shall subject such samples to laboratory examinations to determine the presence or absence of anthrax spores. If such examinations indicate that the shipment is free from anthrax spores, the medical officer in charge shall furnish the Collector of Customs a certificate to that effect. If such examinations demonstrate that the shipment is not free from anthrax spores, the medical officer in charge shall notify the Collector of Customs that the shipment shall not be permitted entry.

§ 71.152 *Psittacine birds.* (a) The term psittacine birds shall include all birds commonly known as parrots, amazons, Mexican double heads, African grays, cockatoos, macaws, parakeets, love birds, lorries, lorikeets, and all other birds of the psittacine family.

(b) Except as provided in subparagraphs (1) and (2) of this paragraph, psittacine birds shall not be brought into the continental United States, its territories, or possessions, other than the Canal Zone, from any foreign port.

(1) Birds destined for a zoological park or a research institution may be brought in if they are older than eight months, the importer thereof has applied on prescribed forms for permission to bring them in, and having made a showing that adequate detention will be observed at the place of destination, has received a permit from the Surgeon General specifying the number and species of birds that may be brought in.

(2) Birds not destined for a zoological park or a research institution may be brought in by the owner of the birds if they are accompanied by him; do not exceed two in number; the owner has submitted a sworn statement that the birds have been in his possession for the preceding two years, have not had contact with other psittacine birds during that period, and will be transported immediately to his private residence and retained there as his household pets; and appear to the quarantine officer to be in good health.

§ 71.153 *Psittacine birds: Disposition of excluded birds.* Psittacine birds excluded from entry under the regulations in this part shall be destroyed or deported. Pending deportation they shall be detained under Customs' custody at the owner's expense:

(a) Aboard the vessel on which they arrived and the vessel shall be held under provisional pratique, or

(b) At the airport of entry.

§ 71.154 *Cats, dogs, and monkeys.* Subject to the provisions of paragraphs (d) and (e) of this section, no cat, dog, or monkey shall be brought into ports under the control of the United States from any foreign country unless the requirements of paragraphs (a) and (b) of this section are complied with.

(a) The owner may submit a sworn statement that the animals have been immunized with an approved rabies vaccine not more than six months prior to the date of entry. If such a statement is not submitted, the animals must be immunized with an approved rabies vaccine following arrival into ports under

control of the United States and prior to release from quarantine.

(b) The owner may submit a sworn statement that the animals were physically inspected within ten days prior to departure for the United States and were found apparently free of demonstrable diseases involving emaciation, lesions of the skin, nervous system disturbances, jaundice, or diarrhea. If such a statement is not submitted, the animals must be physically inspected following arrival into ports under control of the United States and found apparently free of demonstrable diseases involving emaciation, lesions of the skin, nervous system disturbances, jaundice, or diarrhea.

(c) Notwithstanding any other provision of this section, monkeys put on board at a port in an endemic yellow fever area, or monkeys coming from such an area, shall not be brought in unless they are free of evidence of yellow fever infection, and their owner submits evidence satisfactory to the quarantine officer that, immediately prior either to being put aboard or their arrival, the monkeys had been detained in a mosquito-proof structure for not less than nine days.

(d) The immunization requirements of paragraph (a) of this section shall not be applicable to cats, dogs, or monkeys if the owner thereof submits a sworn statement to the effect that (1) the animals are destined for a research institution, (2) they are intended by such institution to be used for scientific purposes, and (3) immunization will seriously interfere with their use for such purposes.

(e) The provisions of paragraphs (a) and (b) of this section shall not be applicable in the case of cats, dogs, or monkeys brought in from Bermuda, Canada, Eire, Sweden, or the United Kingdom of Great Britain and Northern Ireland. The provisions of paragraph (a) of this section shall not be applicable in the case of cats, dogs, or monkeys brought in from Australia or New Zealand.

§ 71.155 *Cats, dogs, and monkeys: Disposition of excluded animals.* Cats, dogs, and monkeys excluded from entry under these regulations shall be destroyed or deported. Pending deportation they shall be detained under Customs' custody at the owner's expense:

(a) Aboard the vessel on which they arrived, the vessel to be held under provisional pratique; or

(b) At the airport of entry.

§ 71.156 *Etiological agents and vectors.* (a) A person shall not import into any place under the control of the United States, nor distribute after importation, any etiological agent or insect, animal or plant vector of human disease or any exotic living insect, animal or plant capable of being a vector of human disease unless accompanied by a permit issued by the Surgeon General.

(b) An article or thing coming within the provisions of this section shall not be released from Customs' custody prior to the receipt by the Collector of Customs of a permit therefor issued by the Surgeon General.

§ 71.157 *Dead bodies.* The remains of a person dead from a quarantinable disease shall not be brought into a port under the control of the United States unless it is (a) properly embalmed and placed in a hermetically sealed casket, or (b) cremated.

SUBPART K—AIR COMMERCE REGULATIONS

§ 71.501 *Regulation and supervision.* Sections 71.501 to 71.516,¹ inclusive, are prescribed by the Secretary of the Treasury, the Commissioner of Customs, the Surgeon General of the Public Health Service with the approval of the Federal Security Administrator, and the Attorney General, within their respective authorities, under the Air Commerce Act of 1926, as amended, sections 7 (b), (c), (d), 9 (b), and 11 (b) and (c) (44 Stat. 572; 49 U. S. C. 177 (b), (c), (d), 179 (b), 181 (b), (c)); the Tariff Act of 1930, section 644 (46 Stat. 761; 19 U. S. C. 1644); the Public Health Service Act, sections 215, 361-369 (58 Stat. 690, 703-706; 42 U. S. C., Supp., 216, 264-272); Reorganization Plan No. 3 of 1946, section 102 (3 CFR, 1946 Supp., Ch. IV); and Reorganization Plan No. V of the President, section 1 (3 CFR Cum. Supp., Ch. IV).

§ 71.502 *Scope and definitions.* For the purposes of the regulations contained in this part:

(a) Every paragraph and subparagraph relates to customs, public health, entry, clearance, and immigration, except where it applies only to certain of these matters, which is shown by heading or context.

(b) The term "United States" when used in a geographical sense means the territory comprising the several states, territories, possessions, and the District of Columbia, including the territorial waters thereof and the overlying air space, but shall not include the Canal Zone.

(c) The term "area" shall mean any one of the following parts of the United States:

(1) The Mainland,

(2) Alaska, but to be regarded as part of the Mainland for immigration purposes,

(3) Hawaii,

(4) Puerto Rico,

(5) Virgin Islands, an area for the purpose of the immigration laws except as provided in further immigration regulations specifically mentioning those islands in 8 CFR, Part 116, but shall be regarded as foreign territory for other purposes,

(6) Such area as shall hereafter be specified to include possessions of the United States not mentioned herein.

The regulations in this part shall not be applicable in the Philippine Islands, the Islands of Guam, Midway, American Samoa, Wake, Kingman Reef, and other insular possessions not specified herein.

¹ These regulations entitled "Air Commerce Regulations" appear under three designations, i. e., as §§ 6.1 to 6.11 of Title 19 (Customs Duties); §§ 71.501 to 71.516, Subpart K, of Title 42 (Public Health); and §§ 116.1 to 116.16 of Title 8 (Aliens and Nationality), Code of Federal Regulations.

nor to the Virgin Islands, except as specified in subparagraph (5) of this paragraph, until notice supplementary hereto is given.

(d) The term "aircraft" means civil aircraft, that is, any aircraft not used exclusively in the governmental service of the United States or a foreign country, but includes any government-owned aircraft engaged in carrying persons or property for commercial purposes.

(e) The term "aircraft commander" means the person serving on the aircraft having charge or command of its operation and navigation.

(f) The term "scheduled air line" means any individual, partnership, corporation, or association engaged in air transportation upon regular schedules to, over, or away from the United States, or from area to area, and holding a Foreign Air Carrier Permit or a Certificate of Public Convenience and Necessity issued pursuant to the Civil Aeronautics Act of 1938.

(g) The term "airport of entry" means any airport designated by the Secretary of the Treasury as a port of entry for aircraft arriving in the United States from any place outside thereof and for the merchandise carried on such aircraft; also by the Attorney General as a port of entry for aliens arriving on such aircraft; and by the Federal Security Administrator as a place for quarantine inspection.

§ 71.503 *Landing requirements*—(a) *Place of landing.* Every aircraft coming into any area from any place outside thereof shall land in such area unless exempted from this requirement by the Administrator of Civil Aeronautics, Washington, D. C. The first landing shall be at an airport of entry unless permission to land elsewhere shall first be granted by the Commissioner of Customs, in the case of aircraft operated by scheduled air lines, and in all other cases by the collector or deputy collector of customs at the port of entry nearest the intended place of landing. When the Commissioner of Customs grants permission to land elsewhere than at an airport of entry, he shall immediately notify the heads of the Public Health Service, the Immigration and Naturalization Service, and of any other agency likely to be concerned with the landing, and, when a collector or deputy collector of customs grants such permission, he shall immediately notify the principal local officer of each such agency. In cases where such permission is given the owner, operator, or person in charge of the aircraft shall pay the additional expenses, if any, incurred in inspecting the aircraft, passengers, employees, merchandise, and baggage carried therein. When such permission is granted to a scheduled airline to land aircraft operating on a schedule, no inspection charge shall be made except for overtime service performed by customs officers and, if the aircraft arrives substantially in accordance with schedules on file with the immigration authorities, no inspection charge shall be made for overtime service by immigration officers.

(b) *Advance notice of arrival.* No aircraft coming into any area from any place outside thereof may land in such area unless notice of the intended flight has been furnished to the collector or deputy collector of customs at the airport of entry at or nearest the intended place of first landing in such area; nor unless the same notice has been furnished to the quarantine and the immigration officers in charge at or nearest such place. Such notice shall specify the type of aircraft, the registration marks thereon, the name of the aircraft commander, the place of last departure, the airport of entry, or other place at which landing has been authorized, number of alien passengers, number of citizen passengers, and the estimated time of arrival; and shall be sent so as to be received in sufficient time to enable the officers designated to inspect the aircraft to reach the airport of entry or such other place of first landing prior to the arrival of the aircraft. Such advance notice will not be required in the case of aircraft of a scheduled air line arriving in accordance with the regular schedule filed with the collector of customs for the district in which the place of first landing in the area is situated and also with the immigration officer in charge of such place.

(c) *Permission to discharge or depart.* No aircraft arriving in the United States from any place outside thereof, or in an area from another area carrying residue foreign cargo (see § 71.511) shall, without receiving permission from the quarantine and the customs officers in charge, depart from the place of landing, or discharge any merchandise, passengers, or baggage; and no aircraft arriving in the United States from any place outside thereof or in an area from another area, except directly from the Mainland, shall discharge any passenger or employee without permission from the immigration officer in charge.

(d) *Emergency or forced landing.* Should any aircraft coming into the United States from any place outside thereof, or into any area from any other area, make a forced landing in the United States, the aircraft commander or operator shall not allow any merchandise or baggage to be removed from the landing place without permission of the customs and quarantine officers, nor allow any passenger or person employed thereon to depart from the landing place without permission of the quarantine and immigration officers, unless such removal or departure is necessary for purposes of safety or the preservation of life or property. As soon as practicable, the aircraft commander, or a member of the crew in charge, or the owner of the aircraft, shall communicate with the customs officer at the intended place of first landing or at the nearest airport of entry or other customs port of entry in that area and also with the nearest quarantine officer and immigration officer and make a full report of the circumstances of the flight and of the emergency or forced landing. Mail carried as such may be removed from such aircraft upon making an emergency or forced landing, but if so removed shall be delivered at

once to a responsible officer or employee of the Postal Service.

§ 71.504 *Entry and clearance.* (a) Aircraft coming into any area from any place outside the United States shall be entered (see § 71.508) in such area if landing is made therein. Aircraft coming into any area from another area shall be entered (see § 71.509 (e)) in such area if landing is made therein and if carrying merchandise or passengers.

(b) Entry shall be made by the aircraft commander at the airport of entry at which the first landing is made in the area. If, pursuant to § 71.503 (a) the first landing occurs at a place not an airport of entry, entry shall be made at the nearest airport of entry or customs port of entry, unless some other place is designated for that purpose by the Commissioner of Customs.

(c) Aircraft departing from any area for foreign territory, or to take aboard or discharge persons or merchandise anywhere outside the United States, or departing from any area for another area carrying passengers that must be listed in clearance declaration (§ 71.509 (b), (e)) or merchandise shall be cleared (see § 71.509) in the area from which departing. Clearance is not required of aircraft not carrying passengers for hire or merchandise, unless they are aircraft (piloted), both heavier and lighter than air, unassembled, assembled or dismantled; (a) classified from the standpoint of military security; or (b) especially designed for warlike purposes; or (c) having a weight empty greater than 35,000 pounds.

(d) The clearance shall be obtained by the aircraft commander at the customs port of entry (whether or not an airport of entry) at or nearest the place of last take-off from the area, unless some other place is designated for that purpose by the collector of customs.

(e) This section shall not apply to the entry of aircraft of scheduled air lines complying with the terms of § 71.505, nor to the clearance of such aircraft complying with the terms of § 71.506, nor to the clearance of any aircraft holding a permit issued by the Secretary of Commerce authorizing departure without clearance.

§ 71.505 *Entry of aircraft of scheduled air lines.* (a) Aircraft operated by scheduled air lines coming into the United States from any place outside thereof shall make entry in the area of first landing.

(b) Aircraft operated by scheduled air lines coming from one area into another area shall make entry therein if:

(1) Carrying to or over that area passengers that must be listed in clearance declaration (§ 71.509 (b), (e)); or

(2) Carrying residue cargo (§ 71.511); or

(3) Carrying merchandise in bond (19 CFR, Part 18).

(c) Entry required by this section in an area shall be made by the aircraft commander at the place of landing provided for under § 71.503.

§ 71.506 *Clearance of aircraft of scheduled air lines.* (a) Aircraft operated by scheduled air lines departing for

any place outside the United States may clear from the area of departure, but clearance shall be mandatory only during any period covered by a proclamation of the President that a state of war exists between foreign nations, or when the aircraft is:

(1) Beginning a flight in that area; or
 (2) Carrying from that area merchandise or such passengers as must be listed in clearance declaration (§ 71.509); or

(3) There are one or more aliens that must be listed on the part of clearance declaration relating to aliens employed (§ 71.509).

(b) Aircraft operated by scheduled air lines departing from any area for another area shall clear in the area from which departing if:

(1) Carrying passengers that must be listed on clearance declaration (§ 71.509 (b), (e)); or

(2) Carrying merchandise.

(c) Clearance required by this section may be obtained by the aircraft commander at the customs port of entry (whether or not an airport of entry) at or nearest each place at which merchandise or passengers, or both, are taken aboard for discharge beyond the area. In such case the clearance shall be limited to the passengers and merchandise taken aboard at such place. Otherwise the clearance shall be obtained at the customs port of entry (whether or not an airport of entry) at or nearest the place of last take-off in the area unless some other place for clearance is designated by the collector of customs.

§ 71.507 Documents. (a) The forms described in §§ 71.508 and 71.509 shall be the primary documents required for entry and clearance of aircraft and the listing of passengers and merchandise carried thereon and aliens employed on board thereof. The forms to be used for the entry and clearance of the aircraft, passengers, crew members, and merchandise carried thereon, except the forms of air cargo manifest, air passenger manifest, passenger card, and immigration instruction sheet for aircraft, shall be forms approved by the Commissioner of Customs, the Commissioner of Immigration and Naturalization, and the Surgeon General. The form of air cargo manifest shall be approved by the Commissioner of Customs. The forms of air passenger manifest, passenger card, and immigration instruction sheet for aircraft shall be approved by the Commissioner of Immigration and Naturalization.

(b) The forms described in §§ 71.508 and 71.509, except the air passenger manifest, passenger card, and immigration instruction sheet for aircraft may be obtained from collectors of customs upon prepayment by the owner or operator of the aircraft. A small quantity of each of such forms shall be set aside by collectors of customs for free distribution or official use. The forms of air passenger manifest, passenger card, and immigration instruction sheet for aircraft may be obtained upon prepayment from the Superintendent of Documents, Government Printing Office, Washington, D. C. A

small quantity of such forms shall be set aside by immigration officers in charge for free distribution and official use. The forms may be printed by private parties, provided the forms so printed conform to the official form in size, wording, arrangement, and quality and color of paper.

§ 71.508 Documents for entry. (a) At the time any aircraft arriving from outside the United States lands in any area in which making of entry is required by § 71.504 or § 71.505, the aircraft commander shall deliver an aircraft commander's general declaration in accordance with this section. Aircraft arriving in an area from another area shall deliver documents as specified by § 71.509 (e) and § 71.511.

(b) An aircraft commander's general declaration shall contain the following information:

(1) A crew manifest showing, as to each alien employed in any capacity on board the aircraft, name in full (family name, given name), full permanent address, age, sex, nationality, crew member's certificate number or passport number, country of issue, and date. The list is not required if the aircraft is not arriving from outside the United States or if it is arriving on a trip which originated in Canada, Newfoundland, or the French islands of St. Pierre and Miquelon, or if the information with respect to the crew is furnished in accordance with § 71.510.

(2) A passenger manifest or an air passenger manifest attached to the general declaration. In either case the manifest shall show, as to each passenger, name in full (family name, given name), full permanent address, age, sex, nationality, passport number and date, but if a passenger is a citizen of the United States and has no passport the manifest shall show the date, state, city or town in which the citizen was born if a citizen of the United States by birth, or if a citizen by naturalization the date, name of court and place of naturalization. Additional facts as to each alien passenger shall be furnished on passenger cards except in the cases not required by the immigration instruction card for aircraft. On the card "point of embarkation" means place where trip on aircraft is begun by alien (not merely touched as a through passenger), and "race" means the same as on the alien passenger manifest required of a vessel. This subparagraph shall not apply to aircraft arriving on a trip which originated in Canada, Newfoundland, or the French islands of St. Pierre and Miquelon.

(3) Cargo manifest either on the general declaration or on a separate form attached to the general declaration. The cargo manifest on the general declaration, properly executed, having airway bills/consignment notes attached will be acceptable if it bears a notation such as "Express as per airway bills attached" and shows the airway bill or consignment note number, if any. If the airway bills or consignment notes are not attached to the general declaration or to the separate forms of air cargo manifest, the full information required in the cargo

manifest on the general declaration shall be furnished. Customs Form 5119 may be used in lieu of the cargo manifest if the merchandise or baggage consists of a single shipment and does not exceed one hundred dollars in value. (For rule applicable to arrival in an area from another area, see § 71.509 (e).)

(4) A report showing illness (other than airsickness) that has occurred aboard the aircraft during flight; details of last disinsectization or sanitary treatment, including methods, place, date, and time; and a report of the animals, birds, insects, bacterial cultures, and viruses on board.

(5) Such other information and statements as are required on the general declaration form.

(c) The aircraft commander's general declaration required by this section shall consist of five copies with three copies of each attached air passenger manifest and three copies of each attached air cargo manifest. These documents shall be disposed of as follows:

(1) One copy of the general declaration and one copy of each air passenger manifest, immediately upon the arrival at the customs airport or other first place of landing in an area, shall be delivered by the aircraft commander to the immigration officer in charge at such airport or place with a passenger card in the case of each alien passenger as required by subparagraph (2) of paragraph (b) of this section.

(2) One copy of the general declaration and one copy of each attached air passenger manifest shall be delivered by the aircraft commander to the quarantine officer.

(3) Two copies of the general declaration, one copy of each attached air passenger manifest, and two copies of each air cargo manifest shall be delivered by the aircraft commander immediately to the customs officer in charge at such airport or place. One copy of the general declaration and one copy of each cargo manifest shall be retained by the aircraft commander and forwarded promptly by him to the comptroller of customs in whose district such airport or place is located.

(4) One copy of the general declaration and one copy of each attached air cargo manifest delivered to the customs officer shall be forwarded by him to the comptroller of customs above mentioned with appropriate notations thereon showing the disposition of the merchandise covered thereby. One copy of the general declaration delivered to the customs officer shall be retained by him as a record of the entry of the aircraft.

(5) With respect to transit crew and passengers, that is, such crewmen and passengers as do not move out of a special prescribed space at the airport or other place of landing, any and all copies delivered to the immigration officer, whether original or not, of the general declaration and attached air passenger manifests referred to in this section or in § 71.509 (e) (2) shall be returned by the immigration officer to the commander of the aircraft upon its departure from that airport or other place of landing, but this paragraph shall not apply in

the mainland except with respect to an aircraft of a scheduled airline and such documents shall not be returned at the airport or place at which the last landing in such a case is made in the mainland.

§ 71.509 *Documents for clearance.*

(a) At the time of the departure of any aircraft from any area from which clearance is required by § 71.504 or § 71.506, the aircraft commander shall deliver:

(1) Shipper's export declarations on Commerce Form 7525 to the customs officer in charge for all cargo on the aircraft (also for the aircraft itself if being exported from the United States for foreign account), and

(2) An aircraft commander's general declaration in accordance with this section. The above documents may be filed pro forma if the aircraft is departing from the United States and prior to departure a proper bond is given, and the completed documents are delivered pursuant thereto not later than the fourth day after departure, *Provided*, That during any period covered by a proclamation of the President that a state of war exists between foreign nations no aircraft shall be cleared for a foreign port until the shipper's export declarations have been filed with the customs officer in charge.

CROSS REFERENCE: For export of aircraft, see 22 CFR, Part 201.

(b) The general declaration shall be on the same form as is required by § 71.508. Any air passenger manifest and any air cargo manifest delivered with the general declaration shall also be on the same forms as are required by § 71.508, with the following exceptions:

(1) Manifesting of members of crew may be omitted if they are departing from the Mainland or Alaska, destined to Mexico, Canada, Newfoundland, St. Pierre, or Miquelon; or if information with respect to the crew is furnished as is required by § 71.510.

(2) The passenger manifest must state in column 5, in the case of an alien passenger, the date and place of last arrival in the United States. Manifesting of passengers is not required if they are departing from the Mainland or Alaska, destined to Mexico, Canada, Newfoundland, St. Pierre, or Miquelon.

(c) The aircraft commander's general declaration required by this section, except as provided in paragraph (e) of this section, shall consist of the original and two copies, together with one copy of each attached air passenger manifest and one copy of each attached air cargo manifest. One copy of the general declaration and one copy of each air passenger manifest shall be filed promptly by the aircraft commander with the immigration officer in charge. One copy of the general declaration and one copy of each air cargo manifest shall be delivered by the aircraft commander to the customs officer in charge to be retained by him as a record of outward clearance.

(d) The original of the general declaration for departure from the United States shall constitute a clearance certificate when endorsed by the customs officer in charge to show that clearance is granted.

(e) Two additional copies of the general declaration shall be furnished by the aircraft commander when the clearance is to another area, together with two additional copies of each air passenger manifest and two additional copies of each attached air cargo manifest. One copy of the general declaration must have the endorsement of the customs officer in the area from which departing that permit to proceed is granted, but this requirement shall not apply unless the commander, owner, or operator of the aircraft and the customs officer in charge have been notified by the immigration officer that fines and liabilities under the immigration laws appear to have been incurred in connection with the aircraft and payment thereof has not been made or secured by sufficient deposit or bond. These copies and a passenger card concerning each alien passenger except in the cases not required by the immigration instruction card for aircraft shall upon arrival of the aircraft in the area to which cleared be disposed of by the aircraft commander as follows:

(1) One copy of the general declaration and one copy of each attached air passenger manifest and the passenger cards shall be delivered by the aircraft to the immigration officer at the place of entry for use there as a list of arriving passengers.

(2) One copy of the general declaration, one copy of each air passenger manifest, and two copies of each attached cargo manifest shall be delivered by the aircraft commander to the customs officer in charge at such place of entry. One copy of the air cargo manifest shall be retained by such officer as the coasting manifest.

§ 71.510 *Omission of lists of aliens employed on board aircraft.* The information required by §§ 71.508 and 71.509 as to aliens employed on board an aircraft may be omitted from the aircraft commander's entry and clearance declarations in the case of aircraft operated by a scheduled air line if its schedules and a list (on a form approved by the Commissioner of Immigration and Naturalization) of such information as to all aliens employed on board the aircraft have been filed by the operator of the aircraft with the immigration officer in charge at the airport of arrival (and at the airport of departure if other than the airport of arrival) shown on such schedules. From that list such officer shall keep as to each alien a card record on a form prescribed by the Commissioner of Immigration and Naturalization. Whenever an alien so listed shall be left in a hospital in the United States or ceases to be in the employ of the operator, the latter shall file with such immigration officer at such airport a report covering the date, place, and manner of leaving the alien in a hospital or the discontinuance of his employment. The name, place, and date of employment of any other or additional alien on board, for inclusion in the list so filed, shall be reported promptly by the operator to such immigration officer at such airport.

§ 71.511 *Residue cargo; customs.* (a) *Tariff Act of 1930, section 442 (19 U. S. C. 1442):*

• • • Any vessel arriving from a foreign port or place having on board merchandise shown by the manifest to be destined to a port or ports in the United States other than the port of entry at which such vessel first arrived and made entry may proceed with such merchandise from port to port or from district to district for the unloading thereof.

(b) *Tariff Act of 1930, section 443 (19 U. S. C. 1443):*

Merchandise arriving in any vessel for delivery in different districts or ports of entry shall be described in the manifest in the order of the districts or ports at or in which the same is to be unladen. Before any vessel arriving in the United States with any such merchandise shall depart from the port of first arrival, the master shall obtain from the collector a permit therefor with a certified copy of the vessel's manifest showing the quantities and particulars of the merchandise entered at such port of entry and of that remaining on board.

(c) *Tariff Act of 1930, section 444 (19 U. S. C. 1444):*

Within twenty-four hours after the arrival of such vessel at another port of entry, the master shall report the arrival of his vessel to the collector at such port and shall produce the permit issued by the collector at the port of first arrival, together with a certified copy of his manifest.

(d) *Merchandise destined beyond place of first landing.* Aircraft arriving in an area with merchandise on board from any place outside of the United States destined to or through another area may proceed with such merchandise to the place of first landing in the other area under the procedure prescribed in paragraph (e), upon the giving of a bond on Customs Forms 7567 or 7569. When such aircraft has on board no merchandise from any place outside the United States and if no bond on Customs Form 7567 or 7569 is on file covering such aircraft, but immediate clearance is requested, a bond on Customs Form 7301, "Bond of vessel or aircraft to produce complete manifest and/or export declarations," shall be required.

(e) *Documents.* An aircraft commander's entry declaration, as prescribed in § 71.508, shall be filed at the port of first arrival in the United States from any place outside thereof. Upon departure from such port of first arrival there shall be filed a manifest in duplicate of all foreign cargo then retained on board. For this purpose two additional copies of the outward manifest on the aircraft commander's clearance declaration, as prescribed in § 71.509, shall be used. These duplicate manifests, together with a copy of the complete inward manifest on the aircraft commander's entry declaration filed on arrival from the foreign port or place and certified by the properly authorized customs officer, with a certificate (Customs Form 3221, appropriately modified) attached thereto, shall be furnished to the aircraft commander for deposit at the next port. Customs Form 1385 shall not be used.

(f) Except as specified in this section, the customs regulation requirements ap-

plicable to residue vessel cargo shall apply to residue aircraft cargo.

§ 71.512 *General provisions; customs.* Except as otherwise in the regulations in this part provided, aircraft arriving from contiguous foreign territory and the persons, merchandise, and baggage carried thereon shall be subject to the customs laws and regulations applicable to vehicles arriving from contiguous foreign territory; and aircraft, and the passengers and merchandise and baggage carried thereon, arriving from any other place outside the United States, shall be subject to the customs laws and regulations applicable to vessels so arriving, insofar as such laws and regulations are applicable to aircraft.

§ 71.513 *Public health requirements—*
(a) *Release by Public Health Service.* When an aircraft subject to quarantine inspection in accordance with Subpart D of this part arrives at an airport of entry or other place of first landing, the aircraft commander shall be responsible for the detention of the aircraft, its crew and passengers until they are released by the quarantine officer at the airport of entry or other place of first landing. Any mail, baggage, cargo, or other contents on board such aircraft shall be held at such airport or place until released by the quarantine officer. (For procedure in case of emergency or forced landing, see § 71.503 (d).)

(b) *Restrictions on boarding aircraft and contacting personnel.* Except with the permission of the quarantine officer, no person other than the quarantine officer and quarantine employees shall be permitted to board any aircraft subject to quarantine inspection or to have contact with the crew or passengers of such aircraft until quarantine inspection of the aircraft, crew, and passengers has been completed. The same restrictions as those imposed on the crew and passengers shall be imposed on a person boarding such aircraft or having contact with a passenger or member of the crew when the quarantine officer considers such contact a possible means of spreading a quarantinable disease.

(c) *Special sanitary treatment.* Any aircraft arriving from any foreign port or place which the quarantine officer declares to be of such menace that it cannot be adequately or safely handled at the airport of first or intended landing shall be required to proceed with all passengers and persons employed on board and all mail, baggage, cargo, or other contents on board, as may be designated by such officer, to an airport indicated by such officer to have adequate facilities for such treatment as shall be prescribed by him.

(d) *Disinsectization of aircraft.*¹ An aircraft bound for any port in the United

States from any port in a region designated as a yellow fever area by the Surgeon General of the Public Health Service for the purposes of this regulation or from any other region where yellow fever may have appeared shall be disinsectized in all compartments not later than thirty minutes prior to landing. The insecticide used and method of disinsectization shall be those prescribed by the Surgeon General of the Public Health Service. When on arrival of an aircraft from any yellow fever region the quarantine officer, after inspection, determines that the aircraft has not been adequately disinsectized, the aircraft shall be kept tightly closed and disinsectization completed before discharge of passengers, crew, mail, baggage, cargo, or other material. No person other than quarantine officials shall be allowed on board until disinsectization is completed. Additional requirements for disinsectization of aircraft flying to or from certain regions may be prescribed by the Surgeon General of the Public Health Service when necessary to prevent the importation or spread of insect vectors of disease.

(e) *General provisions.* The regulations appearing elsewhere in this part are applicable to aircraft and to passengers, merchandise, and baggage carried thereon, in the absence of express provision to the contrary.

§ 71.514 *General provisions; entry and clearance.* All navigation laws and regulations pertaining to the entry and clearance of vessels shall apply to civil aircraft to such extent and upon such conditions as are specified in this part.

§ 71.515 *Penalties.* (a) Any person violating any customs regulations relating to aircraft or any provision of the customs laws or regulations made applicable to aircraft by § 71.512 shall be subject to a civil penalty of \$500, and any aircraft used in connection with any such violation shall be subject to seizure and forfeiture, as provided for in the customs laws. Such penalty and forfeiture may be remitted or mitigated by the Secretary of the Treasury.

(b) Any person violating any public health regulation relating to aircraft or any provision of the public health laws or regulations made applicable to aircraft by § 71.513 shall be subject to punishment by fine or imprisonment as provided for in section 368 (a) of the Public Health Service Act (42 U. S. C., Sup., 271 (a)). Any aircraft which violates any public health regulation relating to aircraft or any provision of the public health laws or regulations made applicable to aircraft by § 71.513 shall be subject to forfeiture as provided in section 368 (b) of the Public Health Service Act (42 U. S. C., Sup., 271 (b)). Such forfeiture may be remitted or mitigated by the Surgeon General with the approval of the Federal Security Administrator.

(c) Any person violating any of the provisions of the regulations in this part relating to the entry and clearance of aircraft under the laws and regulations administered by the Secretary of Commerce shall be subject to a civil penalty of \$500, and any aircraft used in connection with any such violation shall be

subject to seizure and forfeiture in accordance with the provisions of the Air Commerce Act of 1926, as amended. Such penalty and forfeiture may be remitted or mitigated by the Secretary of Commerce.

(d) For the penalty for any violation of the regulations in this part relating to immigration, see further regulations in 8 CFR, Part 116 applying immigration laws and regulations to civil air navigation.

(e) Liability to penalties with respect to any one of the sets of laws, that is, the customs laws, the public health laws, the entry and clearance laws, and the immigration laws, under which the regulations in this part are prescribed, shall be separate from such liability with respect to any other set of such laws.

§ 71.516 *Airports of entry; regulations.* (a) Airports of entry will be designated after due investigation to establish the fact that a sufficient need exists in any particular district or area to justify such designation and to determine the airport best suited for such purpose.

(b) A specific airport will be designated in each case, rather than a general area or district which may include several airports.

(c) The designation as an airport of entry may be withdrawn if it is found that the volume of business clearing through the port does not justify maintenance of inspection equipment and personnel, if proper facilities are not provided and maintained by the airport, if the rules and regulations of the Federal Government are not complied with, or if it be found that some other location would be more advantageous.

(d) Airports of entry shall be municipal airports, unless particular conditions which prevail warrant a departure from such requirement, and shall be possessed of a currently effective designation as a "Designated Landing Area" issued by the Administrator of Civil Aeronautics. Additional requirements may be imposed as the needs of the district or area to be served by the airport may demand.

(e) Airports of entry shall provide without cost to the Federal Government suitable office and other space for the exclusive use of Federal officials connected with the port. A suitable surfaced loading area in each case shall be provided by the airport at a convenient location with respect to such office space. Such loading area shall be reserved for the use of aircraft entering or clearing through the airport.

(f) Airports of entry shall be open to all aircraft for entry and clearance purposes and no charge shall be made for the use of said airports for such purposes. However, in cases where airports of entry authorize any such aircraft to use such airports for the taking on or discharging of passengers or cargo, or as a base for other commercial operations or for private operations, this paragraph shall not be interpreted to mean that charges may not be made for such commercial or private use of such airports.

(g) All aircraft entering or clearing through airports of entry shall receive the required servicing by airport per-

¹ At airports where the hazard of introducing disease-carrying insects exists, it is the policy of the United States Public Health Service to conduct "entomological surveillance" of the airport area. This surveillance consists of periodic entomological surveys carried on by entomologists or trained representatives for the purpose of the early detection and prompt eradication of any insect which may unknowingly have been introduced by aircraft.

sonnel promptly and in the order of arrival or preparation for departure without discrimination. The charges made for such servicing shall in no case exceed the schedule of charges prevailing at the airport in question. A copy of said schedule of charges shall be posted in a conspicuous place at the office space provided for the use of Federal officials connected with the port.

(h) Airports of entry shall adopt and enforce observance of such requirements for the operation of airports, including airport rules, as may be prescribed or recommended by the Civil Aeronautics Administration.

PART 72—INTERSTATE QUARANTINE

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AUTHORITY: §§ 72.1 to 72.204, inclusive, issued under 58 Stat. 703; U. S. C. Sup. 264.

DERIVATION: §§ 72.1 to 72.204, inclusive, contained in Regulations, Surgeon General, May 2, 1947, approved Acting Federal Security Administrator, May 7, 1947, effective June 16, 1947, 12 F. R. 3189.

SUBPART A—DEFINITIONS AND GENERAL PROVISIONS

§ 72.1 *General definitions.* As used in this part, terms shall have the following meaning:

(a) *Bactericidal treatment.* The application of any method or substance for the destruction of pathogens and other organisms.

(b) *Communicable diseases.* Any of the diseases enumerated in § 72.2 unless otherwise specified.

(c) *Communicable period.* The period or periods during which the etiologic agent may be transferred directly or indirectly from the body of the infected person or animal to the body of another.

(d) *Contamination.* The presence of a certain amount of undesirable substance or material, which may contain pathogenic micro-organisms.

(e) *Conveyance.* Conveyance means any land or air carrier, or any vessel as defined in § 72.1 (o).

(f) *Existing vessel.* Any vessel the construction of which was started prior to the effective date of the regulations in this part.

(g) *Garbage.* (1) The solid animal and vegetable waste, together with the natural moisture content, resulting from the handling, preparation, or consumption of foods in houses, restaurants, hotels, kitchens, and similar establish-

ments, or (2) any other food waste containing pork.

(h) *Incubation period.* The period between the implanting of disease organisms in a susceptible person and the appearance of clinical manifestation of the disease.

(i) *Interstate traffic.* The movement of any conveyance, or the transportation of any persons or property, which are moving or are being moved from any State or possession to any other State or possession, or between points in the same State or possession but through any State or possession or any foreign country, including any portion of such movement or transportation which is entirely within a State or possession.

(j) *Minimum heat treatment.* The causing of all particles in garbage to be heated to a boiling temperature and held at that temperature for a period of not less than 30 minutes.

(k) *Possession.* Any of the possessions of the United States, including Puerto Rico and the Virgin Islands.

(l) *Potable water.* Water which meets the standards prescribed in the Public Health Service Drinking Water Standards (See Subpart J, §§ 72.201 to 72.204, inclusive).

(m) *State.* Any State, the District of Columbia, Hawaii, Alaska, Puerto Rico, and the Virgin Islands.

(n) *Utensil.* Includes any kitchenware, tableware, glassware, cutlery, containers, or equipment with which food or drink comes in contact during storage, preparation, or serving.

(o) *Vessel.* Any passenger-carrying, cargo, or towing vessel exclusive of:

(1) Fishing boats including those used for shellfishing;

(2) Tugs which operate only locally in specific harbors and adjacent waters other than potable water boats;

(3) Barges without means of self-propulsion;

(4) Construction-equipment boats and dredges; and

(5) Sand and gravel dredging and handling boats.

(p) *Wash water.* See § 72.118 (a).

(q) *Watering point.* The specific place where potable water is loaded on a conveyance.

§ 72.2 *List of communicable diseases.* For the purposes of this part, the following shall be considered as communicable diseases: Anthrax, chancroid, cholera, dengue, diphtheria, granuloma inguinale, infectious encephalitis, favus, gonorrhoea, lymphogranuloma venereum, meningococcus meningitis, plague, poliomyelitis, psittacosis, ringworm of the scalp, scarlet fever, streptococcal sore throat, smallpox, syphilis, trachoma, tuberculosis, typhoid fever, typhus, and yellow fever. (See Executive Order No. 9708, March 28, 1946, 3 CFR, 1946 Supp.)

§ 72.3 *Measures in the event of inadequate local control.* Whenever the Surgeon General determines that the measures taken by health authorities of any State or possession (including political subdivisions thereof) are insufficient to prevent the spread of any of the communicable diseases from such State or possession to any other State or possession, he may take such measures to pre-

vent such spread of the diseases as he deems reasonably necessary, including inspection, fumigation, disinfection, sanitation, pest extermination, and destruction of animals or articles believed to be sources of infection.

SUBPART B—RESTRICTIONS ON TRAVEL OF PERSONS

§ 72.11 *All communicable diseases.* A person who has a communicable disease in the communicable period shall not travel from one State or possession to another without a permit from the health officer of the State, possession, or locality of destination, if such permit is required under the law applicable to the place of destination. Stop-overs other than those necessary for transportation connections shall be considered as places of destination.

§ 72.12 *Certain communicable diseases; special requirements.* The following provisions are applicable with respect to any person who is in the communicable period of cholera, plague, smallpox, typhus or yellow fever, or who, having been exposed to any such disease, is in the incubation period thereof:

(a) *Requirements relating to travelers.* (1) No such person shall travel from one State or possession to another, or on a conveyance engaged in interstate traffic, without a written permit of the Surgeon General or his authorized representative.

(2) Application for a permit may be made directly to the Surgeon General or to his representative authorized to issue permits.

(3) Upon receipt of an application, the Surgeon General or his authorized representative shall, taking into consideration the risk of introduction, transmission, or spread of the disease from one State or possession to another, reject it, or issue a permit which may be conditioned upon compliance with such precautionary measures as he shall prescribe.

(4) A person to whom a permit has been issued shall retain it in his possession throughout the course of his authorized travel and comply with all conditions prescribed therein, including presentation of the permit to the operators of conveyances as required by its terms.

(b) *Requirements relating to operation of conveyances.* (1) The operator of any conveyance engaged in interstate traffic shall not knowingly (i) accept for transportation any person who fails to present a permit as required by paragraph (a) of this section, or (ii) transport any person in violation of conditions prescribed in his permit.

(2) Whenever a person subject to the provisions of this section is transported on a conveyance engaged in interstate traffic, the operator thereof shall take such measures to prevent the spread of the disease, including submission of the conveyance to inspection, disinfection and the like, as an officer of the Public Health Service designated by the Surgeon General for such purposes deems reasonably necessary and directs.

§ 72.13 *Responsibility with respect to minors, wards, and patients.* A parent, guardian, physician, nurse, or other such person shall not transport, or procure or

furnish transportation for, any minor child or ward, patient or other such person who is in the communicable period of a communicable disease, except in accordance with provisions of this subpart.

§ 72.14 *Members of military and naval forces.* The provisions of this subpart shall not apply to members of the military or naval forces, and medical care or hospital beneficiaries of the Army, Navy, Veterans' Administration, or Public Health Service, when traveling under competent orders, provided that in the case of persons otherwise subject to the provisions of § 72.12 the authority authorizing the travel requires precautions to prevent the possible transmission of infection to others during the travel period.

§ 72.15 *Report of disease.* The master of any vessel or person in charge of any conveyance engaged in interstate traffic, on which a case or suspected case of a communicable disease develops shall, as soon as practicable, notify the local health authority at the next port of call, station, or stop, and shall take such measures to prevent the spread of the disease as the local health authority directs.

SUBPART C—SHIPMENT OF CERTAIN THINGS

§ 72.21 *Lather brushes.* A person shall not offer for transportation, or knowingly transport, in interstate traffic, lather brushes made from animal hair or bristles, unless:

(a) Such brushes have been imported in compliance with the provisions of § 71.151 of this chapter, or

(b) Such brushes have been manufactured in the United States, its territories, or possessions, and the hair or bristles have been sterilized in accordance with the procedures outlined below in a plant or plants certified by the Surgeon General. The manufacturer shall obtain from the Surgeon General a certificate stating that the plant or plants have been inspected by a representative of the Surgeon General and the equipment and procedures for sterilization have been found satisfactory. Such certificate shall expire at the end of the calendar year for which issued.

(1) Sterilization of hair or bristles used in the manufacture of lather brushes shall be accomplished by exposure to steam under pressure at a minimum temperature of 250° F. for 25 minutes provided the length of the bundles is five inches or less, or 250° F. for 30 minutes if the length of the bundles is more than five inches and less than 25 inches. The steam temperature shall be measured at a point in the exhaust line where it leaves the autoclave by both an indicating thermometer and a recording thermometer of design and accuracy approved by the Surgeon General. The temperature shown by the recording thermometer shall be checked by the autoclave operator against the temperature shown by the indicating thermometer, and the reading of the indicating thermometer entered permanently on the recording thermometer chart for each sterilization. The recording thermometer shall be kept adjusted so as at no time to read higher than the indicating thermometer. Hair

or bristles during the process of sterilization in the autoclave may be: Tied in unwrapped bundles, the maximum diameter of which does not exceed two and one-half inches; tied in paper-wrapped bundles not exceeding two and one-half inches in diameter provided the ends are left open to permit easy access of steam into the bundles; or placed untied in the autoclave in a manner approved by the Surgeon General. The compactness shall be such as to permit easy access of steam into the bundles. Bundles of hair or bristles shall be placed in racks in the autoclave in single layers, and successive layers shall not be in contact.

(2) In lieu of the procedure given in subparagraph (1) of this paragraph the following sterilization method may be used for badger hair: Boiling in water for three hours, the hair being placed loose in racks or in loosely tied bundles not exceeding two and one-half inches in maximum diameter with an indicating thermometer available for observing the temperature of the water during the sterilization. At the beginning of boiling and at hourly intervals thereafter the temperature of the water shall be taken, and time and temperature shall be noted in a record book for each sterilization.

(3) Sterilized hair and bristles shall be stored in clean containers apart from unsterilized hair and bristles and the lot of hair or bristles from each sterilization labeled with the date, method of sterilization used, and the name and location of the establishment in which sterilized. Permanent records of this information, the recording thermometer charts for each steam sterilization, and the time-temperature record of each boiling sterilization shall be kept.

(4) Mixing machines, equipment, and fixtures used for handling or processing sterilized hair or bristles shall not be used for handling or processing hair or bristles which have not been sterilized.

(5) All shaving or lather brushes shall be marked permanently with the name of the manufacturer or with an identifying mark registered with the Surgeon General.

§ 72.22 *Psittacine birds.* (a) The term psittacine birds shall include all birds commonly known as parrots, amazons, Mexican double heads, parakeets, African grays, cockatoos, macaws, love birds, lorics, lorikeets, and all other birds of the psittacine family.

(b) A person shall not offer for transportation, or transport, in interstate traffic any psittacine bird unless:

(1) The shipment is destined to a zoological park or research institute, and the shipment is accompanied by a permit from the State health department of the State of destination (where required), or

(2) The shipment does not exceed two birds, the birds are accompanied by the owner, have been in his possession for the preceding two years, have not had contact with other psittacine birds during that period, will be transported immediately to the owner's private residence and retained there as household pets, and are accompanied by a permit from the State health department of the State of destination (where required).

§ 72.23 *Garbage.* (a) A person shall not transport, receive, or cause to be transported or received, garbage in interstate traffic and feed such garbage to swine unless, prior to the feeding, such garbage has received minimum heat treatment.

(b) A person transporting garbage in interstate traffic shall not make, or agree to make, delivery thereof to any person with knowledge of the intent or customary practice of such person to feed to swine garbage which has not been subjected to minimum heat treatment.

SUBPART D—POTABLE WATER: SOURCE AND USE

§ 72.101 *Water for drinking and culinary purposes: general requirement.* Only potable water shall be provided for drinking and culinary purposes by any operator of a conveyance engaged in interstate traffic, except as provided in § 72.115 (b). Such water either shall have been obtained from watering points approved by the Surgeon General, or shall have been subjected to treatment approved by the Surgeon General.

§ 72.102 *Approval of watering points.* (a) The Surgeon General shall approve any watering point if (1) the water supply thereat meets the standards prescribed in the Drinking Water Standards (see Subpart J), and (2) the methods of and facilities for delivery of such water to the conveyance and the sanitary conditions surrounding such delivery prevent the introduction, transmission, or spread of communicable diseases.

(b) The Surgeon General may base his approval or disapproval of a watering point upon investigations made by representatives of State departments of health or of the health authorities of contiguous foreign nations.

(c) If a watering point has not been approved, the Surgeon General may permit its temporary use under such conditions as, in his judgment, are necessary to prevent the introduction, transmission, or spread of communicable diseases.

(d) Upon request of the Surgeon General, operators of conveyances shall provide information as to watering points used by them.

§ 72.103 *Approval of treatment.* (a) The treatment of water shall be approved by the Surgeon General if the apparatus used is of such design and is so operated as to be capable of producing, and in fact does produce, potable water.

(b) The Surgeon General may base his approval or disapproval of the treatment of water upon investigations made by representatives of State departments of health or of the health authorities of contiguous foreign nations.

(c) Overboard water treated on vessels shall be from areas relatively free of contamination and pollution.

§ 72.104 *Sanitation of water boats.* No vessel engaged in interstate traffic shall obtain water for drinking and culinary purposes from any water boat unless the tanks, piping, and other appurtenances used by the water boat in the loading, transportation, and delivery of

such drinking and culinary water, have been approved by the Surgeon General.

§ 72.105 *Protection of pier water system.* No vessel engaged in interstate traffic shall make a connection between its non-potable water system and any pier potable water system unless provisions are made to prevent backflow from the vessel to the pier.

SUBPART E—VESSELS: SANITATION FACILITIES AND CONDITIONS

§ 72.111 *Applicability.* The sanitation facilities and the sanitary conditions on vessels engaged in interstate traffic shall comply with the requirements prescribed in this subpart, provided that no major structural change will be required on existing vessels.

§ 72.112 *Inspection.* The Surgeon General may inspect such vessels to determine compliance with these requirements.

§ 72.113 *Potable water systems.* The following conditions must be met by vessel water systems used for the storage and distribution of water which has met the requirements of § 72.101:

(a) The potable water system, including filling hose and lines, pumps, tanks, and distributing pipes, shall be separate and distinct from other water systems and shall be used for no other purposes.

(b) All potable water tanks shall be independent of any tanks holding non-potable water or other liquid. All potable water tanks shall be independent of the shell of the ship unless (1) the bottom of the tank is at least two feet above the maximum load water line, (2) the seams in the shell are continuously welded, and (3) there are no rivets in that part of the shell which forms a side of a tank. A deck may be used as the top of a tank provided there are no access or inspection openings or rivets therein, and the seams are continuously welded. No toilet or urinal shall be installed immediately above that part of the deck which forms the top of a tank. All potable water tanks shall be located at a sufficient height above the bilge to allow for draining and to prevent submergence in bilge water.

(c) Each potable water tank shall be provided with a manhole, overflow, vent, and means of drainage and these, together with any device for determining depth of water, shall be so constructed as to prevent entrance into the tank of any contaminating substance or liquid. No deck or sanitary drain or pipe carrying any non-potable water (other than steam) or liquid shall pass through the tank or directly over a manhole of the tank.

(d) Tanks and piping shall bear clear marks of identification.

(e) There shall be no backflow or cross connection between potable water systems and any other systems. Pipes and fittings conveying potable water to any fixture, apparatus, or equipment shall be installed in such way that backflow will be prevented. Waste pipes from any part of the potable water system, including treatment devices, discharging to a drain, shall be suitably protected against backflow.

(f) Water systems shall be cleaned, disinfected, and flushed whenever the Surgeon General shall find such treatment necessary to prevent the introduction, transmission, or spread of communicable diseases.

§ 72.114 *Storage of water prior to treatment.* The following requirements with respect to the storage of water on vessels prior to treatment must be met in order to obtain approval of treatment facilities under § 72.103:

(a) The tank, whether independent or formed by the skin of the ship, deck, tank top, or partitions common with other tanks, shall be free of apparent leakage.

(b) No sanitary drain shall pass through the tank.

(c) The tank shall be adequately protected against both the backflow and discharge into it of bilge or highly contaminated water.

§ 72.115 *Water in galleys and medical care spaces.* (a) Potable water, hot and cold, shall be available in the galley and pantry except that, when potable water storage is inadequate, non-potable water may be piped to the galley for deck washing and in connection with garbage disposal. Any tap discharging non-potable water which is installed for deck washing purposes shall not be more than 18 inches above the deck and shall be distinctly marked "For deck washing only".

(b) In the case of existing vessels on which heat treated wash water has been used for the washing of utensils prior to the effective date of the regulations in this part, such water may continue to be so used provided controls are employed to insure the heating of all water to at least 170° F. before discharge from the heater.

(c) Potable water, hot and cold, shall be available in medical care spaces for hand-washing and for medical care purposes excluding hydrotherapy.

§ 72.116 *Water for making ice.* Only potable water shall be piped into a freezer for making ice for drinking and culinary purposes.

§ 72.117 *Drinking fountains and coolers; ice.* (a) Drinking fountains and coolers shall be constructed of impervious, non-oxidizing material, and shall be so designed and constructed as to be easily cleaned and protected against backflow. The jet of a drinking fountain shall be slanting, and the orifice of the jet shall be protected by a guard in such a manner as to prevent contamination thereof by droppings from the mouth or by splashing from the basin. The orifice of such a jet shall be located at least ½ inch above the rim of the basin.

(b) Ice shall not be permitted to come in contact with water in coolers or constant temperature bottles.

§ 72.118 *Wash water.* (a) Wash water means water suitable for domestic uses other than for drinking and culinary purposes, and medical care purposes excluding hydrotherapy.

(b) Where wash water systems installed on vessels do not comply with the requirements of a potable water system, prescribed in § 72.113, they shall be con-

structed so as to minimize the possibility of the water therein being contaminated. The storage tanks shall comply with the requirements of § 72.114, and the distribution system shall not be cross connected to a system carrying water of a lower sanitary quality. All faucets shall be labeled "Unfit for drinking."

§ 72.119 *Swimming pools.* (a) Fill and draw swimming pools shall not be installed or used.

(b) Swimming pools of the recirculation type shall be equipped so as to provide complete circulation, replacement, and filtration of the water in the pool every six hours or less. Suitable means of chlorination and, if necessary, other treatment of the water shall be provided to maintain the residual chlorine in the pool water at not less than 0.4 part per million and the pH (a measure of the hydrogen ion concentration) not less than 7.0.

(c) Flowing-through type of salt water pools shall be so operated that complete circulation and replacement of the water in the pool will be effected every six hours or less. The water delivery pipe to the pool shall be independent of all other pipes and shall originate at a point where maximum flushing of the pump and pipe line is effected after leaving polluted waters.

§ 72.120 *Toilets and lavatories.* Toilet and lavatory equipment and spaces shall be maintained in a clean condition.

§ 72.121 *Discharge of wastes.* Vessels operating on fresh water lakes or rivers shall not discharge sewage, or ballast or bilge water, within such areas adjacent to domestic water intakes as are designated by the Surgeon General.

§ 72.122 *Insect control.* Vessels shall be maintained free of infestation by flies, mosquitoes, fleas, lice, and other insects known to be vectors in the transmission of communicable diseases, through the use of screening, insecticides, and other generally accepted methods of insect control.

§ 72.123 *Rodent control.* Vessels shall be maintained free of rodent infestation through the use of traps, poisons, and other generally accepted methods of rodent control.

SUBPART F—LAND AND AIR CONVEYANCES: SERVICING AREAS

§ 72.131 *Applicability.* Land and air conveyances engaged in interstate traffic shall use only such servicing areas within the United States as have been approved by the Surgeon General as being in compliance with the requirements prescribed in this subpart.

§ 72.132 *Inspection and approval.* The Surgeon General may inspect any such areas to determine whether they shall be approved. He may base his approval or disapproval on investigations made by representatives of State departments of health.

§ 72.133 *Submission of construction plans.* Plans for construction or major reconstruction of sanitation facilities at servicing areas shall be submitted to the Surgeon General for review of the con-

formity of the proposed facilities with these requirements.

§ 72.134 *General requirements.* Servicing areas shall be provided with all necessary sanitary facilities so operated and maintained as to prevent the spread of communicable diseases.

§ 72.135 *Platforms and drainage.* Platforms shall be of impervious material and kept in good repair. Platforms and ground surfaces shall be adequately drained.

§ 72.136 *Watering equipment; general requirements.* All servicing area piping systems, hydrants, taps, faucets, hoses, buckets, and other appurtenances necessary for delivery of drinking and culinary water to a conveyance shall be designed, constructed, maintained and operated in such a manner as to prevent contamination of the water.

§ 72.137 *Watering equipment; dual systems.* In the case of existing installations where water not approved for use as drinking and culinary water is available for other purposes, there shall be no physical connection with the drinking water system, and the outlets of the non-approved systems shall be provided with fittings unsuited for drinking water hose connections. Such outlets shall be posted with permanent signs warning that the water is unfit for drinking. Dual water systems will not be permitted in new installations.

§ 72.138 *Watering equipment; cleaning and bactericidal treatment.* Facilities shall be provided for cleaning and bactericidal treatment of all systems and appurtenances used in the transportation, storage, or handling of water or ice which may be used for drinking and culinary purposes. Cleaning and bactericidal treatment shall be accomplished periodically as conditions may require.

§ 72.139 *Watering equipment; ice.* If bulk ice is used for the cooling of drinking water or other beverages, or for food preservation purposes, equipment constructed so as not to become a factor in the transmission of communicable diseases shall be provided for the storage, washing, handling, and delivery to conveyances of such bulk ice, and such equipment shall be used for no other purposes.

§ 72.140 *Employee conveniences.* (a) There shall be adequate toilet, wash-room, locker, and other essential sanitary facilities readily accessible for use of employees adjacent to places or areas where land and air conveyances are serviced, maintained, and cleaned. These facilities shall be maintained in a clean and sanitary condition at all times.

(b) In the case of diners, not in a train but with a crew on board, adequate toilet facilities shall be available to the crew within a reasonable distance but not exceeding 500 feet of such diners.

(c) Drinking fountains and coolers shall be constructed of impervious, non-oxidizing material, and shall be so designed and constructed as to be easily cleaned and protected against backflow. The jet of a drinking fountain shall be

slanting and the orifice of the jet shall be protected by a guard in such a manner as to prevent contamination thereof by droppings from the mouth or by splashing from the basin. The orifice of such a jet shall be located at least 1/2 inch above the rim of the basin.

§ 72.141 *Disposal of body discharges.* At servicing areas or stations where land and air conveyances are occupied by passengers, the operations shall be so conducted as to avoid fecal contamination of these areas. This shall be accomplished:

(a) By locking toilet rooms, or

(b) By the use of flexible watertight connections between toilet hoppers and sewer lines, or

(c) By the use of soil cans or chemical toilets which shall be constructed of durable, watertight, rust-resisting material designed to permit ready cleaning, and in the case of soil cans designed to fit the toilet hopper outlet.

Where soil cans or chemical toilets are used, the contents thereof shall be disposed of through sewers or other recognized methods for sanitary disposal of fecal material and the cans shall be thoroughly cleaned before being returned to use. Equipment for cleaning such containers shall be so designed as to prevent backflow into the water line, and such equipment shall be used for no other purpose.

All persons handling soil cans or chemical toilets shall be required to wash their hands thoroughly with soap and warm water before engaging in any work connected with the handling of water, food, or ice.

§ 72.142 *Garbage disposal.* (a) Watertight, readily cleanable, non-absorbent containers with close-fitting covers shall be used to receive and store garbage.

(b) Can washing and draining facilities shall be provided.

(c) Garbage cans shall be emptied daily and shall be thoroughly washed before being returned for use.

(d) Garbage grinding units shall not be used unless connected to a sewer.

SUBPART G—LAND AND AIR CONVEYANCES: EQUIPMENT AND OPERATION

§ 72.146 *Applicability.* The sanitary equipment and facilities on land and air conveyances engaged in interstate traffic and the use of such equipment and facilities shall comply with the requirements prescribed in this subpart.

§ 72.147 *Submission of construction plans.* Plans for the construction or major reconstruction of sanitary equipment and facilities on such conveyances shall be submitted to the Surgeon General for review of the conformity of such plans with those requirements.

§ 72.148 *Water system.* (a) The water system, either of the pressure or gravity type, shall be complete and closed from the filling ends to the discharge taps. The water system shall be protected against backflow.

(b) Filling pipes or connections through which water tanks are supplied shall be provided on both sides of all new railway conveyances and on existing conveyances when they undergo heavy

repairs. All filling connections shall be easily cleanable and so located and protected as to minimize the hazard of contamination of the water supply.

(c) On all new or reconstructed conveyances, water coolers shall be an integral part of the closed system.

(d) Water filters if used on dining cars and other conveyances will be permitted only if they are so operated and maintained at all times as to prevent contamination of the water.

§ 72.149 *Drinking utensils and toilet articles.* (a) No cup, glass, or other drinking utensil which may be used by more than one person shall be provided on any conveyance unless such cup, glass, or drinking utensil shall have been thoroughly cleaned and subjected to effective bactericidal treatment after each individual use.

(b) Towels, combs, or brushes for common use shall not be provided.

§ 72.150 *Toilet and lavatory facilities.* (a) Where toilet and lavatory facilities are provided on conveyances, they shall be so designed as to permit ready cleaning. On conveyances not equipped with retention facilities, toilet hoppers shall be of such design and so located as to prevent spattering of water filling pipes and hydrants, and to permit the attachment of suitable soil cans or flexible sewer connections.

(b) Separate facilities for brushing teeth shall be provided in washrooms of all conveyances having sleeping accommodations.

§ 72.151 *Railway conveyances; food handling facilities.* (a) Both kitchens and pantries of cars hereafter constructed or reconstructed shall be equipped with double sinks, one of which shall be of sufficient size and depth to permit complete immersion of a basket of dishes during bactericidal treatment; in the pantry a dishwashing machine may be substituted for the double sinks. If chemicals are used for bactericidal treatment, 3-compartment sinks shall be provided.

(b) A sink shall be provided for washing and handling cracked ice used in food or drink and shall be used for no other purpose.

(c) Toilet and lavatory facilities for the exclusive use of the dining car employees shall be provided on each train.

(d) Wherever toilet and lavatory facilities required by paragraph (c) of this section are not on the dining car, a lavatory shall be provided on the dining car for the use of the employees. The lavatory shall be conveniently located and used only for the purpose for which it is installed.

(e) Garbage grinding units shall not be used unless they discharge to a retention tank on the car.

§ 72.152 *Cleanliness of conveyance.* Conveyances while in transit shall be kept clean and free of flies and mosquitoes. A conveyance which becomes infested with vermin shall be placed out of service until such time as it shall have been effectively treated for the destruction of the vermin.

§ 72.153 *Ice.* Ice shall not be permitted to come in contact with water in coolers or constant temperature bottles.

§ 72.154 *Land conveyances; discharge of wastes.* (a) There shall be no discharge of excrement, garbage, waste water, or other polluting material from any land conveyance while such conveyance is passing over areas designated by the Surgeon General.

(b) Toilets shall be kept locked at all times when a conveyance is at a station stop unless adequate watertight containers are used to receive the discharges.

§ 72.155 *Air conveyances; discharge of wastes.* Excrement, garbage, or similar matter shall not be discharged from any air conveyance in flight over land areas or waters subject to the control of the United States.

SUBPART H—LAND AND AIR CONVEYANCES, AND VESSELS; FOOD

§ 72.161 *Applicability.* All conveyances engaged in interstate traffic shall comply with the requirements prescribed in this subpart.

§ 72.162 *Inspection.* The Surgeon General may inspect such conveyances to determine compliance with these requirements.

§ 72.163 *General requirements.* All food and drink served on conveyances shall be clean, wholesome, and free from spoilage, and shall be prepared, stored, handled, and served in accordance with the requirements prescribed in this subpart.

§ 72.164 *Source of food and drink; identification and inspection.* (a) Operators of conveyances shall identify, when requested by the Surgeon General, the vendors, distributors, or dealers from whom they have acquired their food supply including milk, milk products, frozen desserts, bottled water, sandwiches, box lunches, and raw oysters, clams, and mussels.

(b) The Surgeon General may inspect any source of such food supply in order to determine whether the requirements of the regulations are being met, and may utilize the results of inspections of such sources made by representatives of State health departments or of the health authorities of contiguous foreign nations.

§ 72.165 *Milk, milk products, and shellfish.* Milk, milk products, and shellfish served on conveyances shall conform to the following requirements:

(a) No milk shall be served or sold on any conveyance unless such milk is pasteurized and is obtained from a source of supply approved by the Surgeon General. The Surgeon General shall approve any source of supply at or from which milk is produced, processed, and distributed so as to prevent the introduction, transmission, or spread of communicable diseases. If a source of milk supply has not been approved, the Surgeon General may permit its temporary use under such conditions as in his judgment, are necessary to prevent the intro-

duction, transmission, or spread of communicable diseases.

(b) Milk containers shall be plainly labeled to show the contents, the grade, the word "pasteurized", and the identity of the plant at which the contents were packaged.

(c) All milk products, reconstituted milk, buttermilk, milk beverages, frozen desserts, butter, and cheese shall be pasteurized or manufactured from milk or milk products that have been pasteurized or subjected to equivalent heat treatment.

(d) Containers or packages of milk products shall be plainly labeled to show the contents, the word "pasteurized" if the contents have been pasteurized, or such other term as would indicate that the contents have been subjected to heat treatment equivalent to pasteurization, and the identity of the plant at which the contents were packaged.

(e) Milk, buttermilk, and milk beverages shall be served in or from the original individual containers in which received from the distributor, or from a bulk container equipped with a dispensing device so designed, constructed, installed, and maintained as to prevent the transmission of communicable diseases.¹

(f) Oysters, clams, and mussels purchased in the raw state for consumption on any conveyance shall originate from a dealer currently listed by the Public Health Service as holding an unexpired and unrevoked certificate issued by a State authority.²

(g) Shucked shellfish shall be purchased in the containers in which they are placed at the shucking plant and shall be kept therein until used. The State abbreviation and the certificate number of the packers shall be permanently recorded on the container.

§ 72.166 *Storage of perishables.* All perishable food or drink shall be kept at or below 50° F., except when being prepared or kept hot for serving.

§ 72.167 *Ice; source and handling.* All ice coming in contact with food or drink and not manufactured on the conveyance shall be obtained from sources approved by competent health authorities and shall be stored and handled in such manner as to avoid contamination. Such ice shall be thoroughly washed with potable water on the conveyance except in the case of ice cubes which are delivered to the conveyance in sealed containers.

§ 72.168 *Places where food is prepared, served, or stored; construction, maintenance, and use.* (a) All kitchens, galleys, pantries, and other places where food is prepared, served, or stored shall be adequately lighted and ventilated. Provided, however, That ventilation of cold storage rooms shall not be required. All such places where food is prepared.

¹ For suggested specifications, see "Ordinance and Code Regulating Eating and Drinking Establishments" (1943), Public Health Bulletin No. 280.

² The Public Health Service issues a list of such dealers biweekly for the information of State health authorities and all others concerned.

served, or stored shall be so constructed and maintained as to be clean and free from flies, rodents, and other vermin.

(b) Such places shall not be used for sleeping or living quarters.

(c) Water of satisfactory sanitary quality, under head or pressure, and adequate in amount and temperature, shall be easily accessible to all rooms in which food is prepared and utensils are cleaned.

(d) All plumbing shall be so designed, installed, and maintained as to prevent contamination of the water supply, food, and food utensils.

§ 72.169 *Utensils and equipment.* (a) All utensils and working surfaces used in connection with the preparation, storage, and serving of food or beverages, and the cleaning of food utensils, shall be so constructed as to be easily cleaned and self-draining and shall be maintained in good repair. Adequate facilities shall be provided for the cleaning and bactericidal treatment of all multi-use eating and drinking utensils and equipment used in the preparation of food and beverages. An indicating thermometer, suitably located, shall be provided to permit the determination of the hot water temperature when and where hot water is used as the bactericidal agent.

(b) All multi-use eating and drinking utensils shall be thoroughly cleaned in warm water and subjected to an effective bactericidal treatment after each use. All other utensils that come in contact with food and drink shall be similarly treated immediately following the day's operation. Hot water, when used as a bactericidal agent, shall be at a temperature of at least 170° F. and immersion of utensils therein shall be for not less than two minutes. All equipment shall be kept clean.

(c) After bactericidal treatment, utensils shall be stored and handled in such manner as to prevent contamination before reuse.

§ 72.170 *Refrigeration equipment.* Each refrigerator shall be equipped with a thermometer located in the warmest portion thereof. Waste water drains from ice boxes, refrigerating equipment, and refrigerated spaces shall be so installed as to prevent backflow of contaminating liquids.

§ 72.171 *Garbage equipment and disposition.* Watertight, readily cleanable non-absorbent containers with close-fitting covers shall be used to receive and store garbage. Garbage and refuse shall be disposed of as frequently as is necessary and practicable.

§ 72.172 *Toilet and lavatory facilities for use of food-handling employees.* (a) Toilet and lavatory facilities of suitable design and construction shall be provided for use of food-handling employees. (Regarding railway dining car crew toilet and lavatory facilities, see § 72.151.) Except on air conveyances, toilet rooms which open directly into rooms where food is prepared, stored, or served, or in which food utensils are handled or stored shall have tight-fitting self-closing doors.

(b) Signs directing food-handling employees to wash their hands after each

use of toilet facilities shall be posted so as to be readily observable by such employees. Hand-washing facilities shall include hot running water, soap, and towels for individual use.

(c) All toilet rooms shall be maintained in a clean condition.

§ 72.173 *Food-handling operations.* All food-handling operations shall be accomplished so as to minimize the possibility of contaminating food, drink, or utensils.

The hands of all persons shall be kept clean while engaged in handling food, drink, utensils, or equipment.

§ 72.174 *Health of persons handling food.* Any person who is known or suspected to be in a communicable period or a carrier of any communicable disease shall not be permitted to engage in the preparation, handling, or serving of water, other beverages, or food.

Any person known or suspected to be suffering from gastrointestinal disturbance or who has on the exposed portion of the body an open lesion or an infected wound shall not be permitted to engage in the preparation, handling, or serving of food or beverages.

SUBPART I—CERTIFICATION FOLLOWING INSPECTIONS

§ 72.181 *Issuance and posting of certificates.* The Surgeon General may issue certificates based upon inspections provided for in the preceding subparts of this part. Such certificates shall be prominently posted on conveyances.

SUBPART J—DRINKING WATER STANDARDS

§ 72.201 *Definitions of terms.* For the purpose of this subpart the terms designated herein below shall be defined as follows:

(a) "Adequate protection by natural agencies" implies various relative degrees of protection against the effects of pollution in surface waters; dilution, storage, sedimentation, the effects of sunlight and aeration, and the associated physical and biological processes which tend to produce natural purification; and, in the case of ground waters, storage in the percolation through the water bearing material.

(b) "Artificial treatment" includes the various processes commonly used in water treatment, both separately and in combination, such as storage, aeration, sedimentation, coagulation, rapid or slow sand filtration, chlorination, and other accepted forms of disinfection. Rapid sand filtration treatment is commonly understood to include those auxiliary measures, notably coagulation and sedimentation, which are essential to its proper operation.

(c) "Adequate protection by artificial treatment" implies that the method and degree of elaboration of treatment are appropriate to the source of supply; that the works are of adequate capacity to support maximum demands, are well located, designed, and constructed, are carefully and skillfully operated and supervised by properly trained and qualified personnel, and are adequately protected against floods and other sources of pollution. The evidence that the protection thus afforded is adequate must be furnished by frequent bacteriological

examinations and other appropriate analyses showing that the purified water is of good and reasonably uniform quality, a recognized principle being that irregularity in quality is an indication of potential danger. A minimum specification of good quality would be conformance to the bacteriological and chemical requirements of this subpart, as indicated in §§ 72.203 and 72.204.

(d) "Sanitary defect" means any faulty structural condition, whether of location, design, or construction of collection, treatment, or distribution works which may regularly or occasionally prevent satisfactory purification of the water supply or cause it to be contaminated from extraneous sources. Among the extraneous sources of contamination of water supply are dual supplies, bypasses, cross-connections, interconnections, and back-flow connections.

(e) "Health hazard" means any faulty operating condition including any device or water treatment practice, which, when introduced into the water supply system, creates or may create a danger to the well-being of the consumer.

(f) "Water supply system" includes the works and auxiliaries for collection, treatment, and distribution of the water from the source of supply to the free-flowing outlet of the ultimate consumer.

(g) "The coliform group of bacteria" is defined, for the purpose of this subpart, as including all organisms considered in the coli-aerogenes group as set forth in the Standard Methods for the Examination of Water and Sewage, current edition, prepared, approved, and published jointly by the American Public Health Association and the American Water Works Association, New York City. The procedures³ for the demonstration of bacteria of this group shall be those specified herein, for:

(1) The completed test, or

(2) The confirmed test when the liquid confirmatory medium brilliant green bile lactose broth, 2 percent, is used, providing the formation of gas in any amount in this medium during 48 hours of incubation at 37° C. is considered to constitute a positive confirmed test, or

(3) The confirmed test when one of the following liquid confirmatory media is used: crystal violet lactose broth, fuchsin lactose broth, or formate ricinoleate broth. For the purpose of this test, all are equivalent, but it is recommended that the laboratory worker base his selection of any one of those confirmatory media upon correlation of the confirmed results thus obtained with a series of completed tests, and that he select for use the liquid confirmatory medium yielding results most nearly agreeing with the results of the completed test. The incubation period for the selected liquid confirmatory medium shall be 48 hours at 37° C. and the formation of

³ This reference shall apply to all details of technique in the bacteriological examination, including the selection and preparation of apparatus and media, the collection and handling of samples, and the intervals and conditions of storage allowable between collection and examination of the water sample.

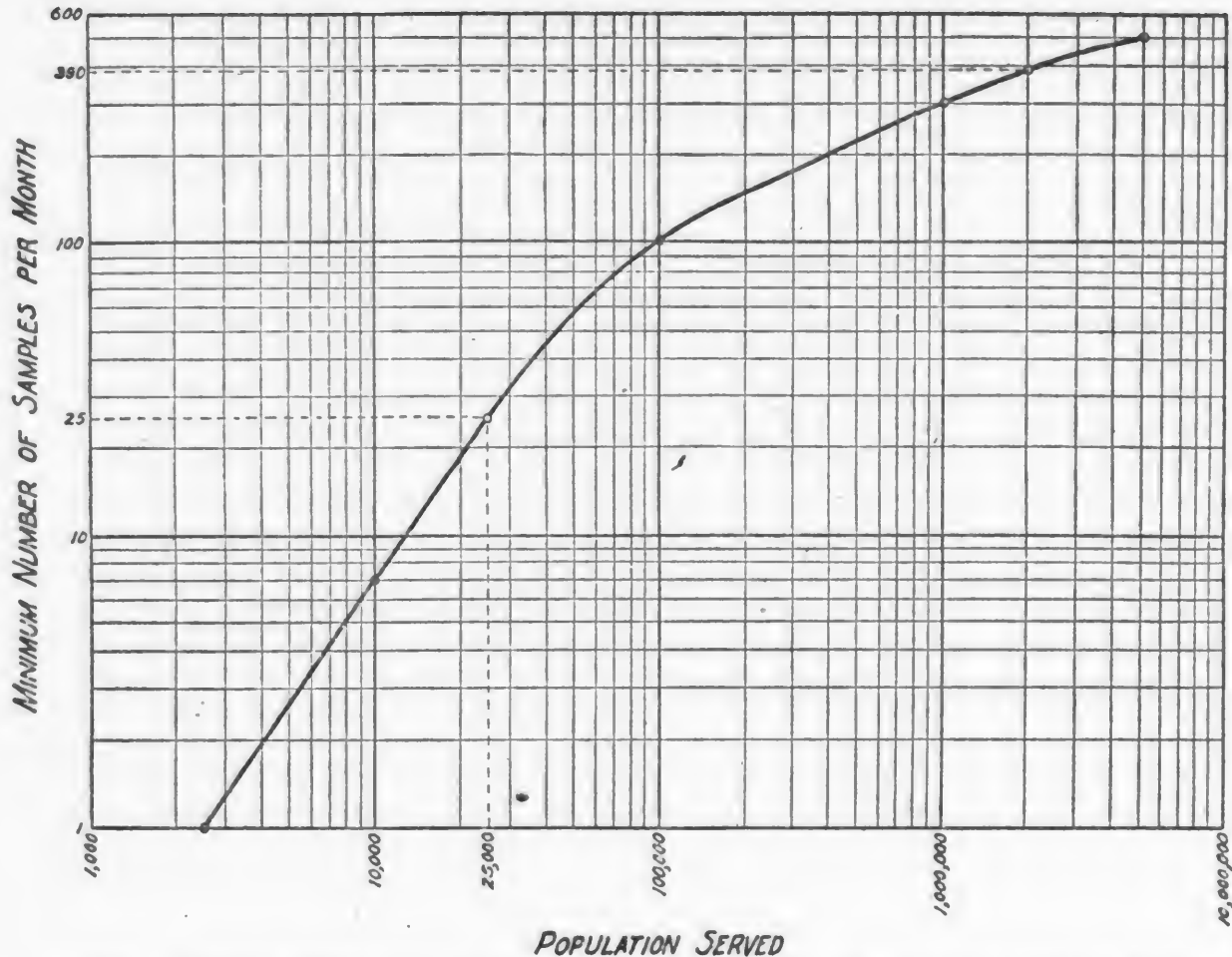


FIGURE 1.—Relation between minimum number of samples to be collected per month and population served.

gas in any amount during this time shall be considered to constitute a positive confirmed test.

(h) "The standard portion of water" for the application of the bacteriological test may be either:

- (1) Ten milliliters (10 ml.) or
- (2) One hundred milliliters (100 ml.)

(i) "The standard sample" for the bacteriological test shall consist of five (5) standard portions of either:

- (1) Ten milliliters (10 ml.) or
- (2) One hundred milliliters (100 ml.) each.

In any disinfected supply the sample must be freed of any disinfecting agent within twenty (20) minutes of the time of its collection.⁴

(j) "The certifying authority" is the Surgeon General of the United States Public Health Service or his duly authorized and designated representatives. Reference to the certifying authority shall be applicable only in the cases of those water supplies to be certified for use on carriers subject to the Federal quarantine regulations. "The reporting agency" shall be understood to mean the respective official State health agencies or their designated representatives.

§ 72.202 *As to source and protection.*

(a) The water supply shall be:

- (1) Obtained from a source free from pollution; or

⁴In freeing samples of chlorine or chloramines, the procedure given in the Standard Methods for the Examination of Water and Sewage, current edition, shall be followed.

- (2) Obtained from a source adequately purified by natural agencies; or
- (3) Adequately protected by artificial treatment.

(b) The water supply system in all its parts should be free from sanitary defects and health hazards, and all known sanitary defects and health hazards shall be systematically removed at a rate satisfactory to the reporting agency and to the certifying authority. Approval of public water supplies by the reporting agency and the certifying authority will be conditioned by the existence of:

- (1) Rules and regulations prohibiting connections or arrangements by which liquids or chemicals of unsafe, unknown, or questionable quality may be discharged or drawn into the public water supply;

- (2) Provisions to enforce such rules and regulations effectively on all new installations; and

- (3) A continuous program to detect health hazards and sanitary defects within the water distribution system.

(c) *Applications.* For the purposes of this subpart, responsibility for conditions in the water supply systems shall be considered to be held by:

- (1) The water purveyor from the source of supply to the connection to the customer's service piping, and

- (2) The owner of the property served and the municipal, county, or other authority having legal jurisdiction from the point of connection to the customer's service piping to the free-flowing outlet of the ultimate consumer.

§ 72.203 *As to bacteriological quality—(a) Sampling.* The bacteriological examination of water considered under this section shall be of samples collected at representative points throughout the distribution system.

The frequency of sampling and the location of sampling points on the distribution system should be such as to determine properly the bacteriological quality of the water supply. The frequency of sampling and the distribution of sampling points shall be regulated jointly by the reporting agency and the certifying authority after investigation by either agency, or both, of the source, method of treatment, and protection of the water concerned.

The minimum number of samples to be collected from the distribution system and examined by the reporting agency or its designated representatives each month should be in accordance with the number as determined from the graph presented in Figure 1 of this subpart.⁵

⁵For the purpose of uniformity and simplicity in application, the number of samples to be examined each month for any given population served shall be determined from the graph in accordance with the following:

For populations of 25,000 and under to the nearest 1.

For populations of 25,001 to 100,000 to the nearest 5.

For populations of 100,001 to 2,000,000 to the nearest 10.

For populations of over 2,000,000 to the nearest 25.

which is based upon the relationship of population served and minimum number of samples per month:

Population served:	Minimum number of samples per month
2,500 and under	1
10,000	7
25,000	25
100,000	100
1,000,000	300
2,000,000	390
5,000,000	500

In determining the number of samples examined monthly, the following samples may be included, provided all results are assembled and available for inspection and the laboratory methods and technical competence of the personnel are approved by the reporting and certifying agencies:

- (1) Samples examined by the reporting agency.
- (2) Samples examined by local health department laboratories.
- (3) Samples examined by the water works authority.
- (4) Samples examined by commercial laboratories.

Daily samples collected following an unsatisfactory sample as provided in subparagraphs (2) and (4) of paragraph (b) of this section, shall be considered as special samples and shall not be included in the determination of the number of samples examined monthly. Neither shall subsequent unsatisfactory samples in this daily series be used as a basis for prohibiting the supply: *Provided*, That (i) immediate and active efforts are made to locate the cause of such contamination, (ii) immediate action is taken to eliminate such cause, and (iii) samples taken following such remedial action are satisfactory.

The laboratories in which these examinations are made and the methods used in making them shall be subject to inspection at any time by the designated representatives of the certifying authority and reporting agency. Compliance with the specified procedures and the results obtained shall be used as a basis for certification, in accordance with the application given below:

(b) *Application.* Subparagraphs (1) and (2) of this paragraph shall govern when ten milliliter (10 ml.) portions are used and subparagraphs (3) and (4) of this paragraph shall govern when one hundred milliliter (100 ml.) portions are used.*

(1) Of all the standard ten milliliter (10 ml.) portions examined per month in accordance with the specified procedure, not more than ten (10) percent shall show the presence of organisms of the coliform group.

(2) Occasionally three (3) or more of the five (5) equal ten milliliter (10 ml.) portions constituting a single standard sample may show the presence of organisms of the coliform group: *Provided*, That this shall not be allowable if it oc-

*It is to be understood that in the examination of any water supply the series of samples for any month must conform to both of the requirements of either subparagraphs (1) and (2) or (3) and (4) of paragraph (b), respectively.

curs in consecutive samples or in more than:

(i) Five (5) percent of the standard samples when twenty (20) or more samples have been examined per month.

(ii) One (1) standard sample when less than twenty (20) samples have been examined per month.

Provided further, That when three or more of the five equal ten milliliter (10 ml.) portions constituting a single standard sample show the presence of organisms of the coliform group, daily samples from the same sampling point shall be collected promptly and examined until the results obtained from at least two consecutive samples show the water to be of satisfactory quality.⁷

(3) Of all the standard one hundred milliliter (100 ml.) portions examined per month in accordance with the specified procedure, not more than sixty (60) percent shall show the presence of organisms of the coliform group.

(4) Occasionally all of the five (5) equal one hundred milliliter (100 ml.) portions constituting a single standard sample may show the presence of organisms of the coliform group, *Provided*, That this shall not be allowable if it occurs in consecutive samples or in more than:

(i) Twenty (20) percent of the standard samples when five (5) or more samples have been examined per month.

(ii) One (1) standard sample when less than five (5) samples have been examined per month.

Provided further, That when all five of the standard one hundred milliliter (100 ml.) portions constituting a single standard sample show the presence of organisms of the coliform group, daily samples from the same sampling point shall be collected promptly and examined until the results obtained from at least two consecutive samples show the water to be of satisfactory quality.⁸

(5) The procedure given, using a standard sample composed of five standard portions, provides for an estimation of the most probable number of coliform bacteria present in the sample as set forth in the following tabulation:

Number of portions		Most probable number of coliform bacteria per 100 ml.	
Negative	Positive	When 5-10 ml. portions are examined	When 5-100 ml. portions are examined
5	0	Less than— 2.2	Less than— 0.22
4	1	2.2	.22
3	2	5.1	.51
2	3	9.2	.92
1	4	16.0	1.60
0	5	More than— 16.0	More than— 1.60

§ 72.204 As to the physical and chemical characteristics—(a) Physical char-

⁷When this occurs, and when waters of unknown quality are being examined, simultaneous tests should be made on multiple portions of a geometric series ranging from 10 ml. to 0.1 ml. or less.

⁸When this occurs, and when waters of unknown quality are being examined, simultaneous tests should be made on multiple portions of a geometric series ranging from 100 ml. to 1.0 ml. or less.

*acteristics.*⁹ The turbidity of the water shall not exceed 10 p. p. m. (silica scale), nor shall the color exceed 20 (platinum-cobalt seals). The water shall have no objectionable taste or odor.

(b) *Chemical characteristics.* The water shall not contain an excessive amount of soluble mineral substance, nor excessive amounts of any chemicals employed in treatment. Under ordinary circumstances, the analytical evidence that the water satisfies the physical and chemical standards given in paragraph (a) of this section and subparagraph (1) of this paragraph and simple evidence that it is acceptable for taste and odor will be sufficient for certification with respect to physical and chemical characteristics.

(1) The presence of lead (Pb) in excess of 0.1 p. p. m., of fluoride in excess of 1.5 p. p. m., of arsenic in excess of 0.05 p. p. m., of selenium in excess of 0.05 p. p. m., of hexavalent chromium in excess of 0.05 p. p. m., shall constitute grounds for rejection of the supply.

These limits are given in parts per million by weight and a reference to the method of analysis recommended for each determination is given in subparagraph (1) of paragraph (c) of this section. Salts of barium, hexavalent chromium, heavy metal glucosides, or other substances with deleterious physiological effects shall not be added to the system for water treatment purposes.

Ordinarily analysis for these substances need be made only semiannually. If, however, there is some presumption of unfitness because of these elements, periodic determination for the element in question should be made more frequently.

Where experience, examination, and available evidence indicate that such substances are not present or likely to be present in the water supplies involved, semiannual examinations are not necessary, provided such omission is acceptable to the reporting agency and the certifying authority.

(2) The following chemical substances which may be present in natural or treated waters should preferably not occur in excess of the following concentrations where other more suitable supplies are available in the judgment of the certifying authority. Recommended methods of analysis are given in paragraph (c) of this section:

Copper (Cu) should not exceed 3.0 p. p. m.

Iron (Fe) and manganese (Mn) together should not exceed 0.3 p. p. m.

Magnesium (Mg) should not exceed 125 p. p. m.

Zinc (Zn) should not exceed 15 p. p. m.

Chloride (Cl) should not exceed 250 p. p. m.

Sulfate (SO₄) should not exceed 250 p. p. m.

⁹The requirements in paragraph (a) relating to turbidity and color shall be met by all filtered water supplies. Turbidity and color limits for unfiltered waters and the requirements of freedom from taste or odor for either filtered or unfiltered waters should be based on reasonable judgment and discretion, giving due consideration to all the local factors involved.

Phenolic compounds should not exceed 0.001 p. p. m. in terms of phenol.

Total solids should not exceed 500 p. p. m. for a water of good chemical quality. However, if such water is not available, a total solids content of 1,000 p. p. m. may be permitted.

For chemically treated waters, i. e., lime softened zeolite or other ion exchange treated waters, or any other chemical treatments, the following three requirements should be met:

(i) The phenolphthalein alkalinity (calculated as CaCO_3) should not be greater than 15 p. p. m. plus 0.4 times the total alkalinity. This requirement limits the permissible pH to about 10.6 at 25° C.

(ii) The normal carbonate alkalinity should not exceed 120 p. p. m. Since the normal alkalinity is a function of the hydrogen ion concentration and the total alkalinity, this requirement may be met by keeping the total alkalinity within the limits suggested below when the pH of the water is within range given. These values apply to water at 25° C.

pH range	Limit of total alkalinity (p. p. m. of CaCO_3)
8.0 to 9.6	400
9.7	340
9.8	300
9.9	260
10.0	230
10.1	210
10.2	190
10.3	180
10.4	170
10.5 to 10.6	160

(iii) If excess alkalinity is produced by chemical treatment, the total alkalinity should not exceed the hardness by more than 35 p. p. m. (calculated as CaCO_3).

(c) *Recommended methods of analysis.*¹⁰ (1) Ions with required limits of concentration.

Arsenic (As): Official and Tentative Methods of Analysis. Association of Official Agricultural Chemists, 1940, p. 390; also "Colorimetric Microdetermination of Arsenic," Morris B. Jacobs and Jack Nagler. Industrial and Engineering Chemistry, Anal. Ed., 14: 442 (1942).

Fluoride (F): Standard Methods for the Examination of Water and Sewage, current edition; also Methods of Determining Fluorides, Committee Report, A. P. Black, Chairman. Journal American Water Works Association, 33: 1965-2017 (1941).

Lead (Pb): Standard Methods for the Examination of Water and Sewage, current edition.

Selenium (Se): Official and Tentative Methods of Analysis. Association of Official Agricultural Chemists, 1940, pp. 11 and 417; also Robinson, W. O. Dudley, H. C., Williams, K. T., and Byers, Horace G.; The Determination of Selenium and Arsenic by Distillation. Industrial and Engineering Chemistry, Anal. Ed., 6: 274 (1934).

¹⁰ For the chemical determinations referred to in this report, when given, the methods of analysis recommended by the Association of Official Agricultural Chemists are satisfactory and may be substituted for those recommended in the Standard Methods for the Examination of Water and Sewage, current edition, which are specifically cited.

Hexavalent Chromium: Standard Methods for the Examination of Water and Sewage, current edition.

(2) Ions and substances with suggested limits of concentration.

Copper (Cu): Standard Methods for the Examination of Water and Sewage, current edition.

Iron (Fe) and Manganese (Mn): Ibid.

Magnesium (Mg): Ibid.

Zinc (Zn): Ibid.

Chloride (Cl): Ibid.

Sulfate (SO_4): Ibid.

Phenolic compounds: Ibid.

With dibromquinonechlorimide as an indicator.

Total solids: Ibid.

Alkalinity: Ibid.

PART 73—BIOLOGIC PRODUCTS

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- LICENSES; PROCEDURE
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- 73.94 Container.
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- 73.96 Outside label.

AUTHORITY: §§ 73.1 to 73.96, inclusive, issued under sec. 351, 58 Stat. 702; 42 U. S. C. Sup. 262. Statutes giving special authority are cited in parentheses, at the end of affected sections.

DERIVATION: §§ 73.1 to 73.32, inclusive, contained in Regulations, Surgeon General of the Public Health Service, approved by Acting Federal Security Administrator, Jan. 16, 1947; §§ 73.35 to 73.96, inclusive, contained in Regulations, Surgeons General of the Army, Navy, and Public Health Service, approved by Acting Federal Security Administrator, Jan. 16, 1947; §§ 73.1 to 73.96, inclusive, effective Feb. 21, 1947, 12 F. R. 411.

CROSS REFERENCE: Federal Security Agency regulations relating to drugs as defined in the Federal Food, Drug, and Cosmetic Act (21 U. S. C. 301 et seq.). See Food and Drug Administration, Federal Security Agency, 21 CFR, Chap. I, Parts 2, 135, 141, 144, 145, 146. Exemption from section 505 of the Federal Food, Drug, and Cosmetic Act (21 U. S. C. 355) of new drugs licensed under the Public Health Service Act; see 21 CFR, Chap. I, 2.109. Drugs intended solely for investigational use, see 21 CFR, Chap. I, 2.114.

CROSS REFERENCE: Bureau of Customs regulations relating to viruses, serums and toxins; See Customs Duties, 19 CFR, Cum. Supp., 12.21-12.23.

CROSS REFERENCE: Post Office regulations relating to importation and transportation of viruses, serums, and antitoxins by mail; See Postal Service, 39 CFR 6.14, 21.54.

DEFINITIONS

§ 73.1 *Definitions.* As used in this part:

(a) "Act" means the Public Health Service Act (58 Stat. 682), approved July 1, 1944.

(b) "Administrator" means the Federal Security Administrator.

(c) "Surgeon General" means the Surgeon General of the United States Public Health Service.

(d) "Institute" means the National Institute of Health in the Public Health Service.

(e) "State" means a State or the District of Columbia, Hawaii, Alaska, Puerto Rico, or the Virgin Islands.

(f) "Possession" includes, among other possessions, Puerto Rico and the Virgin Islands.

(g) "Biologic product" means any virus, therapeutic serum, toxin, antitoxin, or analogous product applicable to the prevention, treatment or cure of diseases or injuries of man:

(1) A virus is a product containing the minute living cause of an infectious disease.

(2) A therapeutic serum is the product obtained from the blood of an animal by removing the clot or clot components and the blood cells and intended for administration by a route other than ingestion.

(3) A toxin is a product containing a soluble substance poisonous to laboratory animals or to man in doses of 1 milliliter or less (or equivalent in weight) of the

product, and having the property, following the injection of non-fatal doses into an animal, of causing to be produced therein another soluble substance which specifically neutralizes the poisonous substance and which is demonstrable in the serum of the animal thus immunized.

(4) An antitoxin is a product containing the soluble substance in serum or other body fluid of an immunized animal which specifically neutralizes the toxin against which the animal is immune.

(5) A product is analogous:

(i) To a virus if prepared from or with a virus or agent actually or potentially infectious, without regard to the degree of virulence or toxicogenicity of the specific strain used.

(ii) To a therapeutic serum, if composed of whole blood or plasma or containing some organic constituent or product other than a hormone or an amino acid, derived from whole blood, plasma, or serum and intended for administration by a route other than ingestion.

(iii) To a toxin or antitoxin, if intended, irrespective of its source of origin, for the prevention, treatment, or cure of diseases or injuries of man through specific immunization.

(h) "Trivalent organic arsenicals" means arsphenamine and its derivatives (or any other trivalent organic arsenic compound) applicable to the prevention, treatment, or cure of diseases or injuries of man.

(i) "Products" includes biologic products and trivalent organic arsenicals. A product is deemed "applicable to the prevention, treatment or cure of diseases or injuries of man" irrespective of the mode of administration or application recommended, including use when intended, through administration or application to a person, as an aid in diagnosis or in evaluating the degree of susceptibility or immunity possessed by a person, and including also any other use for purposes of diagnosis if the diagnostic substance so used is prepared from or with the aid of a biologic product.

(j) "Proper name", as applied to a product, means the name designated in the license for use upon each container of the product.

(k) "Dating period" means the period beyond which the product cannot be expected beyond reasonable doubt to yield its specific results.

(l) "Expiration date" means the date of termination of the dating period.

(m) The word "standards" means specifications and procedures applicable to an establishment or to the production, content, testing, labeling, or release of products prepared therein, which are prescribed in this part and which are designed to insure the continued safety, purity and potency of such products.

(n) The word "continued" as applied to the safety, purity and potency of products is interpreted to apply to the dating period.

(o) The word "safety" is interpreted to apply to the relative freedom from harmful effect to the recipient when a product is prudently administered taking into consideration the character of the product in relation to the condition of the patient at the time.

(p) The word "purity" is interpreted to mean the degree of freedom from ex-

traneous matter, whether harmful to the recipient, deleterious to the product or otherwise, in the finished product.

(q) The word "potency" is interpreted to mean the specific ability or capacity of the product, as indicated by appropriate laboratory tests or by adequately controlled clinical data obtained through the administration of the product in the manner intended, to effect a given result.

(r) "Manufacturer" includes any individual, trust or estate, association, partnership or corporation engaged in the manufacture of a product subject to license under the act.

(s) "Establishment" means that portion of the properties of any manufacturer which is given over to the manufacture of a product subject to license, including equipment and animals used, and the personnel engaged in such manufacture.

(t) "Selling agent" or "distributor" means any person engaged in the unrestricted distribution, other than by sale at retail, of products subject to license.

LICENSES; PROCEDURE

§ 73.2 *Applications.* To obtain a license for any establishment, biologic product or trivalent organic arsenical, the manufacturer shall make application to the Surgeon General on forms prescribed for such purpose, and in the case of an application for a product license shall submit samples of the product and specimens of the labels, enclosures, and containers proposed to be used for such product.

§ 73.3 *Inspection of establishments and examination of products prior to licensing.* Licenses shall be issued only after inspection of the establishment and examination of the product for which a product license is desired and upon a determination that the establishment and the product meet the standards prescribed in the regulations in this part. Additional product licenses shall be issued only upon examination of the product and a determination that the product meets the standards prescribed in the regulations in this part.

§ 73.4 *Form of license: domestic establishments.* The following form of license is prescribed for establishments located in any State or possession of the United States:

Establishment License No. -----
 This is to certify that -----
 of -----, through the establishment
 identified as ----- located
 at ----- is hereby licensed, pursuant
 to section 351 of the Public Health
 Service Act, approved July 1, 1944 (58 Stat.
 682), and regulations thereunder, to propagate
 or manufacture, and to prepare for sale
 in the District of Columbia, or for sending,
 bringing or carrying from any State or possession
 into any foreign country any virus, serum,
 toxin, antitoxin, or analogous product, or
 arsphenamine or its derivatives (or any other
 trivalent organic arsenic compound) for the
 propagation and manufacture of which the
 establishment holds an unsuspended and
 unrevoked license issued by the Federal
 Security Administrator pursuant to said act
 and regulations.

 Federal Security Administrator.

Date -----

§ 73.5 *Product licenses.* Each product license shall designate:

(a) The manufacturer.

(b) The establishment.

(c) The license number of the establishment.

(d) The proper name of the product, with additional specifications, if any, which may be approved or required for additional labeling purposes.

§ 73.6 *Changes to be reported.* Important changes in location, equipment, management and responsible personnel, or in production methods and labeling of any licensed product or of any product for which an application for a license is pending shall be immediately reported to the Institute by any establishment holding a license, and, unless in case of an emergency, not less than 30 days in advance of the time such changes are made; failure to make such report shall constitute a ground for summary suspension of a license pending reinspection of the establishment or re-examination of the product.

§ 73.7 *Products under development.* A biologic product or trivalent organic arsenical undergoing development, but not yet ready for a product license, may be shipped or otherwise delivered from one State or possession into another State or possession, for purposes of controlled investigation, only in accordance with regulations under section 505 (1) of the Federal Food, Drug, and Cosmetic Act, as amended.

§ 73.8 *Issuance, revocation or suspension.* A license shall be issued by the Administrator upon the recommendation of the Surgeon General and upon the finding by the Surgeon General that the establishment or the product, as the case may be, meets the standards established by the regulations in this part as herein prescribed or hereafter amended. Licenses shall be valid until suspended or revoked. An establishment or product license shall be revoked upon application of the manufacturer giving notice of intention to discontinue the manufacture of all products or of intention to discontinue the manufacture of a particular product for which a license is held. The Surgeon General shall recommend to the Administrator that a license be suspended or revoked whenever he finds, after notice and opportunity for hearing, that the establishment or the product for which the license has been issued fails to conform to the standards in the regulations in this part as herein prescribed or hereafter amended to insure the continued safety, purity and potency of the manufactured product. In case of suspension, if the faulty condition is not corrected within 60 days or within such other period as may be specified in the notice of suspension, he shall recommend that the license be revoked. Except as provided in § 73.10, prior to the institution of proceedings looking to the suspension or revocation of a license the licensee shall be advised in writing of the facts or conduct which may warrant such action and shall be accorded opportunity within a reasonable period prescribed by the Surgeon General to demonstrate or achieve compliance with the regulations in this part.

§ 73.9 *Licenses heretofore issued.* Any license heretofore issued and in effect upon the effective date of the regulations in this part shall remain in effect unless and until superseded by a new license, or suspended or revoked, pursuant to the regulations in this part.

§ 73.10 *Summary suspension.* Whenever the Surgeon General has reasonable ground to believe that an establishment or product for which a license has been issued fails to conform to the standards prescribed in the regulations in this part, and that by reason of such failure and of failure of the manufacturer to take prompt corrective measures on notice thereof, the distribution or sale of a licensed product would constitute a danger to health, or that the establishment and production methods have been so changed as to require in order to protect the public health a new showing that the establishment or product meets the standards prescribed in the regulations in this part, he may recommend to the Administrator that the license for the establishment or the product be summarily suspended and the manufacturer be required (a) to notify the selling agents and distributors to whom such product or products have been delivered of such suspension, (b) to furnish complete records of such deliveries and notice of suspension, and (c) to show cause within 60 days or such other period as may be specified in the order why the license should not be revoked.

§ 73.11 *Review Board.* When deemed advisable by the Surgeon General, in matters involving the safety, purity and potency of licensed products or products for which an application for license is pending, the reports of inspection and laboratory examinations, together with any pertinent data the establishment may submit, shall be passed upon by a special board of three officers appointed by the Surgeon General for that purpose. The board shall report its findings to the Surgeon General who will forward its report, together with his findings and recommendations, to the Administrator.

§ 73.12 *Opportunity for hearing.* Any manufacturer whose application for a license has been denied, or whose establishment or product license has been summarily suspended, without prior opportunity for hearing, may appeal from such denial or suspension and shall be entitled to a hearing thereon before a review body constituted as provided in § 73.11. The Surgeon General, upon review of the record, may affirm, reverse, or modify the findings of the review board, or may direct the taking of further testimony, and shall forward his determinations and recommendations to the Administrator.

§ 73.13 *Suspension and revocation: publication.* Notice of suspension or revocation of license, with statement of cause therefor, may be published by the Administrator.

§ 73.14 *Reissuance.* An establishment license, previously revoked or suspended may be reissued or reinstated upon in-

spection of the establishment, or upon examination of the product showing that the reasons for revocation or suspension have been corrected, except that in case of a product license revoked upon application or because of failure to meet changes in standards prescribed by amendment to the regulations in this part after the issuance of such license, only such inspection and examination as may be considered advisable by the Institute shall be required.

FOREIGN ESTABLISHMENTS AND PRODUCTS

§ 73.20 *Licenses required; products for controlled investigation only.* Any biologic or trivalent organic arsenical propagated or manufactured and prepared in any foreign country and intended for sale, barter or exchange shall be refused entry by collectors of customs unless produced in an establishment holding an unsuspended and unrevoked establishment license and license for the product. Unlicensed products intended solely for purposes of controlled investigation are admissible only if in accord with applicable regulations under section 505 (i) of the Federal Food, Drug, and Cosmetic Act, as amended.

§ 73.21 *Procedure.* Except as otherwise provided in this part, licenses for foreign establishments and products shall be issued, suspended or revoked in the same manner as licenses for domestic establishments and products. Each foreign establishment holding a license and consigning any licensed biologic product or trivalent organic arsenical into any State or possession shall be required to file with the Surgeon General the name and address of any representative or representatives authorized by the establishment to distribute the product, and such representative or representatives shall keep such records of such distribution as are required of domestic licensed establishments, and failure to maintain such records shall constitute ground for revocation of license.

§ 73.22 *Form of license.* Licenses for establishments located in foreign countries shall be in form similar to that for domestic establishments except that they shall authorize preparation for sending, carrying, or bringing for sale, barter or exchange from the foreign country designated in the license into any State or possession of the United States and shall specify that it is issued upon the condition that the licensee will permit the inspection during all reasonable hours of the establishment by any officer, agent, or employee of the Federal Security Agency authorized by the Federal Security Administrator for such purpose.

§ 73.23 *Smallpox vaccine; importation prohibited.* The importation of smallpox vaccine into any State or possession from any foreign country is prohibited except that smallpox vaccine may be sent from any foreign country, in containers indicating plainly the limited purpose intended, to the Institute for test or research purposes or for vaccine production. (Sec. 361, 58 Stat. 702; 42 U. S. C., Sup. 262)

§ 73.24 *Samples to accompany each importation.* Each foreign importation of a biologic product or trivalent organic arsenical from a licensed establishment, whether or not intended for investigational use only, shall be accompanied by at least two final containers of each lot of any biologic product and by at least 15 final containers of each lot of any trivalent organic arsenical contained in the shipment. Such samples shall be forwarded by the collector of customs at the port of entry to the Institute for examination. If separate samples are not found accompanying the shipment, samples shall be obtained from the shipment by the collector of customs and forwarded to the Institute. (Sec. 801, 52 Stat. 1058; 21 U. S. C. 381)

ESTABLISHMENT INSPECTION

§ 73.30 *Inspectors.* Inspections shall be made by an officer of the Public Health Service having special knowledge of the methods used in the production and control of biologic products and designated for such purpose by the Surgeon General or by any officer, agent, or employee of the Federal Security Agency specifically designated for such purpose by the Administrator.

§ 73.31 *Time of inspection.* The inspection of an establishment for which a license is pending need not be made until the establishment is in operation and is manufacturing the complete product for which a product license is desired. In case the license is denied following inspection for the original license, no reinspection need be made until assurance has been received that the faulty conditions which were the basis of the denial have been corrected. An inspection of each licensed establishment shall be made at least once each year. Inspections may be made with or without notice, and shall be made during regular business hours unless otherwise directed.

§ 73.32 *Duties of inspector.* The inspector shall:

(a) Call upon the active head of the establishment, stating the object of his visit,

(b) Interrogate the proprietor or other personnel of the establishment as he may deem necessary,

(c) Examine the details of location, construction, equipment and maintenance, including stables, barns, warehouses, production laboratories, bleeding clinics maintained for the collection of human blood, shipping rooms, record rooms, and any other structure or appliance used in any part of the propagation, manufacture, and preparation of a product,

(d) Investigate as fully as he deems necessary the methods of propagation, processing, testing, storing, dispensing, recording, or other details of manufacture and distribution of each licensed product, or product for which a license has been requested, including observation of these processes in actual operation,

(e) Obtain and cause to be sent to the Institute adequate samples for the examination of any product or ingredient used in its preparation,

(f) Bring to the attention of the manufacturer any fault observed in the

course of inspection in location, construction, production methods, or administration of a licensed establishment which might lead to impairment of a product.

(g) Inspect and copy, as circumstances may require, any records required to be kept pursuant to § 73.36.

(h) Certify as to the condition of the establishment and of the production methods followed and makes recommendations as to action deemed appropriate with respect to any application for license or any license previously issued.

ESTABLISHMENT STANDARDS

§ 73.35 *Responsible head.* A responsible person shall be in permanent and full control of the establishment in all matters relating to the manufacture of products. A responsible person is one who has been trained in the manufacturing techniques employed and the fundamental scientific facts upon which the manufacture of products rests, who is capable of enforcing discipline among the employees under his supervision, and to whom sufficient authority has been delegated for such purpose.

§ 73.36 *Records, samples, cultures—*
(a) *Production and distribution records.* Records shall be kept, with dates, of the various steps in the manufacture, testing, disposition, and distribution of each lot, so that at any time these steps as regards any lot number may be traced by an inspector. The records shall be retained, for such interval beyond the expiration date as is considered necessary for the individual product to permit the return of any clinical report of unfavorable reactions. This interval will vary with the type of product and its geographic distribution. A minimum of 6 months after the expiration date with 5 years as the extreme interval under all circumstances is considered adequate. Records of distribution of each lot shall in any event be kept as long as the lot remains the property of the licensed manufacturer.

(b) *Records of recall.* Complete records shall be maintained pertaining to the recall from distribution of any product upon notification from the Institute of failure to conform with the standards prescribed in the regulations in this part, deterioration of the product or any other factor by reason of which the distribution of the product would constitute a danger to health.

(c) *Sterilization records.* Records including the date, duration, and temperature of each sterilization shall be made by means of automatic registering devices or under a system of recording which gives reasonable assurance of the accuracy and reliability of the record.

(d) *Animal necropsy records.* A necropsy record shall be kept on each animal from which a biologic product has been obtained and which dies or is killed because of disease while employed in production of a product.

(e) *Retention of reference samples.* Reference samples from each lot shall be retained by the manufacturer until the entire lot has become outdated and for 6 months thereafter. Exceptions may be authorized by the Institute when

the lot yields relatively few final containers and when such lots are prepared by the same method in large numbers and in close succession.

(f) *Cultures.* Cultures and other materials while used in the production of licensed products shall be labeled and preserved in a safe and orderly manner.

(g) *Records in case of divided manufacturing responsibility.* If two or more establishments participate in the manufacture of a product, the records of both establishments must show plainly the degree of responsibility of each in the manufacturing process.

§ 73.37 *Physical establishment; construction, equipment and care—*(a) *Work with spore-bearing organisms.* All work with spore-bearing micro-organisms shall be carried out in (1) an entirely separate building with its own entrance, or (2) a portion of a building used for the manufacture of other products constructed in such a manner as to be completely walled-off so that admission to the special unit may be gained only through an entrance independent of the remainder of the building. All containers used shall be permanently marked so as to avoid the possibility of contamination of products.

(b) *Work of a diagnostic nature.* Laboratory procedures of a clinical diagnostic nature involving possibly contaminated materials shall be in space set apart from that used for the production of licensed products, except that production space which is used only occasionally may be used for diagnostic work provided spore-bearing pathogenic micro-organisms are not involved and provided the space is thoroughly cleaned before production is resumed.

(c) *Laboratory and bleeding rooms.* Laboratory rooms for the production of licensed products, including the bleeding rooms and other places where cleanliness is essential, shall be efficiently screened and kept free of flies and other insects or vermin. Building construction shall be such as to insure freedom from dust, smoke and deleterious or obnoxious odors in the laboratory and bleeding rooms and such as to permit thorough cleaning and, when necessary, chemical disinfection of bleeding rooms and rooms for smallpox vaccine animals.

(d) *Stables.* Stables shall be well lighted and well ventilated, and the floors shall be so constructed and cared for as to insure cleanliness.

(e) *Sterilization.* Sterilization equipment and methods used shall be such as to insure the complete destruction of contaminating, living organisms, including living spores. The containers, filling apparatus, and other pieces of apparatus or materials which may come in contact with biologic products during manufacture shall be scrupulously clean. Such equipment shall be absolutely sterile unless the product is protected by subsequent sterilizing treatment.

(f) *Containers used in production.* All containers used in preparation of biologic products shall be of such construction as will readily permit inspection for cleanliness.

(g) *Hot water available.* Hot water shall be provided in bleeding rooms and stables for smallpox vaccine animals.

(h) *Disposal of manure.* No manure shall be so stored as to permit the breeding of flies on the premises nor shall the establishment be located in close proximity to off-property manure storage capable of engendering fly breeding.

(i) *Isolation of hog cholera production.* All personnel, animals and equipment used in the production of hog cholera serum shall be kept entirely separate from personnel, animals, and materials used in the production of biologic products for human use.

§ 73.38 *Animals used in production—*

(a) *Quarantine and care.* Animals used in production of biologic products shall be kept under competent daily inspection and preliminary quarantine for a period of at least 7 days before use. Only healthy animals free from communicable disease shall be used for production purposes and at all times shall be adequately housed, fed, and humanely treated. Particular care shall be taken during the quarantine period to eliminate those animals of the equine genus which may be infected with glanders, and those of the bovine genus which may be infected with tuberculosis.

(b) *Immunization against tetanus.* All horses used in the production of biologic products, except those which are under active immunization for the production of tetanus antitoxin, shall receive injections of tetanus toxoid in such amounts and at such intervals as experience has shown adequate to insure immunity to tetanus.

(c) *Disposal of used animals.* No animal used for production or testing of products shall be removed from the premises while it is capable of transmitting disease. An animal which is unsuitable because of its physical condition for the production or testing of a product shall not be removed from the premises alive except for the purpose of being utilized for animal by-products. No animal shall be allowed to continue to live unnecessarily when to do so would be an inhumane act.

(d) *Reporting of certain diseases required.* In case of actual or suspected infection with foot and mouth disease, glanders, tetanus, anthrax, gas gangrene, equine infectious anemia, or equine encephalomyelitis among animals intended for use or used for the production of biologic products, the manufacturer shall immediately notify the Institute.

(e) *Smallpox vaccine production animals.* Animals used for propagation of smallpox vaccine shall be thoroughly cleaned with soap and water at the beginning of the quarantine and at its conclusion. No area of the animal shall be vaccinated which is liable to be contaminated by feces.

(f) *Treatment of vaccinated animals.* Preliminary to taking smallpox vaccine material from vaccinated animals, such animals shall be killed or rendered insensible to pain.

(g) *Restriction on attendants.* Personnel while caring for smallpox vaccine animals shall be excluded from horse stables and paddocks and from contact with horses.

§ 73.39 *Human blood donors.* Only those persons may serve as a source of

the whole blood for use in preparing a licensed product whose physical condition is such that the withdrawal of the desired amount of blood will not endanger their health and who are certified by a qualified doctor of medicine as being free of a disease transmissible by blood transfusion as far as can be determined from the donor's personal history, from physical examination and such clinical tests as appear necessary for each donor on the day upon which the blood is withdrawn from the donor, except that this requirement may be modified by the Institute if the licensed product is processed by a method which insures the destruction or complete removal of the causative agent of such disease.

STANDARDS FOR PRODUCTS: LABELS

§ 73.50 *Container labels.* The following items shall appear on the label affixed to each container of a product capable of bearing a full label:

- (a) The proper name of the product;
- (b) Name, address, and license number of manufacturer;
- (c) Lot number;
- (d) The expiration date.

If the final container is capable of bearing only a partial label, the final container shall show as a minimum the name (expressed either as the proper or common name), the lot number, and the name of the manufacturer and, if the final container is incapable of bearing any label, the items shall appear only on the outside label.

If the final container is a multiple dose container, the container label must indicate the recommended dose. When the label has been affixed to the container a sufficient area of the container must remain uncovered for its full length or circumference to permit inspection of the contents.

§ 73.51 *Proper name on outside label.* The proper name in the form designated in the product license for such purpose must appear upon the outside label in legible type and shall be given precedence in position and prominence over any trade-mark or trade name used:

(a) The "outside label" is the label of the carton enclosing one or more final containers, except that if no such carton is used the label of the individual final container is regarded as the outside label.

(b) "Legible type" includes only type of a size and character which can be read with ease when held in a good light and with normal vision.

(c) "Precedence in position" of the proper name will have been observed if it is placed above any trade-mark or trade name and provided it is symmetrically arranged with respect to other printing on the label.

(d) "Precedence in prominence" of the proper name will have been observed if the style of type is of the same or greater point size and of equal face, or heavier, than that used in printing the trade-mark or trade name, and if the contrast in color value between the proper name and the background is not less than that between the trade-mark or trade name and the background.

§ 73.52 *Outside label; additional items.* The label affixed to the outside carton

shall include, in addition to the proper name and the items required on the label of the final container, the following:

(a) The preservative used and its concentration,

(b) The volume of the contents, if a liquid, or the weight, if a solid, and the potency or dosage if more than one strength is dispensed,

(c) The recommended storage temperature,

(d) The words "Shake Well," or equivalent, when indicated by the character of the product,

(e) The dose and route of administration recommended or reference to such directions in an enclosed circular,

(f) The source of the product when a factor in safe administration,

(g) Minimum potency of product expressed in terms of official standard of potency or, if potency is a factor and no standard of potency has been prescribed, the words "No U. S. standard of potency."

§ 73.53 *Divided manufacturing responsibility to be shown.* If two or more establishments participate in the manufacturing process, the name, address, and license number of each must appear on the label of the final container, if capable of bearing a full label, and on the outside label.

§ 73.54 *Name of selling agent or distributor.* The name and address of the selling agent or distributor of a product may appear on the label under the designation of "selling agent" or "distributor" provided that the name and address of the manufacturer is given precedence in prominence.

§ 73.55 *Products for export.* Labels on packages or containers of products for export may be adapted to meet specific requirements of the regulations of the country to which the product is to be exported provided that in all such cases the minimum label requirements prescribed in § 73.50 are observed.

STANDARDS FOR PRODUCTS: GENERAL

§ 73.70 *Tests prior to release—(a) Required for each lot.* No lot of any licensed product shall be released by the manufacturer prior to the completion of tests for conformity with the standards applicable to such product.

(b) *Potency.* Tests for potency shall be made on each lot only after completion of those processes of manufacture which may affect the potency of the final product.

(c) *Identity and safety.* The contents of a final container of each filling of each lot shall be tested for identity, if such a test is available, and for safety either after the labels have been affixed to the final container or affixed, both outside and inside, to the multiple container storage receptacle just prior to its sealing for storage purposes, except that exceptions to this procedure may be authorized by the Institute to apply when the volume of the final container is very large and when more than one lot is processed each day.

(d) *Sterility.* Samples from final containers selected at random after each

filling from each lot of products shall be tested for sterility.

§ 73.71 *Tests: by whom made.* Tests for safety, purity and potency applicable to the product shall be completed for each lot of any licensed product prior to its release by the manufacturer, and samples of any lot of any licensed product may at any time be required to be sent to the Institute for examination.

§ 73.72 *Ingredients, preservatives, diluents.* All ingredients used in a licensed product, and any diluent provided as an aid in the administration of the product shall meet generally accepted standards of purity and quality. Any preservative used shall be sufficiently non-toxic so that the amount present in the recommended dose of the product will not be toxic to the recipient, and in the combination used shall not denature the specific substances in the product below the minimum acceptable potency within the dating period when stored at the recommended temperature.

§ 73.73 *Total solids in serums.* Except as otherwise provided by regulation, no liquid serum or antitoxin shall contain more than 20 percent total solids.

§ 73.74 *Permissible combinations.* Licensed products may not be combined with other licensed products, either therapeutic, prophylactic or diagnostic, except as a license is obtained for the combined product. Licensed products may not be combined with nonlicensable therapeutic, prophylactic, or diagnostic substances except as a license is obtained for such combination.

§ 73.75 *Container and closure.* Glass used in the container of a licensed product intended for administration by injection shall be colorless and fully transparent. The quality of the glass and of the closure used shall be such as will not hasten the deterioration of the licensed product or render it less suitable for the use intended within the dating period.

§ 73.76 *Standard units or samples.* Standard units or samples for comparison made available by the Institute shall be applied in testing for potency all forms of diphtheria antitoxin, tetanus antitoxin, botulism antitoxin Type A, botulism antitoxin Type B, perfringens antitoxin, scarlet fever streptococcus antitoxin, vibriion septique antitoxin, anti-pneumococcic serum (Types I, II, V, VII, and VIII), dysentery antitoxin (Shiga), staphylococcus antitoxin, histolyticus antitoxin, oedematiens antitoxin, and sordelli antitoxin and other products for which such units are available.

§ 73.77 *Standards of potency; particular products.* Diphtheria antitoxin shall have a potency of not less than 500 units per milliliter. Tetanus antitoxin shall have a potency of not less than 400 units per milliliter. Scarlet fever streptococcus antitoxin shall have a potency of not less than 400 units per milliliter. Antitoxins dispensed in the dried state shall represent liquid antitoxins of not less than these potencies.

§ 73.78 *Dating period; date of manufacture.* The dating period shall be de-

terminated with reference to the date of manufacture which shall be:

(a) For products for which an official standard of potency exists or which are subject to official potency tests, the last date of satisfactorily passing a potency test;

(b) For products for which no official standard of potency exists or which are not subject to official potency tests,

(1) The date of removal from the animal in case of animal products;

(2) The date of extraction in the case of products used for specific desensitization;

(3) The date of solution in case of venoms, and

(4) The date of cessation of growth in case of other products;

(c) For products which are submitted to the Institute for approval prior to release, the date of official release notice.

§ 73.79 *Dating period; products in cold storage.* The dating period may be determined with reference to the period of issue from cold storage, *Provided*, That, except as may be otherwise prescribed for individual products, the date of such issue is not more than six months after the date of manufacture and the product is kept constantly at a temperature not exceeding 10° C., or not more than 1 year after the date of manufacture if the product is kept constantly at a temperature not exceeding 5° C., or not more than 2 years if the product is kept constantly at a temperature not exceeding 0° C.

ADDITIONAL STANDARDS: TRIVALENT ORGANIC ARSENICALS

§ 73.90 *Tests prior to release.* Tests required to be made, prior to the release of each lot of a licensed product, shall be supplemented in the case of the trivalent organic arsenicals by tests for:

- (a) Stability,
- (b) Solubility,
- (c) Arsenic content,
- (d) Moisture,
- (e) Relative non-toxicity.

§ 73.91 *Pre-testing by Institute; samples of each lot.* Prior to the release of any lot of the product, the manufacturer shall forward to the Institute no less than 15 ampoules of the largest single-dose size in such lot, together with protocols showing the results of each test required prior to release.

§ 73.92 *Expiration date.* Notification from the Institute that lot samples forwarded in accordance with § 73.91 have satisfactorily passed prescribed tests shall indicate a date which may be taken as the date of manufacture for the purpose of fixing the expiration date. The date of issue shall be the same as the date of manufacture.

§ 73.93 *Composition of product.* Solutions or solutions of mixtures in the concentrations recommended for clinical administration shall be of such hydrogen ion value and tonicity as to be physiologically compatible with human blood.

§ 73.94 *Container.* The product shall be hermetically sealed under vacuum or under a dry non-oxidizing gas in ampoules prepared from glass of the quality prescribed in § 73.75.

§ 73.95 *Final container label.* In addition to the labeling requirements stated in § 73.50 the final container label of the trivalent organic arsenicals shall bear the statements required in § 73.96 (b) and (c) and an additional statement giving the amount of the drug contained in the ampoule.

§ 73.96 *Outside label.* The outside label, in addition to the complete proper name and all other items required for products generally shall show conspicuously: (a) If the product is dispensed as a mixture or solution, the name of all admixed substances,

(b) If the ampoule is a multiple dose container, the fact that it is a multiple dose container,

(c) Specific method of preparation, if any, required prior to administration, as, for example, alkalization.

[F. R. Doc. 47-8491; Filed, Sept. 15, 1947; 11:01 a. m.]

TITLE 49—TRANSPORTATION AND RAILROADS

Chapter I—Interstate Commerce Commission

[5th Rev. S. O. 104]

PART 95—CAR SERVICE

SUBSTITUTION OF REFRIGERATOR FOR BOX CARS

At a session of the Interstate Commerce Commission, Division 3, held at its office in Washington, D. C., on the 10th day of September, A. D. 1947.

It appearing, that the practice of transporting refrigerator cars empty westbound to certain Western States diminishes the use, control and supply of such cars, and that the loading of these cars in lieu of box cars will reduce the shortage thereof; in opinion of the Commission an emergency requiring immediate action exists in the western section of the country. It is ordered, that:

§ 95.104 *Substitution of refrigerator cars for box cars.* (a) Any common carrier by railroad subject to the Interstate Commerce Act, for transporting:

(i) Westbound shipments in carloads originating at points shown as origin points in Agent L. E. Kipp's tariffs, I. C. C. Nos. 1516 and 1517, supplements thereto or reissues thereof, and destined to points in the States of California, Southern Idaho (on the Union Pacific main and branch lines across Southern Idaho, including the line from Pocatello to the Montana-Idaho State line and the branches north of Blackfoot, Idaho), Arizona, Nevada or Utah; or

(ii) Westbound shipments in carloads originating at points in the State of Utah and destined to points in the States of California or Nevada; or

(iii) Westbound shipments in carloads originating in the States of Michigan (lower peninsula only), Indiana, (excluding Chicago switching district), Kentucky, Tennessee, or Mississippi, or east thereof, and destined to points in the States of Minnesota, Iowa, Kansas, Oklahoma and Texas, or west thereof, or to Kansas City, Missouri; may, when freight (except perishables) to be transported

is suitable, and facilities are suitable, for loading in RS type refrigerator cars and when such refrigerator cars are reasonably available:

(1) On shipments on which the carload minimum weight does not vary with the size of the car, furnish and transport not more than three such refrigerator cars in lieu of each box car ordered subject to the carload minimum weight which would have applied if the shipment had been loaded in a box car; or

(2) On shipments on which the carload minimum weight varies with the size of the car:

(i) Two (2) of the said refrigerator cars may be furnished in lieu of one (1) box car ordered of a length 40'7" or less, subject to the carload minimum weight which would have applied if the shipment had been loaded in a box car of the size ordered; or

(ii) Three (3) of the said refrigerator cars may be furnished in lieu of one (1) box car ordered of a length of over 40'7" but not over 50'7", subject to the carload minimum weight which would have applied if the shipment had been loaded in a box car of the size ordered.

(b) Westbound shipments in carloads, subject to this order, originating in the States of Michigan (lower peninsula only), Indiana (excluding Chicago switching district), Kentucky, Tennessee, or Mississippi or east thereof, and destined to points in the States of California, Arizona, Nevada, Utah or Southern Idaho (on the Union Pacific main and branch lines across Southern Idaho, including the line from Pocatello to the Montana-Idaho State line and the branches north of Blackfoot, Idaho) may be billed to Chicago, Ill., or St. Louis, Mo., providing such cars are rebilled within 48 hours after actual or constructive placement. When those cars are not rebilled within the 48 consecutive hours, rates to apply will be those applicable to the refrigerator cars used without benefit of substitution for box cars.

(c) *Tariff provisions suspended—announcement required.* The operation of all tariff rules and regulations insofar as they conflict with the provisions of this order is hereby suspended and each railroad subject to this order, or its agent, shall publish, file, and post a supplement to each of its tariffs affected hereby, in substantial accordance with the provisions of Rule 9 (k) of the Commission's Tariff Circular No. 20 (§ 141.9 (k) of this chapter) announcing such suspension.

(d) *Application of other orders.* Fourth Revised Service Order No. 180, or revisions thereof, shall not apply on cars utilized pursuant to the provisions of this order; and the provisions of Service Order No. 68, as amended, insofar as they conflict with this order are hereby suspended.

(e) *Effective date.* This order shall become effective at 12:01 a. m., September 15, 1947.

(f) *Expiration date.* This order shall expire at 11:59 p. m., January 21, 1948, unless otherwise modified, changed, suspended, or annulled by order of the Commission.

It is further ordered, that this order shall vacate and supersede Fourth Revised Service Order No. 104, as amended, on the effective date hereof; that a copy of this order and direction shall be served upon the Association of American Railroads, Car Service Division, as agent of the railroads subscribing to the car serv-

ice and per diem agreement under the terms of that agreement; and that notice of this order be given to the general public by depositing a copy in the office of the Secretary of the Commission at Washington, D. C., and by filing it with the Director, Division of the Federal Register.

(40 Stat. 101, sec. 402; 41 Stat. 476, sec. 4; 54 Stat. 901; 49 U. S. C. 1 (10)-(17))

By the Commission, Division 3.

[SEAL]

W. P. BARTEL,
Secretary.

[F. R. Doc. 47-8434; Filed, Sept. 15, 1947;
8:52 a. m.]

NOTICES

DEPARTMENT OF JUSTICE

Office of Alien Property

AUTHORITY: 40 Stat. 411, 55 Stat. 839, Pub. Laws 322, 671, 79th Cong., 60 Stat. 50, 925; 50 U. S. C. and Supp. App. 1, 616, E. O. 9193, July 6, 1942, 3 CFR, Cum. Supp., E. O. 9567, June 8, 1945, 3 CFR, 1945 Supp., E. O. 9788, Oct. 14, 1946, 11 F. R. 11981.

[Vesting Order 9650]

FRIEDA FEYERABEND AND ANNA VON SCHUH

In re: Creditors notes owned by Frieda Feyerabend and Anna Von Schuh. F-28-9692-A-1, F-28-12172-A-1.

Under the authority of the Trading with the Enemy Act, as amended, Executive Order 9193, as amended, and Executive Order 9788, and pursuant to law, after investigation, it is hereby found:

1. That Frieda Feyerabend, whose last known address is Auguste Viktoria Strasse, Berlin-Schmorgendorf, Germany, and Anna Von Schuh, whose last known address is Parkstrasse 75, Wiesbaden, Germany, are residents of Germany and nationals of a designated enemy country (Germany);

2. That the property described as follows:

a. One (1) Union Properties, Inc. Creditors Note, dated April 11, 1938, issued to Frieda Feyerabend, by Union Properties, Inc., Union Commerce Building, Cleveland, Ohio, a corporation organized under the laws of the State of Ohio, bearing the number 55252, in the face amount of \$382.11, and presently in the possession of the Attorney General of the United States, in account 28-200185, together with all declared and unpaid dividends thereon, and any and all rights in, to and under, including particularly, but not limited to, the rights to possession and presentation for collection and payment of the aforesaid creditors note, together with any and all rights of exchange thereunder and thereof, and

b. One (1) Union Properties, Inc., Creditors Note, dated April 11, 1938, issued to Anna Von Schuh, by Union Properties, Inc., Union Commerce Building, Cleveland, Ohio, a corporation organized under the laws of the State of Ohio, bearing the number 55902, in the face amount of \$133.40, and presently in the possession of the Attorney General of the United States, in account 28-200235, together with all declared and unpaid dividends thereon, and any and all rights in, to and under, including particularly, but not limited to, the rights to possession and presentation for collection and payment of the aforesaid

creditors note, together with any and all rights of exchange thereunder and thereof,

is property within the United States owned or controlled by, payable or deliverable to, held on behalf of or on account of, or owing to, or which is evidence of ownership or control by, the aforesaid nationals of a designated enemy country (Germany);

and it is hereby determined:

3. That to the extent that the persons named in subparagraph 1 hereof are not within a designated enemy country, the national interest of the United States requires that such persons be treated as nationals of a designated enemy country (Germany).

All determinations and all action required by law, including appropriate consultation and certification, having been made and taken, and, it being deemed necessary in the national interest.

There is hereby vested in the Attorney General of the United States the property described above, to be held, used, administered, liquidated, sold or otherwise dealt with in the interest of and for the benefit of the United States.

The terms "national" and "designated enemy country" as used herein shall have the meanings prescribed in section 10 of Executive Order 9193, as amended.

Executed at Washington, D. C., on August 13, 1947.

For the Attorney General.

[SEAL]

DAVID L. BAZELON,
Assistant Attorney General,
Director, Office of Alien Property.

[F. R. Doc. 47-8444; Filed, Sept. 15, 1947;
8:50 a. m.]

[Vesting Order 9704]

SCHERING, A. G.

In re: Interests and rights of Schering, A. G. of Berlin, Germany in agreements with Schering Corporation of Bloomfield, New Jersey.

Under the authority of the Trading with the Enemy Act, as amended, Executive Order 9193, as amended, and Executive Order 9788, and pursuant to law, after investigation, it is hereby found:

1. That Schering, A. G. is a corporation organized under the laws of, and having its principal place of business in, Germany and is a national of a designated enemy country (Germany);

2. That the property described as follows: All interests and rights (including all royalties and other moneys payable or held with respect to such interests and rights and all damages for breach of the agreements, and each of them, hereinafter described, together with the right to sue therefor) created in Schering, A. G. of Berlin, Germany by virtue of:

(a) An agreement (including all supplements thereto and modifications thereof, if any) by and between Schering, A. G. and Schering Corporation executed by Schering, A. G. on February 7, 1938 and by Schering Corporation on March 1, 1938, which agreement is referred to as "Royalty Agreement,"

(b) An agreement (including all supplements thereto and modifications thereof, if any) by and between Schering, A. G. and Schering Corporation executed by Schering Corporation on June 1, 1938 and by Schering, A. G. on August 16, 1938, which agreement is referred to as "Alkalinormonate Agreement",

(c) An agreement effective January 1, 1938 (including all supplements thereto and modifications thereof, if any) by and between Schering, A. G. and Schering Corporation, which agreement is referred to as "Bassorit Agreement",

(d) An agreement effective January 1, 1938 (including all supplements thereto and modifications thereof, if any) by and between Schering, A. G. and Schering Corporation, which agreement is referred to as "Bassorit Fee Agreement," and

(e) An agreement documented by letters dated October 21, 1938 and November 21, 1938 (including all supplements thereto and modifications thereof, if any) by and between Schering, A. G. and Schering Corporation, which agreement is referred to as "Raw Materials Agreement,"

is property within the United States owned or controlled by, payable or deliverable to, held on behalf of or on account of, or owing to, or which is evidence of ownership or control by, the aforesaid national of a designated enemy country (Germany);

and it is hereby determined:

3. That to the extent that the person referred to in subparagraph 1 hereof is not within a designated enemy country, the national interest of the United States requires that such person be treated as a national of a designated enemy country (Germany).

All determinations and all action required by law, including appropriate consultation and certification, having been

made and taken, and, it being deemed necessary in the national interest,

There is hereby vested in the Attorney General of the United States the property described above, to be held, used, administered, liquidated, sold or otherwise dealt with in the interest of and for the benefit of the United States.

The terms "national" and "designated enemy country" as used herein shall have the meanings prescribed in section 10 of Executive Order 9193, as amended.

Executed at Washington, D. C., on August 25, 1947.

For the Attorney General.

[SEAL] DAVID L. BAZELON,
Assistant Attorney General,
Director, Office of Alien Property.

[F. R. Doc. 47-8446; Filed, Sept. 15, 1947; 8:51 a. m.]

[Vesting Order 9751]

REAL AND PERSONAL PROPERTY OWNED BY GERMANY

Under the authority of the Trading with the Enemy Act, as amended, Executive Order 9193, as amended, and Executive Order 9788, and pursuant to law, after investigation, it is hereby found:

1. That the property described as follows:

a. Real property, situated at 2090 Jackson Street, in the City and County of San Francisco, State of California, particularly described in Exhibit A, attached hereto and by reference made a part hereof, together with all hereditaments, fixtures, improvements and appurtenances thereto, and any and all claims for rents, refunds, benefits or other payments arising from the ownership of such property, and

b. All that personal property, consisting of household furniture, office furniture and equipment, located at premises known as 2090 Jackson Street, in the City and County of San Francisco, State of California, described in Exhibit B, attached hereto and by reference made a part hereof,

is property within the United States owned or controlled by, payable or deliverable to, held on behalf of or on account of, or owing to, or which is evidence of ownership or control by, a designated enemy country (Germany);

All determinations and all action required by law, including appropriate consultation and certification, having been made and taken, and, it being deemed necessary in the national interest,

There is hereby vested in the Attorney General of the United States the property described in subparagraph 1-a hereof, subject to recorded liens, encumbrances and other rights of record held by or for persons who are not nationals of designated enemy countries, and

There is hereby vested in the Attorney General of the United States the property described in subparagraph 1-b hereof,

All such property so vested to be held, used, administered, liquidated, sold or otherwise dealt with in the interest of and for the benefit of the United States.

The terms "national" and "designated enemy country" as used herein shall have the meanings prescribed in section 10 of Executive Order 9193, as amended.

Executed at Washington, D. C., on September 4, 1947.

For the Attorney General.

[SEAL] DAVID L. BAZELON,
Assistant Attorney General,
Director, Office of Alien Property.

EXHIBIT A

Beginning at the point of intersection of the northerly line of Jackson Street and the easterly line of Laguna Street; running thence northerly along said line of Laguna Street 139 feet and 6 1/2 inches; thence North 85°30' East 87.802 feet to a point perpendicularly distant 87 feet and 6 inches easterly from the easterly line of Laguna Street; thence southerly and parallel with the easterly line of Laguna Street 4.583 feet to a point perpendicularly distant 127 feet and 8 1/4 inches northerly from the northerly line of Jackson Street; thence at a right angle westerly 7 feet and 6 inches; thence at a right angle southerly 127 feet and 8 1/4 inches to the northerly line of Jackson Street; thence at a right angle westerly along said line of Jackson Street 80 feet to the point of beginning.

Being a portion of Western Addition Block No. 194.

EXHIBIT B

- 6 tan drapes.
- 2 andirons.
- 1 fireplace grate.
- 4 venetian blinds.
- 1 persian oval rug.
- 1 red broadloom rug, 27' x 15'.
- 2 andirons.
- 1 Persian rug fitted to room.
- 3 venetian blinds.
- 1 green octagonal rug.
- 3 venetian blinds.
- 1 umbrella stand.
- 1 rug 9' x 9'.
- 1 large rug 18' x 20'.
- 1 upholstered chair.
- 1 upholstered settee.
- 1 marble (urn) stand.
- 1 large framed picture.
- 1 rug 9' x 6'.
- 1 large brown seat cushion.
- 1 wastebasket.
- 1 iron safe. Underwriters Laboratory, 4 1/2' x 3' (combination missing).
- 2 venetian blinds.
- 1 roll corrugated paper.
- 1 wooden case (containing 162 holes).
- 1 wooden table 9' x 4'.
- 1 rug 22' x 20'.
- 1 small oak table.
- 1 oak rolltop desk.
- 1 carpet fitted to room.
- 2 window seats (circular) and cushions.
- 1 overstuffed window seat, L-shaped.
- 2 overstuffed window seats.
- 2 overstuffed sofas.
- 1 overstuffed settee.
- 2 green armchairs.
- 2 large pillows.
- 1 upholstered red chair (broken).
- 7 straight wooden kitchen chairs.
- 2 wooden armchairs.
- 1 urn.
- 1 rocking chair.
- 7 large oil paintings.
- 1 oak bookcase (3 section).
- 1 large scales.
- 1 flag pole and stand.
- 9 large brass chandeliers.
- 2 large chrome chandeliers.
- 40 small brass chandeliers.
- 1 small loaded glass lampshade.
- 75 small glass lampshades.

- 1 round table and base.
- Numerous curtain fixtures, poles, wooden files.
- 2 rug runners.
- 1 scrub bucket.
- 11 open bookracks wooden.
- 1 rug runner.
- 1 waste basket.
- 1 straight kitchen chair.
- 1 hat rack.
- 11 glass lamp covers.
- 2 venetian blinds.
- Light bulbs.
- 4 metal fixtures.
- 1 garbage can top.
- 1 waxer.
- 3 mops.
- 1 carpet sweeper.
- 1 feather duster.
- 1 dust mop.
- 1 lawnmower and grasscatcher.
- 1 garden hose.
- 1 leaf rake.
- 1 garden rake.
- 1 pruning saw.
- 1 crosscut saw.
- 1 file 8'.
- 1 large gardeners' table.
- 2 kitchen chairs.
- 1 kitchen table.
- 2 galvanized tubs.
- 2 pails.
- 2 wire wastepaper baskets.
- 1 broom.
- 1 dust pan.
- 3 garbage cans.
- 1 fitted linoleum.
- 1 small rug.
- 1 step ladder.
- 1 rug runner.
- 1 settee, brocade, high back with arms.
- 2 matching brocade chairs.
- 1 carpet, fitted to room.
- 1 mahogany dresser.
- 3 venetian blinds.
- 1 fitted carpet.
- 1 walnut bookcase.
- 4 venetian blinds.
- 3 venetian blinds.
- 1 fitted carpet.
- 2 large plush drapes over bookcase shelving.
- 2 venetian blinds.
- 1 carpet fitted to room.
- 1 steel correspondence form locker—30 pigeon holes.
- 1 curtain to closet.
- 1 set of stationary wooden book shelves.
- 2 venetian blinds.
- 1 carpet, fitted to room.
- 1 fitted carpet in dressing room.
- 3 venetian blinds.
- 1 carpet, fitted to room.
- 1 wooden correspondence form.
- 1 electric hot plate.
- 2 pictures.
- 1 kitchen chair.
- 3 venetian blinds.
- 2 rug runners.
- 12 pieces of draping.
- 1 carpet runner.
- 1 floor runner.
- 2 overstuffed armchairs.
- 1 clothes tree.
- 2 oak occasional tables.
- 1 magazine rack.
- 1 straightbacked telephone chair.
- 1 pair of chairs.
- 1 paper punch.
- 1 fitted carpet.
- 1 mahogany bed.
- 1 mattress.
- 1 bed table.
- 1 rosewood straightback occasional chair.
- 3 venetian blinds.
- 1 wooden oak arm chair.
- 1 white straightbacked chair.
- 1 fitted rug.
- 2 window seat cushions and window seats.
- 3 pillows.
- 1 fitted carpet.
- 1 rocking chair, brocade.
- 1 davenport.

- 3 venetian blinds.
- 1 fire place grate.
- 1 piano stool.
- 1 Hoover vacuum with attachments.
- 1 carpet sweeper.
- 1 step ladder.
- 1 clothes tree.
- 1 double chest of drawers.
- 1 fitted carpet.
- 1 oak bed.
- 1 mattress.
- 1 oak night table.
- 2 overstuffed brocade chairs.
- 1 step ladder.
- 1 oak table.
- Mops and buckets and other cleaning equipment.
- 1 fitted carpet.
- 1 overstuffed occasional chair, yellow brown cover.
- 1 bookcase.
- 1 side table, twisted legs.
- 1 blue vase.
- 4 pillows.
- 1 dressing screen.
- 1 fitted carpet.
- 1 piano.
- 1 stool, 3 legs.
- 2 straightbacked dining room chairs.
- 1 overstuffed occasional chair.
- 1 dining room table.
- 1 pillow.
- 3 venetian blinds.
- 1 ice chest (Olympic).
- 1 hotpoint electric stove.
- 1 enameled kitchen table.
- 1 fitted floor linoleum.
- 1 red kitchen chair.
- 2 glass vases.
- 1 small red kitchen garbage can.
- 2 kitchen curtains.
- 1 fitted rug.
- 1 oak table.
- 1 straightback chair.
- 1 electric heater.
- 1 venetian blind.
- 1 fitted linoleum floor.
- Stair coverings for six flights of stairs.
- 1 blotter (rocker type).
- 2 chairs with leather upholstery.
- 1 typewriter chair.
- 1 waste paper basket.
- 1 file cabinet, steel, for cards.
- 1 desk in walnut with armchair.
- 1 table.
- 1 waste paper basket.
- 1 metal box.
- 1 desk blotter.
- 1 typewriter desk.
- 1 typewriter desk chair.
- 1 typewriter "Royal".
- 1 stapler.
- 1 small filing cabinet.
- 1 table.
- 1 bookcase.
- 1 file cabinet with four drawers.
- 1 table.
- 1 shelf, three partitioned.
- 1 metal box.
- 1 case for papers.
- 1 letter opener.
- 1 typewriter table.

[F. R. Doc. 47-8424; Filed, Sept. 12, 1947;
8:50 a. m.]

[Vesting Order 9753]

CHARLOTTE MUHLER AND MATHILDA HESS

In re: Interest in real property, senior participating interest in bond and mortgage, bonds and mortgages, property insurance policies and claim owned by Charlotte Muhler, also known as Margarete Charlotte Muhler, as Charlotte M. Weiss, and as Margarete Charlotte Weiss, and Mathilda Hess, also known as Char-

lotte Mathilde Hess and as Charlotte Mathilda Hess.

Under the authority of the Trading with the Enemy Act, as amended, Executive Order 9193, as amended, and Executive Order 9788, and pursuant to law, after investigation, it is hereby found:

1. That Charlotte Muhler, also known as Margarete Charlotte Muhler, as Charlotte M. Weiss, and as Margarete Charlotte Weiss, and Mathilda Hess, also known as Charlotte Mathilde Hess, and as Charlotte Mathilda Hess, whose last known addresses are Georgestrasse 20, (14B) Ravensburg/Wttbg., Germany, are residents of Germany and nationals of a designated enemy country (Germany);

2. That the property described as follows:

a. Real property situated in the Borough of Brooklyn, County of Kings, City and State of New York, particularly described in Exhibit A, attached hereto and by reference made a part hereof, together with all hereditaments, fixtures, improvements and appurtenances thereto, and any and all claims for rents, refunds, benefits or other payments arising from the ownership of such property.

b. The senior participating interest in a mortgage to the extent of \$3,250.00, which mortgage was executed on September 30, 1930, by Julius Goldberg and Lillie Goldberg, his wife, to Margaret Meade, and recorded in the Office of the Register of Kings County, New York, on October 4, 1930, in Liber 7522 of Mortgages, at Page 491, and which was assigned by Conrad M. Elsesser to Margarete Charlotte Weiss and Charlotte Mathilde Hess, by instrument dated January 2, 1934, and recorded on January 3, 1934, in the Office of the Register of Kings County, New York, in Liber 7879 of Mortgages, at Page 27, and any and all obligations secured by the aforesaid interest in said mortgage, including but not limited to all security rights in and to any and all collateral (including the aforesaid mortgage) for any and all such obligations and the right to enforce and collect such obligations, and the right to possession of any and all notes, bonds and other instruments evidencing such obligations.

c. A mortgage executed December 8, 1932, by Peter Diefenthaler to Margarete Charlotte Muhler and Charlotte Mathilda Hess, and recorded in the Office of the Register of Kings County, New York, on December 13, 1932, in Liber 7815 of Mortgages, at Page 135, and any and all obligations secured by said mortgage, including but not limited to all security rights in and to any and all collateral (including the aforesaid mortgage) for any and all such obligations and right to enforce and collect such obligations, and the right to possession of the aforesaid mortgage and all notes, bonds and other instruments evidencing such obligations.

d. A mortgage executed December 11, 1925, by Luigi Sabatino to Lawyers Title and Guaranty Company, and recorded on December 12, 1925, in the Office of the Register of Bronx County, New York, in Liber 986 of Mortgages, at Page 34, which mortgage was assigned by Katherine Mingione and Antoinette Mingione, also

known as Antonetta Mingione, to Margarete Charlotte Weiss and Charlotte Mathilde Hess, by instrument, dated January 29, 1934, and recorded in the Office of the Register of Bronx County, New York, on January 30, 1934, in Liber 1661 of Mortgages, at Page 258, and any and all obligations secured by said mortgage, including but not limited to all security rights in and to any and all collateral (including the aforesaid mortgage) for any and all such obligations, and the right to enforce and collect such obligations and the right to possession of the aforesaid mortgage and all notes, bonds and other instruments evidencing such obligations.

e. A mortgage executed April 8, 1927, by Reinhard Weiss and Ella Weiss, his wife, to Herman Walker Realty Company, and recorded in the Office of the County Clerk of Bergen County, New Jersey, on September 29, 1927, in Book 990 of Mortgages, at Page 32, which mortgage was assigned by Paul Weiss to Charlotte Muhler and Mathilda Hess, by instrument, dated November 17, 1932, and recorded in the Office of the County Clerk of Bergen County, New Jersey, on July 8, 1933, in Book 242 of Assignments, at Page 341, and any and all obligations secured by said mortgage, including but not limited to all security rights in and to any and all collateral (including the aforesaid mortgage) for any and all such obligations and the right to enforce and collect such obligations, and the right to possession of the aforesaid mortgage and all notes, bonds and other instruments evidencing such obligations.

f. All right, title and interest of the persons named in subparagraph 1 hereof, in and to the following fire insurance policies:

Policy No. 555934, issued by The Continental Insurance Company, 80 Maiden Lane, New York, New York, in the amount of \$2,220.00, which policy expires on October 7, 1947, and insures the property subject to the mortgage described in subparagraph 2-b hereof.

Policy No. 25371, issued by the Citizens Insurance Company of New Jersey, 117 Main Street, Flemington, New Jersey, in the amount of \$7,800.00, which policy expires March 4, 1950, and insures the property, subject to the mortgage described in subparagraph 2-b hereof.

Policy No. 836987, issued by American Alliance Insurance Company of New York, 1 Liberty Street, New York, New York, in the amount of \$3,000.00, which policy expires May 8, 1948, and insures the property subject to the mortgage described in subparagraph 2-c hereof.

Policy No. 395881, issued by The Home Insurance Company of New York, 59 Maiden Lane, New York, New York, in the amount of \$3,000.00, which policy expires on January 6, 1949, and insures the property subject to the mortgage described in subparagraph 2-c hereof.

Policy No. 847916, issued by American Alliance Insurance Company of New York, 1 Liberty Street, New York, New York, in the amount of \$2,000.00, which policy expires on November 17, 1949, and insures the property subject to the mortgage described in subparagraph 2-d hereof.

Policy No. 285288, issued by The Homeland Insurance Company of America, 150 William Street, New York, New York, in the amount of \$3,000.00, which policy expires on June 27, 1949, and insures the property subject to the mortgage described in subparagraph 2-d hereof,

Policy No. 1018P0760, issued by the Potomac Insurance Company of the District of Columbia, 900 F Street NW., Washington, D. C., in the amount of \$1,000.00, which policy expires on November 23, 1947, and insures the property subject to the mortgage described in subparagraph 2-e hereof,

Policy No. D-10086, issued by The Pacific Fire Insurance Company, Platt and Gold Streets, New York, New York, in the amount of \$7,500.00, which policy expires on October 12, 1947, and insures the property subject to the mortgage described in subparagraph 2-e hereof,

g. That certain debt or other obligation owing to the persons named in subparagraph 1 hereof, by Wise & Ottenberg, 475 5th Avenue, New York, New York, arising by reason of collections on the property described in subparagraphs 2-a to 2-e hereof, inclusive, and any and all rights to demand, enforce and collect the same,

is property within the United States owned or controlled by, payable or deliverable to, held on behalf of or on account of, or owing to, or which is evidence of ownership or control by, the aforesaid nationals of a designated enemy country (Germany);

and it is hereby determined:

3. That to the extent that the persons referred to in subparagraph 1 hereof are not within a designated enemy country, the national interest of the United States requires that such persons be treated as nationals of a designated enemy country (Germany).

All determinations and all action required by law, including appropriate consultation and certification, having been made and taken, and, it being deemed necessary in the national interest,

There is hereby vested in the Attorney General of the United States the property described in subparagraph 2-a hereof, subject to recorded liens, encumbrances and other rights of record held by or for persons who are not nationals of designated enemy countries, and

There is hereby vested in the Attorney General of the United States the property described in subparagraphs 2-b to 2-g hereof, inclusive.

All such property so vested to be held, used, administered, liquidated, sold or otherwise dealt with in the interest of and for the benefit of the United States.

The terms "national" and "designated enemy country" as used herein shall have the meanings prescribed in section 10 of Executive Order 9193, as amended.

Executed at Washington, D. C., on September 4, 1947.

For the Attorney General.

[SEAL] DAVID L. BAZELON,
Assistant Attorney General,
Director, Office of Alien Property.

EXHIBIT A

All that certain lot, piece or parcel of land, situate, lying and being in the Borough of Brooklyn, County of Kings, City and State of New York, bounded and described as follows:

Beginning at a point on the westerly side of Hendrix Street, distant 60 feet southerly from the south westerly corner of Hendrix Street and Livonia Avenue; running thence westerly parallel with Livonia Avenue and part of the distance through a party wall 50 feet; thence southerly parallel with Hendrix Street 20 feet; thence easterly again parallel with Livonia Avenue and part of the distance through another party wall 50 feet to the westerly side of Hendrix Street, and thence northerly along the westerly side of Hendrix Street 20 feet to the point or place of beginning.

Together with all the right, title and interest of, in and to the land lying in Hendrix Street to the center line thereof, adjoining and lying in front of the premises above described.

[F. R. Doc. 47-8426; Filed, Sept. 12, 1947; 8:51 a. m.]

DEPARTMENT OF LABOR

Wage and Hour Division

LEARNER EMPLOYMENT CERTIFICATES

ISSUANCE TO VARIOUS INDUSTRIES

Notice of issuance of special certificates for the employment of learners under the Fair Labor Standards Act of 1938.

Notice is hereby given that special certificates authorizing the employment of learners at hourly wage rates lower than the minimum wage rate applicable under section 6 of the act have been issued to the firms hereinafter mentioned under section 14 of the act, Part 522 of the regulations issued thereunder (August 16, 1940, 5 F. R. 2862, and as amended June 25, 1942, 7 F. R. 4725), and the determinations, orders and/or regulations hereinafter mentioned. The names and addresses of the firms to which certificates were issued, industry, products, number of learners, learner occupations, wage rates, learning periods, and effective and expiration dates of the certificates are as follows:

Independent Telephone Learner Regulations, July 17, 1944 (9 F. R. 7125). The special learner certificate(s) issued to the following company(ies) under the above regulations provide for the employment of learners in the occupation of commercial switchboard operator for a period not in excess of 480 hours at not less than 30 cents per hour for the first 320 hours and 35 cents per hour for the remaining 160 hours of the learning period. The number of learners authorized to be employed depends on the number of operators in the exchange, i. e., one learner if the exchange employs 8 operators or less, two learners if the exchange employs from 9 to 18 operators, etc. See regulations, Part 522, § 522.083.

Commerce Telephone Company, Commerce, Georgia; effective August 11, 1947, expiring August 10, 1948.

Central Iowa Telephone Company, Reinbeck, Iowa; effective August 26, 1947, expiring August 25, 1948.

Regulations, Part 522, Regulations Applicable to the Employment of Learners:

A. C. T. Hankies, Inc., Santurce, Puerto Rico; to employ 15 learners in the machine embroidery industry as embroidery machine operators at a wage rate not less than 18 cents an hour for the first 240 hours; and for every hour thereafter, not less than the minimum established by any applicable wage order that may be in effect at the termination of the learning period. If, however, no applicable wage order is in effect at the time of the termination of the learning period, the statutory minimum required by section 6 of the Fair Labor Standards Act must be paid. This certificate is effective June 3, 1947 and expires June 2, 1948.

U. S. Textile Importing Company, Rio Piedras, Puerto Rico; to employ 10 learners in the machine embroidery industry as embroidery machine operators at a wage rate not less than 18 cents an hour for the first 240 hours; and for every hour thereafter, not less than the minimum established by any applicable wage order that may be in effect at the termination of the learning period. If, however, no applicable wage order is in effect at the time of the termination of the learning period, the statutory minimum required by section 6 of the Fair Labor Standards Act must be paid. This certificate is effective June 29, 1947 and expires June 28, 1948.

The employment of learners under these certificates is limited to the terms and conditions therein contained and is subject to the provisions of the applicable determinations, orders and/or regulations cited above. These certificates have been issued upon the employers' representations that experienced workers for the learner occupations are not available for employment and that they are actually in need of learners at sub-minimum rates in order to prevent curtailment of opportunities for employment. The certificates may be cancelled in the manner provided in the regulations and as indicated in the certificates. Any person aggrieved by the issuance of any of these certificates may seek a review or reconsideration thereof within fifteen days after publication of this notice in the FEDERAL REGISTER pursuant to the provisions of regulations, Part 522.

Signed at Washington, D. C. this 5th day of September, 1947.

ISABEL FERGUSON,
Authorized Representative
of the Administrator.

[F. R. Doc. 47-8423; Filed, Sept. 15, 1947; 8:52 a. m.]

LEARNER EMPLOYMENT CERTIFICATES

ISSUANCE TO VARIOUS INDUSTRIES

Notice of issuance of special certificates for the employment of learners under the Fair Labor Standards Act of 1938.

Notice is hereby given that special certificates authorizing the employment of learners at hourly wages lower than the minimum rate applicable under section 6 of the act are issued under section 14 thereof and § 522.5 (b) of the regulations issued thereunder (August 16, 1940, 5 F. R. 2862) to the employers listed

below effective as of the date specified in each listed item below.

The employment of learners under these certificates is limited to the terms and conditions as designated opposite the employer's name. These certificates are issued upon the employers' representations that they are actually in need of learners at subminimum rates in order to prevent curtailment of opportunities for employment. The certificates may be cancelled in the manner provided for in the regulations and as indicated on the certificates. Any person aggrieved by the issuance of the certificates may seek a review or reconsideration thereof within fifteen days after publication of this notice in the FEDERAL REGISTER pursuant to the provisions of regulations, Part 522.

Name and Address of Firm, Industry, Learner Occupations, Number of Learners, Learning Period, Learner Wage, Effective and Expiration Date

Southern Missionary College, Collegedale, Tennessee.

Print Shop; thirty-five (35) learners in the occupations of compositor, pressman, bindery worker and related operations for a learning period of 500 hours at 35 cents per hour.

Furniture Factory; sixty (60) learners in the occupation of cabinet and furniture maker and related operations for a learning period of 400 hours at 35 cents per hour.

Broom Shop; twenty (20) learners in the occupation of broom maker and related operations for a learning period of 350 hours at 35 cents per hour.

This certificate is effective October 1, 1947 and expires September 30, 1948.

Signed at Washington, D. C., this 4th day of September 1947.

ISABEL FERGUSON,
Authorized Representative
of the Administrator.

[F. R. Doc. 47-8443; Filed, Sept. 15, 1947; 8:52 a. m.]

FEDERAL POWER COMMISSION

[Docket No. G-888]

NEW YORK STATE NATURAL GAS CORP.

NOTICE OF FINDINGS AND ORDER ISSUING
CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY

SEPTEMBER 10, 1947.

Notice is hereby given that, on September 10, 1947, the Federal Power Commission issued its findings and order entered September 9, 1947, issuing certificate of public convenience and necessity in the above-designated matter.

[SEAL] J. H. GUTRIE,
Acting Secretary.

[F. R. Doc. 47-8429; Filed, Sept. 15, 1947; 8:52 a. m.]

[Docket No. G-907]

ARKANSAS-OKLAHOMA GAS CO.

NOTICE OF FINDINGS AND ORDER ISSUING
CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY

SEPTEMBER 10, 1947.

Notice is hereby given that, on September 10, 1947, the Federal Power Commission issued its findings and order entered September 9, 1947, issuing certificate of public convenience and necessity in the above-designated matter.

[SEAL] J. H. GUTRIE,
Acting Secretary.

[F. R. Doc. 47-8430; Filed, Sept. 15, 1947; 8:52 a. m.]

[Docket No. G-913]

MONTANA-DAKOTA UTILITIES CO.

NOTICE OF FINDINGS AND ORDER ISSUING
CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY

SEPTEMBER 10, 1947.

Notice is hereby given that, on September 10, 1947, the Federal Power Commis-

sion issued its findings and order entered September 9, 1947, issuing certificate of public convenience and necessity in the above-designated matter.

[SEAL] J. H. GUTRIE,
Acting Secretary.

[F. R. Doc. 47-8431; Filed, Sept. 15, 1947; 8:56 a. m.]

INTERSTATE COMMERCE COMMISSION

[S. O. 396, Special Permit 288]

RECONSIGNMENT OF GRAPES AT CHICAGO, ILL.

Pursuant to the authority vested in me by paragraph (f) of the first ordering paragraph of Service Order No. 396 (10 F. R. 15008), permission is granted for any common carrier by railroad subject to the Interstate Commerce Act:

To disregard entirely the provisions of Service Order No. 396 insofar as it applies to the reconsignment at Chicago, Ill., September 9, 1947, by Justman Frankenthal, of car PFE 64198, grapes, now on the Chicago Produce Terminal to Philadelphia, Pa.

The waybill shall show reference to this special permit.

A copy of this special permit has been served upon the Association of American Railroads, Car Service Division, as agent of the railroads subscribing to the car service and per diem agreement under the terms of that agreement; and notice of this permit shall be given to the general public by depositing a copy in the office of the Secretary of the Commission at Washington, D. C., and by filing it with the Director, Division of the Federal Register.

Issued at Washington, D. C., this 9th day of September 1947.

HOMER C. KING,
Director,
Bureau of Service.

[F. R. Doc. 47-8433; Filed, Sept. 15, 1947; 8:52 a. m.]